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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. **2128**

- 03/11/2021 Authored by Liebling, Schultz and Bernardy
The bill was read for the first time and referred to the Committee on Health Finance and Policy
- 04/12/2021 Adoption of Report: Amended and re-referred to the Committee on Ways and Means
- 04/16/2021 Adoption of Report: Placed on the General Register as Amended
Read for the Second Time
- 04/19/2021 By motion, re-referred to the Committee on Ways and Means
- 04/21/2021 Adoption of Report: Placed on the General Register as Amended
Read for the Second Time
- 04/26/2021 Calendar for the Day, Amended
Read Third Time as Amended
Passed by the House as Amended and transmitted to the Senate to include Floor Amendments
- 04/29/2021 Returned to the House as Amended by the Senate
Refused to concur and a Conference Committee was appointed
- 05/17/2021 Conference Committee Report Adopted
Read Third Time as Amended by Conference and repassed by the House
Read Third Time as Amended by Conference and repassed by the Senate
- 05/21/2021 Presented to Governor
- 05/25/2021 Governor Approval

1.1 A bill for an act

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

1.3 care, human services, human services licensing and background studies,

1.4 health-related licensing boards, prescription drugs, health insurance, telehealth,

1.5 children and family services, behavioral health, disability services and continuing

1.6 care for older adults, community supports, and chemical and mental health services;

1.7 implementing mental health uniform service standards; making forecast

1.8 adjustments; making technical and conforming changes; requiring reports;

1.9 modifying appropriations; amending Minnesota Statutes 2020, sections 62A.152,

1.10 subdivision 3; 62A.3094, subdivision 1; 62J.495, subdivision 3; 62J.498; 62J.4981;

1.11 62J.4982; 62J.84, subdivisions 3, 4, 5, 6, 9; 62Q.096; 62W.11; 144.05, by adding

1.12 a subdivision; 144.1205, subdivisions 2, 4, 8, 9, by adding a subdivision; 144.1481,

1.13 subdivision 1; 144.1911, subdivision 6; 144.223; 144.225, subdivision 7; 144.651,

1.14 subdivision 2; 144D.01, subdivision 4; 144G.08, subdivision 7, as amended;

1.15 144G.84; 145.893, subdivision 1; 145.894; 145.897; 145.899; 148B.5301,

1.16 subdivision 2; 148E.120, subdivision 2; 148F.11, subdivision 1; 151.01, subdivision

1.17 29, by adding subdivisions; 151.555, subdivisions 1, 7, 11, by adding a subdivision;

1.18 151.72, subdivision 5; 152.22, subdivisions 6, 11, by adding a subdivision; 152.23;

1.19 152.26; 152.27, subdivisions 2, 3, 4; 152.28, subdivision 1; 152.29, subdivisions

1.20 1, 3, by adding subdivisions; 152.31; 157.22; 245.462, subdivisions 1, 6, 8, 9, 14,

1.21 16, 17, 18, 21, 23, by adding a subdivision; 245.4661, subdivision 5; 245.4662,

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

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

1.24 245.4871, subdivisions 9a, 10, 11a, 17, 21, 26, 27, 29, 31, 32, 34, by adding a

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

1.26 subdivision 1; 245.488, subdivision 1; 245.4885, subdivision 1; 245.4901,

1.27 subdivision 2; 245.62, subdivision 2; 245.697, subdivision 1; 245.735, subdivisions

1.28 3, 5, by adding a subdivision; 245A.02, by adding subdivisions; 245A.04,

1.29 subdivision 5; 245A.041, by adding a subdivision; 245A.043, subdivision 3;

1.30 245A.10, subdivision 4; 245A.65, subdivision 2; 245D.02, subdivision 20; 245F.04,

1.31 subdivision 2; 245G.03, subdivision 2; 252.43; 252A.01, subdivision 1; 252A.02,

1.32 subdivisions 2, 9, 11, 12, by adding subdivisions; 252A.03, subdivisions 3, 4;

1.33 252A.04, subdivisions 1, 2, 4; 252A.05; 252A.06, subdivisions 1, 2; 252A.07,

1.34 subdivisions 1, 2, 3; 252A.081, subdivisions 2, 3, 5; 252A.09, subdivisions 1, 2;

1.35 252A.101, subdivisions 2, 3, 5, 6, 7, 8; 252A.111, subdivisions 2, 4, 6; 252A.12;

1.36 252A.16; 252A.17; 252A.19, subdivisions 2, 4, 5, 7, 8; 252A.20; 252A.21,

1.37 subdivisions 2, 4; 254B.03, subdivision 2; 256.01, subdivision 14b, by adding a

1.38 subdivision; 256.0112, subdivision 6; 256.741, by adding subdivisions; 256.969,

2.1 subdivisions 2b, 9, by adding a subdivision; 256.9695, subdivision 1; 256.9741,
2.2 subdivision 1; 256.98, subdivision 1; 256.983; 256B.051, subdivisions 1, 3, 5, 6,
2.3 7, by adding a subdivision; 256B.057, subdivision 3; 256B.0615, subdivisions 1,
2.4 5; 256B.0616, subdivisions 1, 3, 5; 256B.0622, subdivisions 1, 2, 3a, 4, 7, 7a, 7b,
2.5 7d; 256B.0623, subdivisions 1, 2, 3, 4, 5, 6, 9, 12; 256B.0624; 256B.0625,
2.6 subdivisions 3b, 3c, 3d, 3e, 5, 5m, 19c, 28a, 30, 42, 48, 49, 56a; 256B.0638,
2.7 subdivisions 3, 5, 6; 256B.0659, subdivision 13; 256B.0757, subdivision 4c;
2.8 256B.0911, subdivision 3a; 256B.0941, subdivision 1; 256B.0943, subdivisions
2.9 1, 2, 3, 4, 5, 5a, 6, 7, 9, 11; 256B.0946, subdivisions 1, 1a, 2, 3, 4, 6; 256B.0947,
2.10 subdivisions 1, 2, 3, 3a, 5, 6, 7; 256B.0949, subdivisions 2, 4, 5a; 256B.196,
2.11 subdivision 2; 256B.25, subdivision 3; 256B.4912, subdivision 13; 256B.69,
2.12 subdivision 5a; 256B.6928, subdivision 5; 256B.761; 256B.763; 256B.85,
2.13 subdivisions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 11b, 12, 12b, 13, 13a, 15, 17a, 18a,
2.14 20b, 23, 23a, by adding subdivisions; 256E.34, subdivision 1; 256I.05, subdivisions
2.15 1a, 11; 256J.08, subdivision 21; 256J.09, subdivision 3; 256J.30, subdivision 8;
2.16 256J.45, subdivision 1; 256J.626, subdivision 1; 256J.95, subdivision 5; 256L.01,
2.17 subdivision 5; 256L.03, subdivision 1; 256L.04, subdivision 7b; 256L.05,
2.18 subdivision 3a; 256N.02, subdivisions 16, 17; 256N.22, subdivision 1; 256N.23,
2.19 subdivisions 2, 6; 256N.24, subdivisions 1, 8, 11, 12, 14; 256N.25, subdivision 1,
2.20 by adding a subdivision; 256P.01, subdivision 6a; 259.22, subdivision 4; 259.241;
2.21 259.35, subdivision 1; 259.53, subdivision 4; 259.73; 259.75, subdivisions 5, 6,
2.22 9; 259.83, subdivision 1a; 259A.75, subdivisions 1, 2, 3, 4; 260C.007, subdivisions
2.23 22a, 26c, 31; 260C.157, subdivision 3; 260C.212, subdivisions 1, 1a, 2, 13, by
2.24 adding a subdivision; 260C.219, subdivision 5; 260C.4412; 260C.452; 260C.503,
2.25 subdivision 2; 260C.515, subdivision 3; 260C.605, subdivision 1; 260C.607,
2.26 subdivision 6; 260C.609; 260C.615; 260C.704; 260C.706; 260C.708; 260C.71;
2.27 260C.712; 260C.714; 260D.01; 260D.05; 260D.06, subdivision 2; 260D.07;
2.28 260D.08; 260D.14; 260E.20, subdivision 2; 260E.31, subdivision 1; 260E.33, by
2.29 adding a subdivision; 260E.36, by adding a subdivision; 295.50, subdivision 9b;
2.30 295.53, subdivision 1; 297E.02, subdivision 3; 325F.721, subdivision 1; 326.71,
2.31 subdivision 4; 326.75, subdivisions 1, 2, 3; 518.157, subdivisions 1, 3; 518.68,
2.32 subdivision 2; 518A.29; 518A.33; 518A.35, subdivisions 1, 2; 518A.39, subdivision
2.33 7; 518A.40, subdivision 4, by adding a subdivision; 518A.42; 518A.43, by adding
2.34 a subdivision; 518A.685; 548.091, subdivisions 1a, 2a, 3b, 9, 10; 549.09,
2.35 subdivision 1; Laws 2008, chapter 364, section 17; Laws 2019, First Special Session
2.36 chapter 9, article 14, section 3, as amended; Laws 2020, Seventh Special Session
2.37 chapter 1, article 6, section 12, subdivision 4; proposing coding for new law in
2.38 Minnesota Statutes, chapters 62A; 62Q; 145; 145A; 151; 245A; 256B; 363A;
2.39 518A; proposing coding for new law as Minnesota Statutes, chapter 245I; repealing
2.40 Minnesota Statutes 2020, sections 151.19, subdivision 3; 245.462, subdivision 4a;
2.41 245.4879, subdivision 2; 245.62, subdivisions 3, 4; 245.69, subdivision 2; 245.735,
2.42 subdivisions 1, 2, 4; 252.28, subdivisions 1, 5; 252A.02, subdivisions 8, 10;
2.43 252A.21, subdivision 3; 256B.0615, subdivision 2; 256B.0616, subdivision 2;
2.44 256B.0622, subdivisions 3, 5a; 256B.0623, subdivisions 7, 8, 10, 11; 256B.0625,
2.45 subdivisions 5l, 35a, 35b, 61, 62, 65; 256B.0943, subdivisions 8, 10; 256B.0944;
2.46 256B.0946, subdivision 5; Minnesota Rules, parts 9505.0370; 9505.0371;
2.47 9505.0372; 9520.0010; 9520.0020; 9520.0030; 9520.0040; 9520.0050; 9520.0060;
2.48 9520.0070; 9520.0080; 9520.0090; 9520.0100; 9520.0110; 9520.0120; 9520.0130;
2.49 9520.0140; 9520.0150; 9520.0160; 9520.0170; 9520.0180; 9520.0190; 9520.0200;
2.50 9520.0210; 9520.0230; 9520.0750; 9520.0760; 9520.0770; 9520.0780; 9520.0790;
2.51 9520.0800; 9520.0810; 9520.0820; 9520.0830; 9520.0840; 9520.0850; 9520.0860;
2.52 9520.0870; 9530.6800; 9530.6810.

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

3.2 **ARTICLE 1**

3.3 **DEPARTMENT OF HUMAN SERVICES HEALTH CARE PROGRAMS**

3.4 Section 1. Minnesota Statutes 2020, section 256.01, is amended by adding a subdivision
3.5 to read:

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

3.10 (b) If the mandate requires the submission of an annual report and the mandate was
3.11 enacted before January 1, 2021, the mandate shall expire on January 1, 2023. If the mandate
3.12 requires the submission of a biennial or less frequent report and the mandate was enacted
3.13 before January 1, 2021, the mandate shall expire on January 1, 2024.

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

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

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

3.24 Sec. 2. Minnesota Statutes 2020, section 256.969, subdivision 2b, is amended to read:

3.25 Subd. 2b. **Hospital payment rates.** (a) For discharges occurring on or after November
3.26 1, 2014, hospital inpatient services for hospitals located in Minnesota shall be paid according
3.27 to the following:

3.28 (1) critical access hospitals as defined by Medicare shall be paid using a cost-based
3.29 methodology;

3.30 (2) long-term hospitals as defined by Medicare shall be paid on a per diem methodology
3.31 under subdivision 25;

4.1 (3) rehabilitation hospitals or units of hospitals that are recognized as rehabilitation
4.2 distinct parts as defined by Medicare shall be paid according to the methodology under
4.3 subdivision 12; and

4.4 (4) all other hospitals shall be paid on a diagnosis-related group (DRG) methodology.

4.5 (b) For the period beginning January 1, 2011, through October 31, 2014, rates shall not
4.6 be rebased, except that a Minnesota long-term hospital shall be rebased effective January
4.7 1, 2011, based on its most recent Medicare cost report ending on or before September 1,
4.8 2008, with the provisions under subdivisions 9 and 23, based on the rates in effect on
4.9 December 31, 2010. For rate setting periods after November 1, 2014, in which the base
4.10 years are updated, a Minnesota long-term hospital's base year shall remain within the same
4.11 period as other hospitals.

4.12 (c) Effective for discharges occurring on and after November 1, 2014, payment rates
4.13 for hospital inpatient services provided by hospitals located in Minnesota or the local trade
4.14 area, except for the hospitals paid under the methodologies described in paragraph (a),
4.15 clauses (2) and (3), shall be rebased, incorporating cost and payment methodologies in a
4.16 manner similar to Medicare. The base year or years for the rates effective November 1,
4.17 2014, shall be calendar year 2012. The rebasing under this paragraph shall be budget neutral,
4.18 ensuring that the total aggregate payments under the rebased system are equal to the total
4.19 aggregate payments that were made for the same number and types of services in the base
4.20 year. Separate budget neutrality calculations shall be determined for payments made to
4.21 critical access hospitals and payments made to hospitals paid under the DRG system. Only
4.22 the rate increases or decreases under subdivision 3a or 3c that applied to the hospitals being
4.23 rebased during the entire base period shall be incorporated into the budget neutrality
4.24 calculation.

4.25 (d) For discharges occurring on or after November 1, 2014, through the next rebasing
4.26 that occurs, the rebased rates under paragraph (c) that apply to hospitals under paragraph
4.27 (a), clause (4), shall include adjustments to the projected rates that result in no greater than
4.28 a five percent increase or decrease from the base year payments for any hospital. Any
4.29 adjustments to the rates made by the commissioner under this paragraph and paragraph (e)
4.30 shall maintain budget neutrality as described in paragraph (c).

4.31 (e) For discharges occurring on or after November 1, 2014, the commissioner may make
4.32 additional adjustments to the rebased rates, and when evaluating whether additional
4.33 adjustments should be made, the commissioner shall consider the impact of the rates on the
4.34 following:

- 5.1 (1) pediatric services;
- 5.2 (2) behavioral health services;
- 5.3 (3) trauma services as defined by the National Uniform Billing Committee;
- 5.4 (4) transplant services;
- 5.5 (5) obstetric services, newborn services, and behavioral health services provided by
- 5.6 hospitals outside the seven-county metropolitan area;
- 5.7 (6) outlier admissions;
- 5.8 (7) low-volume providers; and
- 5.9 (8) services provided by small rural hospitals that are not critical access hospitals.
- 5.10 (f) Hospital payment rates established under paragraph (c) must incorporate the following:
- 5.11 (1) for hospitals paid under the DRG methodology, the base year payment rate per
- 5.12 admission is standardized by the applicable Medicare wage index and adjusted by the
- 5.13 hospital's disproportionate population adjustment;
- 5.14 (2) for critical access hospitals, payment rates for discharges between November 1, 2014,
- 5.15 and June 30, 2015, shall be set to the same rate of payment that applied for discharges on
- 5.16 October 31, 2014;
- 5.17 (3) the cost and charge data used to establish hospital payment rates must only reflect
- 5.18 inpatient services covered by medical assistance; and
- 5.19 (4) in determining hospital payment rates for discharges occurring on or after the rate
- 5.20 year beginning January 1, 2011, through December 31, 2012, the hospital payment rate per
- 5.21 discharge shall be based on the cost-finding methods and allowable costs of the Medicare
- 5.22 program in effect during the base year or years. In determining hospital payment rates for
- 5.23 discharges in subsequent base years, the per discharge rates shall be based on the cost-finding
- 5.24 methods and allowable costs of the Medicare program in effect during the base year or
- 5.25 years.
- 5.26 (g) The commissioner shall validate the rates effective November 1, 2014, by applying
- 5.27 the rates established under paragraph (c), and any adjustments made to the rates under
- 5.28 paragraph (d) or (e), to hospital claims paid in calendar year 2013 to determine whether the
- 5.29 total aggregate payments for the same number and types of services under the rebased rates
- 5.30 are equal to the total aggregate payments made during calendar year 2013.

6.1 (h) Effective for discharges occurring on or after July 1, 2017, and every two years
6.2 thereafter, payment rates under this section shall be rebased to reflect only those changes
6.3 in hospital costs between the existing base year or years and the next base year or years. In
6.4 any year that inpatient claims volume falls below the threshold required to ensure a statically
6.5 valid sample of claims, the commissioner may combine claims data from two consecutive
6.6 years to serve as the base year. Years in which inpatient claims volume is reduced or altered
6.7 due to a pandemic or other public health emergency shall not be used as a base year or part
6.8 of a base year if the base year includes more than one year. Changes in costs between base
6.9 years shall be measured using the lower of the hospital cost index defined in subdivision 1,
6.10 paragraph (a), or the percentage change in the case mix adjusted cost per claim. The
6.11 commissioner shall establish the base year for each rebasing period considering the most
6.12 recent year or years for which filed Medicare cost reports are available. The estimated
6.13 change in the average payment per hospital discharge resulting from a scheduled rebasing
6.14 must be calculated and made available to the legislature by January 15 of each year in which
6.15 rebasing is scheduled to occur, and must include by hospital the differential in payment
6.16 rates compared to the individual hospital's costs.

6.17 (i) Effective for discharges occurring on or after July 1, 2015, inpatient payment rates
6.18 for critical access hospitals located in Minnesota or the local trade area shall be determined
6.19 using a new cost-based methodology. The commissioner shall establish within the
6.20 methodology tiers of payment designed to promote efficiency and cost-effectiveness.
6.21 Payment rates for hospitals under this paragraph shall be set at a level that does not exceed
6.22 the total cost for critical access hospitals as reflected in base year cost reports. Until the
6.23 next rebasing that occurs, the new methodology shall result in no greater than a five percent
6.24 decrease from the base year payments for any hospital, except a hospital that had payments
6.25 that were greater than 100 percent of the hospital's costs in the base year shall have their
6.26 rate set equal to 100 percent of costs in the base year. The rates paid for discharges on and
6.27 after July 1, 2016, covered under this paragraph shall be increased by the inflation factor
6.28 in subdivision 1, paragraph (a). The new cost-based rate shall be the final rate and shall not
6.29 be settled to actual incurred costs. Hospitals shall be assigned a payment tier based on the
6.30 following criteria:

6.31 (1) hospitals that had payments at or below 80 percent of their costs in the base year
6.32 shall have a rate set that equals 85 percent of their base year costs;

6.33 (2) hospitals that had payments that were above 80 percent, up to and including 90
6.34 percent of their costs in the base year shall have a rate set that equals 95 percent of their
6.35 base year costs; and

7.1 (3) hospitals that had payments that were above 90 percent of their costs in the base year
7.2 shall have a rate set that equals 100 percent of their base year costs.

7.3 (j) The commissioner may refine the payment tiers and criteria for critical access hospitals
7.4 to coincide with the next rebasing under paragraph (h). The factors used to develop the new
7.5 methodology may include, but are not limited to:

7.6 (1) the ratio between the hospital's costs for treating medical assistance patients and the
7.7 hospital's charges to the medical assistance program;

7.8 (2) the ratio between the hospital's costs for treating medical assistance patients and the
7.9 hospital's payments received from the medical assistance program for the care of medical
7.10 assistance patients;

7.11 (3) the ratio between the hospital's charges to the medical assistance program and the
7.12 hospital's payments received from the medical assistance program for the care of medical
7.13 assistance patients;

7.14 (4) the statewide average increases in the ratios identified in clauses (1), (2), and (3);

7.15 (5) the proportion of that hospital's costs that are administrative and trends in
7.16 administrative costs; and

7.17 (6) geographic location.

7.18 Sec. 3. Minnesota Statutes 2020, section 256.969, is amended by adding a subdivision to
7.19 read:

7.20 Subd. 2f. **Alternate inpatient payment rate.** Effective January 1, 2022, for a hospital
7.21 eligible to receive disproportionate share hospital payments under subdivision 9, paragraph
7.22 (d), clause (6), the commissioner shall reduce the amount calculated under subdivision 9,
7.23 paragraph (d), clause (6), by 99 percent and compute an alternate inpatient payment rate.
7.24 The alternate payment rate shall be structured to target a total aggregate reimbursement
7.25 amount equal to what the hospital would have received for providing fee-for-service inpatient
7.26 services under this section to patients enrolled in medical assistance had the hospital received
7.27 the entire amount calculated under subdivision 9, paragraph (d), clause (6).

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

7.29 Sec. 4. Minnesota Statutes 2020, section 256.969, subdivision 9, is amended to read:

7.30 Subd. 9. **Disproportionate numbers of low-income patients served.** (a) For admissions
7.31 occurring on or after July 1, 1993, the medical assistance disproportionate population

8.1 adjustment shall comply with federal law and shall be paid to a hospital, excluding regional
8.2 treatment centers and facilities of the federal Indian Health Service, with a medical assistance
8.3 inpatient utilization rate in excess of the arithmetic mean. The adjustment must be determined
8.4 as follows:

8.5 (1) for a hospital with a medical assistance inpatient utilization rate above the arithmetic
8.6 mean for all hospitals excluding regional treatment centers and facilities of the federal Indian
8.7 Health Service but less than or equal to one standard deviation above the mean, the
8.8 adjustment must be determined by multiplying the total of the operating and property
8.9 payment rates by the difference between the hospital's actual medical assistance inpatient
8.10 utilization rate and the arithmetic mean for all hospitals excluding regional treatment centers
8.11 and facilities of the federal Indian Health Service; and

8.12 (2) for a hospital with a medical assistance inpatient utilization rate above one standard
8.13 deviation above the mean, the adjustment must be determined by multiplying the adjustment
8.14 that would be determined under clause (1) for that hospital by 1.1. The commissioner shall
8.15 report annually on the number of hospitals likely to receive the adjustment authorized by
8.16 this paragraph. The commissioner shall specifically report on the adjustments received by
8.17 public hospitals and public hospital corporations located in cities of the first class.

8.18 (b) Certified public expenditures made by Hennepin County Medical Center shall be
8.19 considered Medicaid disproportionate share hospital payments. Hennepin County and
8.20 Hennepin County Medical Center shall report by June 15, 2007, on payments made beginning
8.21 July 1, 2005, or another date specified by the commissioner, that may qualify for
8.22 reimbursement under federal law. Based on these reports, the commissioner shall apply for
8.23 federal matching funds.

8.24 (c) Upon federal approval of the related state plan amendment, paragraph (b) is effective
8.25 retroactively from July 1, 2005, or the earliest effective date approved by the Centers for
8.26 Medicare and Medicaid Services.

8.27 (d) Effective July 1, 2015, disproportionate share hospital (DSH) payments shall be paid
8.28 in accordance with a new methodology using 2012 as the base year. Annual payments made
8.29 under this paragraph shall equal the total amount of payments made for 2012. A licensed
8.30 children's hospital shall receive only a single DSH factor for children's hospitals. Other
8.31 DSH factors may be combined to arrive at a single factor for each hospital that is eligible
8.32 for DSH payments. The new methodology shall make payments only to hospitals located
8.33 in Minnesota and include the following factors:

9.1 (1) a licensed children's hospital with at least 1,000 fee-for-service discharges in the
9.2 base year shall receive a factor of 0.868. A licensed children's hospital with less than 1,000
9.3 fee-for-service discharges in the base year shall receive a factor of 0.7880;

9.4 (2) a hospital that has in effect for the initial rate year a contract with the commissioner
9.5 to provide extended psychiatric inpatient services under section 256.9693 shall receive a
9.6 factor of 0.0160;

9.7 (3) a hospital that has received medical assistance payment ~~from the fee-for-service~~
9.8 ~~program~~ for at least 20 transplant services in the base year shall receive a factor of 0.0435;

9.9 (4) a hospital that has a medical assistance utilization rate in the base year between 20
9.10 percent up to one standard deviation above the statewide mean utilization rate shall receive
9.11 a factor of 0.0468;

9.12 (5) a hospital that has a medical assistance utilization rate in the base year that is at least
9.13 one standard deviation above the statewide mean utilization rate but is less than two and
9.14 one-half standard deviations above the mean shall receive a factor of 0.2300; and

9.15 (6) a hospital that is a level one trauma center and that has a medical assistance utilization
9.16 rate in the base year that is at least two and one-half standard deviations above the statewide
9.17 mean utilization rate shall receive a factor of 0.3711.

9.18 (e) For the purposes of determining eligibility for the disproportionate share hospital
9.19 factors in paragraph (d), clauses (1) to (6), the medical assistance utilization rate and
9.20 discharge thresholds shall be measured using only one year when a two-year base period
9.21 is used.

9.22 ~~(e)~~ (f) Any payments or portion of payments made to a hospital under this subdivision
9.23 that are subsequently returned to the commissioner because the payments are found to
9.24 exceed the hospital-specific DSH limit for that hospital shall be redistributed, proportionate
9.25 to the number of fee-for-service discharges, to other DSH-eligible non-children's hospitals
9.26 that have a medical assistance utilization rate that is at least one standard deviation above
9.27 the mean.

9.28 ~~(f)~~ (g) An additional payment adjustment shall be established by the commissioner under
9.29 this subdivision for a hospital that provides high levels of administering high-cost drugs to
9.30 enrollees in fee-for-service medical assistance. The commissioner shall consider factors
9.31 including fee-for-service medical assistance utilization rates and payments made for drugs
9.32 purchased through the 340B drug purchasing program and administered to fee-for-service
9.33 enrollees. If any part of this adjustment exceeds a hospital's hospital-specific disproportionate

10.1 share hospital limit, the commissioner shall make a payment to the hospital that equals the
10.2 nonfederal share of the amount that exceeds the limit. The total nonfederal share of the
10.3 amount of the payment adjustment under this paragraph shall not exceed \$1,500,000.

10.4 **EFFECTIVE DATE.** This section is effective July 1, 2021.

10.5 Sec. 5. Minnesota Statutes 2020, section 256.9695, subdivision 1, is amended to read:

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

10.17 To appeal a payment rate or payment determination or a determination made from base
10.18 year information, the hospital shall file a written appeal request to the commissioner within
10.19 60 days of the date the preliminary payment rate determination was mailed. The appeal
10.20 request shall specify: (i) the disputed items; (ii) the authority in federal or state statute or
10.21 rule upon which the hospital relies for each disputed item; and (iii) the name and address
10.22 of the person to contact regarding the appeal. Facts to be considered in any appeal of base
10.23 year information are limited to those in existence ~~±~~ 18 months after the last day of the
10.24 calendar year that is the base year for the payment rates in dispute.

10.25 Sec. 6. Minnesota Statutes 2020, section 256.983, is amended to read:

10.26 **256.983 FRAUD PREVENTION INVESTIGATIONS.**

10.27 Subdivision 1. **Programs established.** Within the limits of available appropriations, the
10.28 commissioner of human services shall require the maintenance of budget neutral fraud
10.29 prevention investigation programs in the counties or tribal agencies participating in the
10.30 fraud prevention investigation project established under this section. If funds are sufficient,
10.31 the commissioner may also extend fraud prevention investigation programs to other counties
10.32 or tribal agencies provided the expansion is budget neutral to the state. Under any expansion,

11.1 the commissioner has the final authority in decisions regarding the creation and realignment
11.2 of individual county, tribal agency, or regional operations.

11.3 Subd. 2. **County and tribal agency proposals.** Each participating county and tribal
11.4 agency shall develop and submit an annual staffing and funding proposal to the commissioner
11.5 no later than April 30 of each year. Each proposal shall include, but not be limited to, the
11.6 staffing and funding of the fraud prevention investigation program, a job description for
11.7 investigators involved in the fraud prevention investigation program, and the organizational
11.8 structure of the county or tribal agency unit, training programs for case workers, and the
11.9 operational requirements which may be directed by the commissioner. The proposal shall
11.10 be approved, to include any changes directed or negotiated by the commissioner, no later
11.11 than June 30 of each year.

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

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

11.25 (b) The commissioner will maintain program compliance if for any three consecutive
11.26 month period, a county or tribal agency fails to comply with fraud prevention investigation
11.27 program guidelines, or fails to meet the cost-effectiveness standards developed by the
11.28 commissioner. This result is contingent on the commissioner providing written notice,
11.29 including an offer of technical assistance, within 30 days of the end of the third or subsequent
11.30 month of noncompliance. The county or tribal agency shall be required to submit a corrective
11.31 action plan to the commissioner within 30 days of receipt of a notice of noncompliance.
11.32 Failure to submit a corrective action plan or, continued deviation from standards of more
11.33 than ten percent after submission of a corrective action plan, will result in denial of funding
11.34 for each subsequent month, or billing the county or tribal agency for fraud prevention
11.35 investigation (FPI) service provided by the commissioner, or reallocation of program grant

12.1 funds, or investigative resources, or both, to other counties or tribal agencies. The denial of
12.2 funding shall apply to the general settlement received by the county or tribal agency on a
12.3 quarterly basis and shall not reduce the grant amount applicable to the FPI project.

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

12.9 (b) If, upon investigation, a preponderance of evidence shows a provider committed an
12.10 intentional program violation, intentionally gave the county or tribe materially false
12.11 information on the provider's billing forms, provided false attendance records to a county,
12.12 tribe, or the commissioner, or committed financial misconduct as described in section
12.13 245E.01, subdivision 8, the county or tribal agency may suspend a provider's payment
12.14 pursuant to chapter 245E, or deny or revoke a provider's authorization pursuant to section
12.15 119B.13, subdivision 6, paragraph (d), clause (2), prior to pursuing other available remedies.
12.16 The county or tribe must send notice in accordance with the requirements of section
12.17 119B.161, subdivision 2. If a provider's payment is suspended under this section, the payment
12.18 suspension shall remain in effect until: (1) the commissioner, county, tribe, or a law
12.19 enforcement authority determines that there is insufficient evidence warranting the action
12.20 and a county, tribe, or the commissioner does not pursue an additional administrative remedy
12.21 under chapter 119B or 245E, or section 256.046 or 256.98; or (2) all criminal, civil, and
12.22 administrative proceedings related to the provider's alleged misconduct conclude and any
12.23 appeal rights are exhausted.

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

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

12.31 Sec. 7. Minnesota Statutes 2020, section 256B.057, subdivision 3, is amended to read:

12.32 Subd. 3. **Qualified Medicare beneficiaries.** (a) A person ~~who is entitled to Part A~~
12.33 ~~Medicare benefits, whose income is equal to or less than 100 percent of the federal poverty~~
12.34 ~~guidelines, and whose assets are no more than \$10,000 for a single individual and \$18,000~~

13.1 ~~for a married couple or family of two or more~~, is eligible for medical assistance
 13.2 reimbursement of Medicare Part A and Part B premiums, Part A and Part B coinsurance
 13.3 and deductibles, and cost-effective premiums for enrollment with a health maintenance
 13.4 organization or a competitive medical plan under section 1876 of the Social Security Act;
 13.5 if:

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

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

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

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

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

13.20 Sec. 8. Minnesota Statutes 2020, section 256B.0625, subdivision 3c, is amended to read:

13.21 Subd. 3c. **Health Services ~~Policy Committee~~ Advisory Council.** (a) The commissioner,
 13.22 after receiving recommendations from professional physician associations, professional
 13.23 associations representing licensed nonphysician health care professionals, and consumer
 13.24 groups, shall establish a ~~13-member~~ 14-member ~~Health Services Policy Committee~~ Advisory
 13.25 Council, which consists of ~~12~~ 13 voting members and one nonvoting member. The Health
 13.26 ~~Services Policy Committee~~ Advisory Council shall advise the commissioner regarding (1)
 13.27 health services pertaining to the administration of health care benefits covered under the
 13.28 ~~medical assistance and MinnesotaCare programs~~ Minnesota health care programs (MHCP);
 13.29 and (2) evidence-based decision-making and health care benefit and coverage policies for
 13.30 MHCP. The Health Services Advisory Council shall consider available evidence regarding
 13.31 quality, safety, and cost-effectiveness when advising the commissioner. The Health Services
 13.32 ~~Policy Committee~~ Advisory Council shall meet at least quarterly. The Health Services ~~Policy~~
 13.33 ~~Committee~~ Advisory Council shall annually ~~elect~~ select a ~~physician~~ chair from among its

14.1 members, who shall work directly with the commissioner's medical director, to establish
 14.2 the agenda for each meeting. The Health Services ~~Policy Committee shall also~~ Advisory
 14.3 Council may recommend criteria for verifying centers of excellence for specific aspects of
 14.4 medical care where a specific set of combined services, a volume of patients necessary to
 14.5 maintain a high level of competency, or a specific level of technical capacity is associated
 14.6 with improved health outcomes.

14.7 (b) The commissioner shall establish a dental ~~subcommittee~~ subcouncil to operate under
 14.8 the Health Services ~~Policy Committee~~ Advisory Council. The dental ~~subcommittee~~
 14.9 subcouncil consists of general dentists, dental specialists, safety net providers, dental
 14.10 hygienists, health plan company and county and public health representatives, health
 14.11 researchers, consumers, and a designee of the commissioner of health. The dental
 14.12 ~~subcommittee~~ subcouncil shall advise the commissioner regarding:

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

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

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

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

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

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

14.27 ~~(d)~~ (c) The Health Services ~~Policy Committee shall~~ Advisory Council may monitor and
 14.28 track the practice patterns of ~~physicians providing services to medical assistance and~~
 14.29 ~~MinnesotaCare enrollees~~ health care providers who serve MHCP recipients under
 14.30 fee-for-service, managed care, and county-based purchasing. The ~~committee~~ monitoring
 14.31 and tracking shall focus on services or specialties for which there is a high variation in
 14.32 utilization or quality across ~~physicians providers~~, or which are associated with high medical
 14.33 costs. The commissioner, based upon the findings of the ~~committee~~ Health Services Advisory

15.1 Council, ~~shall regularly~~ may notify ~~physicians~~ providers whose practice patterns indicate
 15.2 below average quality or higher than average utilization or costs. Managed care and
 15.3 county-based purchasing plans shall provide the commissioner with utilization and cost
 15.4 data necessary to implement this paragraph, and the commissioner shall make ~~this~~ these
 15.5 data available to the ~~committee~~ Health Services Advisory Council.

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

15.10 Sec. 9. Minnesota Statutes 2020, section 256B.0625, subdivision 3d, is amended to read:

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

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

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

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

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

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

15.27 ~~(5)~~ (6) the commissioner's medical director who shall serve as a nonvoting member.

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

16.1 Sec. 10. Minnesota Statutes 2020, section 256B.0625, subdivision 3e, is amended to read:

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

16.10 Sec. 11. Minnesota Statutes 2020, section 256B.0625, subdivision 30, is amended to read:

16.11 Subd. 30. **Other clinic services.** (a) Medical assistance covers rural health clinic services,
16.12 federally qualified health center services, nonprofit community health clinic services, and
16.13 public health clinic services. Rural health clinic services and federally qualified health center
16.14 services mean services defined in United States Code, title 42, section 1396d(a)(2)(B) and
16.15 (C). Payment for rural health clinic and federally qualified health center services shall be
16.16 made according to applicable federal law and regulation.

16.17 (b) A federally qualified health center (FQHC) that is beginning initial operation shall
16.18 submit an estimate of budgeted costs and visits for the initial reporting period in the form
16.19 and detail required by the commissioner. An FQHC that is already in operation shall submit
16.20 an initial report using actual costs and visits for the initial reporting period. Within 90 days
16.21 of the end of its reporting period, an FQHC shall submit, in the form and detail required by
16.22 the commissioner, a report of its operations, including allowable costs actually incurred for
16.23 the period and the actual number of visits for services furnished during the period, and other
16.24 information required by the commissioner. FQHCs that file Medicare cost reports shall
16.25 provide the commissioner with a copy of the most recent Medicare cost report filed with
16.26 the Medicare program intermediary for the reporting year which support the costs claimed
16.27 on their cost report to the state.

16.28 (c) In order to continue cost-based payment under the medical assistance program
16.29 according to paragraphs (a) and (b), an FQHC or rural health clinic must apply for designation
16.30 as an essential community provider within six months of final adoption of rules by the
16.31 Department of Health according to section 62Q.19, subdivision 7. For those FQHCs and
16.32 rural health clinics that have applied for essential community provider status within the
16.33 six-month time prescribed, medical assistance payments will continue to be made according
16.34 to paragraphs (a) and (b) for the first three years after application. For FQHCs and rural

17.1 health clinics that either do not apply within the time specified above or who have had
17.2 essential community provider status for three years, medical assistance payments for health
17.3 services provided by these entities shall be according to the same rates and conditions
17.4 applicable to the same service provided by health care providers that are not FQHCs or rural
17.5 health clinics.

17.6 (d) Effective July 1, 1999, the provisions of paragraph (c) requiring an FQHC or a rural
17.7 health clinic to make application for an essential community provider designation in order
17.8 to have cost-based payments made according to paragraphs (a) and (b) no longer apply.

17.9 (e) Effective January 1, 2000, payments made according to paragraphs (a) and (b) shall
17.10 be limited to the cost phase-out schedule of the Balanced Budget Act of 1997.

17.11 (f) Effective January 1, 2001, through December 31, 2020, each FQHC and rural health
17.12 clinic may elect to be paid either under the prospective payment system established in United
17.13 States Code, title 42, section 1396a(aa), or under an alternative payment methodology
17.14 consistent with the requirements of United States Code, title 42, section 1396a(aa), and
17.15 approved by the Centers for Medicare and Medicaid Services. The alternative payment
17.16 methodology shall be 100 percent of cost as determined according to Medicare cost
17.17 principles.

17.18 (g) Effective for services provided on or after January 1, 2021, all claims for payment
17.19 of clinic services provided by FQHCs and rural health clinics shall be paid by the
17.20 commissioner, according to an annual election by the FQHC or rural health clinic, under
17.21 the current prospective payment system described in paragraph (f) or the alternative payment
17.22 methodology described in paragraph (l).

17.23 (h) For purposes of this section, "nonprofit community clinic" is a clinic that:

17.24 (1) has nonprofit status as specified in chapter 317A;

17.25 (2) has tax exempt status as provided in Internal Revenue Code, section 501(c)(3);

17.26 (3) is established to provide health services to low-income population groups, uninsured,
17.27 high-risk and special needs populations, underserved and other special needs populations;

17.28 (4) employs professional staff at least one-half of which are familiar with the cultural
17.29 background of their clients;

17.30 (5) charges for services on a sliding fee scale designed to provide assistance to
17.31 low-income clients based on current poverty income guidelines and family size; and

18.1 (6) does not restrict access or services because of a client's financial limitations or public
18.2 assistance status and provides no-cost care as needed.

18.3 (i) Effective for services provided on or after January 1, 2015, all claims for payment
18.4 of clinic services provided by FQHCs and rural health clinics shall be paid by the
18.5 commissioner. the commissioner shall determine the most feasible method for paying claims
18.6 from the following options:

18.7 (1) FQHCs and rural health clinics submit claims directly to the commissioner for
18.8 payment, and the commissioner provides claims information for recipients enrolled in a
18.9 managed care or county-based purchasing plan to the plan, on a regular basis; or

18.10 (2) FQHCs and rural health clinics submit claims for recipients enrolled in a managed
18.11 care or county-based purchasing plan to the plan, and those claims are submitted by the
18.12 plan to the commissioner for payment to the clinic.

18.13 (j) For clinic services provided prior to January 1, 2015, the commissioner shall calculate
18.14 and pay monthly the proposed managed care supplemental payments to clinics, and clinics
18.15 shall conduct a timely review of the payment calculation data in order to finalize all
18.16 supplemental payments in accordance with federal law. Any issues arising from a clinic's
18.17 review must be reported to the commissioner by January 1, 2017. Upon final agreement
18.18 between the commissioner and a clinic on issues identified under this subdivision, and in
18.19 accordance with United States Code, title 42, section 1396a(bb), no supplemental payments
18.20 for managed care plan or county-based purchasing plan claims for services provided prior
18.21 to January 1, 2015, shall be made after June 30, 2017. If the commissioner and clinics are
18.22 unable to resolve issues under this subdivision, the parties shall submit the dispute to the
18.23 arbitration process under section 14.57.

18.24 (k) The commissioner shall seek a federal waiver, authorized under section 1115 of the
18.25 Social Security Act, to obtain federal financial participation at the 100 percent federal
18.26 matching percentage available to facilities of the Indian Health Service or tribal organization
18.27 in accordance with section 1905(b) of the Social Security Act for expenditures made to
18.28 organizations dually certified under Title V of the Indian Health Care Improvement Act,
18.29 Public Law 94-437, and as a federally qualified health center under paragraph (a) that
18.30 provides services to American Indian and Alaskan Native individuals eligible for services
18.31 under this subdivision.

18.32 (l) All claims for payment of clinic services provided by FQHCs and rural health clinics,
18.33 that have elected to be paid under this paragraph, shall be paid by the commissioner according
18.34 to the following requirements:

19.1 (1) the commissioner shall establish a single medical and single dental organization
19.2 encounter rate for each FQHC and rural health clinic when applicable;

19.3 (2) each FQHC and rural health clinic is eligible for same day reimbursement of one
19.4 medical and one dental organization encounter rate if eligible medical and dental visits are
19.5 provided on the same day;

19.6 (3) the commissioner shall reimburse FQHCs and rural health clinics, in accordance
19.7 with current applicable Medicare cost principles, their allowable costs, including direct
19.8 patient care costs and patient-related support services. Nonallowable costs include, but are
19.9 not limited to:

19.10 (i) general social services and administrative costs;

19.11 (ii) retail pharmacy;

19.12 (iii) patient incentives, food, housing assistance, and utility assistance;

19.13 (iv) external lab and x-ray;

19.14 (v) navigation services;

19.15 (vi) health care taxes;

19.16 (vii) advertising, public relations, and marketing;

19.17 (viii) office entertainment costs, food, alcohol, and gifts;

19.18 (ix) contributions and donations;

19.19 (x) bad debts or losses on awards or contracts;

19.20 (xi) fines, penalties, damages, or other settlements;

19.21 (xii) fund-raising, investment management, and associated administrative costs;

19.22 (xiii) research and associated administrative costs;

19.23 (xiv) nonpaid workers;

19.24 (xv) lobbying;

19.25 (xvi) scholarships and student aid; and

19.26 (xvii) nonmedical assistance covered services;

19.27 (4) the commissioner shall review the list of nonallowable costs in the years between
19.28 the rebasing process established in clause (5), in consultation with the Minnesota Association

20.1 of Community Health Centers, FQHCs, and rural health clinics. The commissioner shall
20.2 publish the list and any updates in the Minnesota health care programs provider manual;

20.3 (5) the initial applicable base year organization encounter rates for FQHCs and rural
20.4 health clinics shall be computed for services delivered on or after January 1, 2021, and:

20.5 (i) must be determined using each FQHC's and rural health clinic's Medicare cost reports
20.6 from 2017 and 2018;

20.7 (ii) must be according to current applicable Medicare cost principles as applicable to
20.8 FQHCs and rural health clinics without the application of productivity screens and upper
20.9 payment limits or the Medicare prospective payment system FQHC aggregate mean upper
20.10 payment limit;

20.11 (iii) must be subsequently rebased every two years thereafter using the Medicare cost
20.12 reports that are three and four years prior to the rebasing year. Years in which organizational
20.13 cost or claims volume is reduced or altered due to a pandemic, disease, or other public health
20.14 emergency shall not be used as part of a base year when the base year includes more than
20.15 one year. The commissioner may use the Medicare cost reports of a year unaffected by a
20.16 pandemic, disease, or other public health emergency, or previous two consecutive years,
20.17 inflated to the base year as established under item (iv);

20.18 (iv) must be inflated to the base year using the inflation factor described in clause (6);
20.19 and

20.20 (v) the commissioner must provide for a 60-day appeals process under section 14.57;

20.21 (6) the commissioner shall annually inflate the applicable organization encounter rates
20.22 for FQHCs and rural health clinics from the base year payment rate to the effective date by
20.23 using the CMS FQHC Market Basket inflator established under United States Code, title
20.24 42, section 1395m(o), less productivity;

20.25 (7) FQHCs and rural health clinics that have elected the alternative payment methodology
20.26 under this paragraph shall submit all necessary documentation required by the commissioner
20.27 to compute the rebased organization encounter rates no later than six months following the
20.28 date the applicable Medicare cost reports are due to the Centers for Medicare and Medicaid
20.29 Services;

20.30 (8) the commissioner shall reimburse FQHCs and rural health clinics an additional
20.31 amount relative to their medical and dental organization encounter rates that is attributable
20.32 to the tax required to be paid according to section 295.52, if applicable;

21.1 (9) FQHCs and rural health clinics may submit change of scope requests to the
21.2 commissioner if the change of scope would result in an increase or decrease of 2.5 percent
21.3 or higher in the medical or dental organization encounter rate currently received by the
21.4 FQHC or rural health clinic;

21.5 (10) for FQHCs and rural health clinics seeking a change in scope with the commissioner
21.6 under clause (9) that requires the approval of the scope change by the federal Health
21.7 Resources Services Administration:

21.8 (i) FQHCs and rural health clinics shall submit the change of scope request, including
21.9 the start date of services, to the commissioner within seven business days of submission of
21.10 the scope change to the federal Health Resources Services Administration;

21.11 (ii) the commissioner shall establish the effective date of the payment change as the
21.12 federal Health Resources Services Administration date of approval of the FQHC's or rural
21.13 health clinic's scope change request, or the effective start date of services, whichever is
21.14 later; and

21.15 (iii) within 45 days of one year after the effective date established in item (ii), the
21.16 commissioner shall conduct a retroactive review to determine if the actual costs established
21.17 under clause (3) or encounters result in an increase or decrease of 2.5 percent or higher in
21.18 the medical or dental organization encounter rate, and if this is the case, the commissioner
21.19 shall revise the rate accordingly and shall adjust payments retrospectively to the effective
21.20 date established in item (ii);

21.21 (11) for change of scope requests that do not require federal Health Resources Services
21.22 Administration approval, the FQHC and rural health clinic shall submit the request to the
21.23 commissioner before implementing the change, and the effective date of the change is the
21.24 date the commissioner received the FQHC's or rural health clinic's request, or the effective
21.25 start date of the service, whichever is later. The commissioner shall provide a response to
21.26 the FQHC's or rural health clinic's request within 45 days of submission and provide a final
21.27 approval within 120 days of submission. This timeline may be waived at the mutual
21.28 agreement of the commissioner and the FQHC or rural health clinic if more information is
21.29 needed to evaluate the request;

21.30 (12) the commissioner, when establishing organization encounter rates for new FQHCs
21.31 and rural health clinics, shall consider the patient caseload of existing FQHCs and rural
21.32 health clinics in a 60-mile radius for organizations established outside of the seven-county
21.33 metropolitan area, and in a 30-mile radius for organizations in the seven-county metropolitan

22.1 area. If this information is not available, the commissioner may use Medicare cost reports
22.2 or audited financial statements to establish base rate;

22.3 (13) the commissioner shall establish a quality measures workgroup that includes
22.4 representatives from the Minnesota Association of Community Health Centers, FQHCs,
22.5 and rural health clinics, to evaluate clinical and nonclinical measures; and

22.6 (14) the commissioner shall not disallow or reduce costs that are related to an FQHC's
22.7 or rural health clinic's participation in health care educational programs to the extent that
22.8 the costs are not accounted for in the alternative payment methodology encounter rate
22.9 established in this paragraph.

22.10 Sec. 12. Minnesota Statutes 2020, section 256B.0638, subdivision 3, is amended to read:

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

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

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

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

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

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

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

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

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

23.1 (9) one member of the Health Services Policy Committee established under section
23.2 256B.0625, subdivisions 3c to 3e;

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

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

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

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

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

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

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

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

23.14 (4) a member representing the Minnesota Department of Health.

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

23.17 Sec. 13. Minnesota Statutes 2020, section 256B.0638, subdivision 5, is amended to read:

23.18 Subd. 5. **Program implementation.** (a) The commissioner shall implement the programs
23.19 within the Minnesota health care program to improve the health of and quality of care
23.20 provided to Minnesota health care program enrollees. The commissioner shall annually
23.21 collect and report to provider groups the sentinel measures of data showing individual opioid
23.22 ~~prescribers data showing the sentinel measures of their~~ prescribers' opioid prescribing
23.23 patterns compared to their anonymized peers. Provider groups shall distribute data to their
23.24 affiliated, contracted, or employed opioid prescribers.

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

- 24.1 (1) components of the program described in subdivision 4, paragraph (a);
- 24.2 (2) internal practice-based measures to review the prescribing practice of the opioid
24.3 prescriber and, where appropriate, any other opioid prescribers employed by or affiliated
24.4 with any of the provider groups with which the opioid prescriber is employed or affiliated;
24.5 and
- 24.6 (3) appropriate use of the prescription monitoring program under section 152.126.
- 24.7 (c) If, after a year from the commissioner's notice under paragraph (b), the opioid
24.8 prescriber's prescribing practices do not improve so that they are consistent with community
24.9 standards, the commissioner shall take one or more of the following steps:
- 24.10 (1) monitor prescribing practices more frequently than annually;
- 24.11 (2) monitor more aspects of the opioid prescriber's prescribing practices than the sentinel
24.12 measures; or
- 24.13 (3) require the opioid prescriber to participate in additional quality improvement efforts,
24.14 including but not limited to mandatory use of the prescription monitoring program established
24.15 under section 152.126.
- 24.16 (d) The commissioner shall terminate from Minnesota health care programs all opioid
24.17 prescribers and provider groups whose prescribing practices fall within the applicable opioid
24.18 disenrollment standards.

24.19 Sec. 14. Minnesota Statutes 2020, section 256B.0638, subdivision 6, is amended to read:

24.20 Subd. 6. **Data practices.** (a) Reports and data identifying an opioid prescriber are private
24.21 data on individuals as defined under section 13.02, subdivision 12, until an opioid prescriber
24.22 is subject to termination as a medical assistance provider under this section. Notwithstanding
24.23 this data classification, the commissioner shall share with all of the provider groups with
24.24 which an opioid prescriber is employed, contracted, or affiliated, ~~a report identifying an~~
24.25 ~~opioid prescriber who is subject to quality improvement activities~~ the data under subdivision
24.26 5, paragraph (a), (b), or (c).

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

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

25.1 Sec. 15. Minnesota Statutes 2020, section 256B.0659, subdivision 13, is amended to read:

25.2 Subd. 13. **Qualified professional; qualifications.** (a) The qualified professional must
25.3 work for a personal care assistance provider agency, meet the definition of qualified
25.4 professional under section 256B.0625, subdivision 19c, ~~and enroll with the department as~~
25.5 ~~a qualified professional after clearing~~ clear a background study, and meet provider training
25.6 requirements. Before a qualified professional provides services, the personal care assistance
25.7 provider agency must initiate a background study on the qualified professional under chapter
25.8 245C, and the personal care assistance provider agency must have received a notice from
25.9 the commissioner that the qualified professional:

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

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

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

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

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

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

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

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

25.25 (c) ~~Effective July 1, 2011,~~ The qualified professional shall complete the provider training
25.26 with basic information about the personal care assistance program approved by the
25.27 commissioner. Newly hired qualified professionals must complete the training within six
25.28 months of the date hired by a personal care assistance provider agency. Qualified
25.29 professionals who have completed the required training as a worker from a personal care
25.30 assistance provider agency do not need to repeat the required training if they are hired by
25.31 another agency, if they have completed the training within the last three years. The required
25.32 training must be available with meaningful access according to title VI of the Civil Rights
25.33 Act and federal regulations adopted under that law or any guidance from the United States

26.1 Health and Human Services Department. The required training must be available online or
26.2 by electronic remote connection. The required training must provide for competency testing
26.3 to demonstrate an understanding of the content without attending in-person training. A
26.4 qualified professional is allowed to be employed and is not subject to the training requirement
26.5 until the training is offered online or through remote electronic connection. A qualified
26.6 professional employed by a personal care assistance provider agency certified for
26.7 participation in Medicare as a home health agency is exempt from the training required in
26.8 this subdivision. When available, the qualified professional working for a Medicare-certified
26.9 home health agency must successfully complete the competency test. The commissioner
26.10 shall ensure there is a mechanism in place to verify the identity of persons completing the
26.11 competency testing electronically.

26.12 Sec. 16. Minnesota Statutes 2020, section 256B.196, subdivision 2, is amended to read:

26.13 Subd. 2. **Commissioner's duties.** (a) For the purposes of this subdivision and subdivision
26.14 3, the commissioner shall determine the fee-for-service outpatient hospital services upper
26.15 payment limit for nonstate government hospitals. The commissioner shall then determine
26.16 the amount of a supplemental payment to Hennepin County Medical Center and Regions
26.17 Hospital for these services that would increase medical assistance spending in this category
26.18 to the aggregate upper payment limit for all nonstate government hospitals in Minnesota.
26.19 In making this determination, the commissioner shall allot the available increases between
26.20 Hennepin County Medical Center and Regions Hospital based on the ratio of medical
26.21 assistance fee-for-service outpatient hospital payments to the two facilities. The commissioner
26.22 shall adjust this allotment as necessary based on federal approvals, the amount of
26.23 intergovernmental transfers received from Hennepin and Ramsey Counties, and other factors,
26.24 in order to maximize the additional total payments. The commissioner shall inform Hennepin
26.25 County and Ramsey County of the periodic intergovernmental transfers necessary to match
26.26 federal Medicaid payments available under this subdivision in order to make supplementary
26.27 medical assistance payments to Hennepin County Medical Center and Regions Hospital
26.28 equal to an amount that when combined with existing medical assistance payments to
26.29 nonstate governmental hospitals would increase total payments to hospitals in this category
26.30 for outpatient services to the aggregate upper payment limit for all hospitals in this category
26.31 in Minnesota. Upon receipt of these periodic transfers, the commissioner shall make
26.32 supplementary payments to Hennepin County Medical Center and Regions Hospital.

26.33 (b) For the purposes of this subdivision and subdivision 3, the commissioner shall
26.34 determine an upper payment limit for physicians and other billing professionals affiliated
26.35 with Hennepin County Medical Center and with Regions Hospital. The upper payment limit

27.1 shall be based on the average commercial rate or be determined using another method
27.2 acceptable to the Centers for Medicare and Medicaid Services. The commissioner shall
27.3 inform Hennepin County and Ramsey County of the periodic intergovernmental transfers
27.4 necessary to match the federal Medicaid payments available under this subdivision in order
27.5 to make supplementary payments to physicians and other billing professionals affiliated
27.6 with Hennepin County Medical Center and to make supplementary payments to physicians
27.7 and other billing professionals affiliated with Regions Hospital through HealthPartners
27.8 Medical Group equal to the difference between the established medical assistance payment
27.9 for physician and other billing professional services and the upper payment limit. Upon
27.10 receipt of these periodic transfers, the commissioner shall make supplementary payments
27.11 to physicians and other billing professionals affiliated with Hennepin County Medical Center
27.12 and shall make supplementary payments to physicians and other billing professionals
27.13 affiliated with Regions Hospital through HealthPartners Medical Group.

27.14 (c) Beginning January 1, 2010, ~~Hennepin County and Ramsey County~~ may make monthly
27.15 voluntary intergovernmental transfers to the commissioner in amounts not to exceed
27.16 ~~\$12,000,000 per year from Hennepin County and \$6,000,000 per year from Ramsey County.~~
27.17 The commissioner shall increase the medical assistance capitation payments to any licensed
27.18 health plan under contract with the medical assistance program that agrees to make enhanced
27.19 payments to ~~Hennepin County Medical Center or~~ Regions Hospital. The increase shall be
27.20 in an amount equal to the annual value of the monthly transfers plus federal financial
27.21 participation, with each health plan receiving its pro rata share of the increase based on the
27.22 pro rata share of medical assistance admissions to ~~Hennepin County Medical Center and~~
27.23 Regions Hospital by those plans. For the purposes of this paragraph, "the base amount"
27.24 means the total annual value of increased medical assistance capitation payments, including
27.25 the voluntary intergovernmental transfers, under this paragraph in calendar year 2017. For
27.26 managed care contracts beginning on or after January 1, 2018, the commissioner shall reduce
27.27 the total annual value of increased medical assistance capitation payments under this
27.28 paragraph by an amount equal to ten percent of the base amount, and by an additional ten
27.29 percent of the base amount for each subsequent contract year until December 31, 2025.
27.30 Upon the request of the commissioner, health plans shall submit individual-level cost data
27.31 for verification purposes. The commissioner may ratably reduce these payments on a pro
27.32 rata basis in order to satisfy federal requirements for actuarial soundness. If payments are
27.33 reduced, transfers shall be reduced accordingly. Any licensed health plan that receives
27.34 increased medical assistance capitation payments under the intergovernmental transfer
27.35 described in this paragraph shall increase its medical assistance payments to ~~Hennepin~~
27.36 ~~County Medical Center and~~ Regions Hospital by the same amount as the increased payments

28.1 received in the capitation payment described in this paragraph. This paragraph expires
28.2 January 1, 2026.

28.3 (d) For the purposes of this subdivision and subdivision 3, the commissioner shall
28.4 determine an upper payment limit for ambulance services affiliated with Hennepin County
28.5 Medical Center and the city of St. Paul, and ambulance services owned and operated by
28.6 another governmental entity that chooses to participate by requesting the commissioner to
28.7 determine an upper payment limit. The upper payment limit shall be based on the average
28.8 commercial rate or be determined using another method acceptable to the Centers for
28.9 Medicare and Medicaid Services. The commissioner shall inform Hennepin County, the
28.10 city of St. Paul, and other participating governmental entities of the periodic
28.11 intergovernmental transfers necessary to match the federal Medicaid payments available
28.12 under this subdivision in order to make supplementary payments to Hennepin County
28.13 Medical Center, the city of St. Paul, and other participating governmental entities equal to
28.14 the difference between the established medical assistance payment for ambulance services
28.15 and the upper payment limit. Upon receipt of these periodic transfers, the commissioner
28.16 shall make supplementary payments to Hennepin County Medical Center, the city of St.
28.17 Paul, and other participating governmental entities. A tribal government that owns and
28.18 operates an ambulance service is not eligible to participate under this subdivision.

28.19 (e) For the purposes of this subdivision and subdivision 3, the commissioner shall
28.20 determine an upper payment limit for physicians, dentists, and other billing professionals
28.21 affiliated with the University of Minnesota and University of Minnesota Physicians. The
28.22 upper payment limit shall be based on the average commercial rate or be determined using
28.23 another method acceptable to the Centers for Medicare and Medicaid Services. The
28.24 commissioner shall inform the University of Minnesota Medical School and University of
28.25 Minnesota School of Dentistry of the periodic intergovernmental transfers necessary to
28.26 match the federal Medicaid payments available under this subdivision in order to make
28.27 supplementary payments to physicians, dentists, and other billing professionals affiliated
28.28 with the University of Minnesota and the University of Minnesota Physicians equal to the
28.29 difference between the established medical assistance payment for physician, dentist, and
28.30 other billing professional services and the upper payment limit. Upon receipt of these periodic
28.31 transfers, the commissioner shall make supplementary payments to physicians, dentists,
28.32 and other billing professionals affiliated with the University of Minnesota and the University
28.33 of Minnesota Physicians.

28.34 (f) The commissioner shall inform the transferring governmental entities on an ongoing
28.35 basis of the need for any changes needed in the intergovernmental transfers in order to

29.1 continue the payments under paragraphs (a) to (e), at their maximum level, including
29.2 increases in upper payment limits, changes in the federal Medicaid match, and other factors.

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

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

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

29.11 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval
29.12 of both this section and Minnesota Statutes, section 256B.1973, whichever is later. The
29.13 commissioner of human services shall notify the revisor of statutes when federal approval
29.14 is obtained.

29.15 Sec. 17. **[256B.1973] DIRECTED PAYMENT ARRANGEMENTS.**

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

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

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

29.24 (d) "High medical assistance utilization" means a medical assistance utilization rate
29.25 equal to the standard established in section 256.969, subdivision 9, paragraph (d), clause
29.26 (6).

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

29.31 Subd. 3. **Eligible providers.** Eligible providers under this section are nonstate government
29.32 teaching hospitals with high medical assistance utilization and a level 1 trauma center and

30.1 all of the hospital's owned or affiliated billing professionals, ambulance services, sites, and
30.2 clinics.

30.3 Subd. 4. **Voluntary intergovernmental transfers.** A nonstate governmental entity that
30.4 is eligible to perform intergovernmental transfers may make voluntary intergovernmental
30.5 transfers to the commissioner. The commissioner shall inform the nonstate governmental
30.6 entity of the intergovernmental transfers necessary to maximize the allowable directed
30.7 payments.

30.8 Subd. 5. **Commissioner's duties; state-directed fee schedule requirement.** (a) For
30.9 each federally approved directed payment arrangement that is a state-directed fee schedule
30.10 requirement, the commissioner shall determine a uniform adjustment factor to be applied
30.11 to each claim submitted by an eligible provider to a health plan. The uniform adjustment
30.12 factor shall be determined using the average commercial payer rate or using another method
30.13 acceptable to the Centers for Medicare and Medicaid Services if the average commercial
30.14 payer rate is not approved, minus the amount necessary for the plan to satisfy tax liabilities
30.15 under sections 256.9657 and 297I.05 attributable to the directed payment arrangement. The
30.16 commissioner shall ensure that the application of the uniform adjustment factor maximizes
30.17 the allowable directed payments and does not result in payments exceeding federal limits,
30.18 and may use an annual settle-up process. The directed payment shall be specific to each
30.19 health plan and prospectively incorporated into capitation payments for that plan.

30.20 (b) For each federally approved directed payment arrangement that is a state-directed
30.21 fee schedule requirement, the commissioner shall develop a plan for the initial
30.22 implementation of the state-directed fee schedule requirement to ensure that the eligible
30.23 provider receives the entire permissible value of the federally approved directed payment
30.24 arrangement. If federal approval of a directed payment arrangement under this subdivision
30.25 is retroactive, the commissioner shall make a onetime pro rata increase to the uniform
30.26 adjustment factor and the initial payments in order to include claims submitted between the
30.27 retroactive federal approval date and the period captured by the initial payments.

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

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

31.1 Subd. 8. State quality goals. The directed payment arrangement and state-directed fee
31.2 schedule requirement must align the state quality goals to Hennepin Healthcare medical
31.3 assistance patients, including unstably housed individuals, those with higher levels of social
31.4 and clinical risk, limited English proficiency (LEP) patients, adults with serious chronic
31.5 conditions, and individuals of color. The directed payment arrangement must maintain
31.6 quality and access to a full range of health care delivery mechanisms for these patients that
31.7 may include behavioral health, emergent care, preventive care, hospitalization, transportation,
31.8 interpreter services, and pharmaceutical services. The commissioner, in consultation with
31.9 Hennepin Healthcare, shall submit to the Centers for Medicare and Medicaid Services a
31.10 methodology to measure access to care and the achievement of state quality goals.

31.11 EFFECTIVE DATE. This section is effective January 1, 2022, or upon federal approval,
31.12 whichever is later, unless the federal approval provides for an effective date after July 1,
31.13 2021, but before the date of federal approval, in which case the federally approved effective
31.14 date applies.

31.15 Sec. 18. Minnesota Statutes 2020, section 256B.6928, subdivision 5, is amended to read:

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

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

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

31.25 (3) implementation of a minimum or maximum fee schedule, or a uniform dollar or
31.26 percentage increase for network providers that provide a particular service. The maximum
31.27 fee schedule must allow the managed care organization the ability to reasonably manage
31.28 risk and provide discretion in accomplishing the goals of the contract.

31.29 (b) Any managed care contract that directs managed care organization expenditures as
31.30 permitted under paragraph (a), clauses (1) to (3), must be developed in accordance with
31.31 Code of Federal Regulations, part 42, sections 438.4 and 438.5; comply with actuarial
31.32 soundness and generally accepted actuarial principles and practices; and have written

32.1 approval from the Centers for Medicare and Medicaid Services before implementation. To
32.2 obtain approval, the commissioner shall demonstrate in writing that the contract arrangement:

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

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

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

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

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

32.12 (6) is not renewed automatically.

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

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

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

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

32.22 Sec. 19. Minnesota Statutes 2020, section 256L.01, subdivision 5, is amended to read:

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

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

33.1 Sec. 20. Minnesota Statutes 2020, section 256L.04, subdivision 7b, is amended to read:

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

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

33.6 Sec. 21. Minnesota Statutes 2020, section 256L.05, subdivision 3a, is amended to read:

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

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

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

33.19 Sec. 22. Minnesota Statutes 2020, section 295.53, subdivision 1, is amended to read:

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

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

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

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

33.29 (4) payments received by an educational institution from student tuition, student activity
33.30 fees, health care service fees, government appropriations, donations, or grants, and for
33.31 services identified in and provided under an individualized education program as defined

34.1 in section 256B.0625 or Code of Federal Regulations, chapter 34, section 300.340(a). Fee
34.2 for service payments and payments for extended coverage are taxable.

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

34.5 (1) payments received for services provided under the Medicare program, including
34.6 payments received from the government and organizations governed by sections 1833,
34.7 1853, and 1876 of title XVIII of the federal Social Security Act, United States Code, title
34.8 42, section 1395; and enrollee deductibles, co-insurance, and co-payments, whether paid
34.9 by the Medicare enrollee, by Medicare supplemental coverage as described in section
34.10 62A.011, subdivision 3, clause (10), or by Medicaid payments under title XIX of the federal
34.11 Social Security Act. Payments for services not covered by Medicare are taxable;

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

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

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

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

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

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

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

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

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

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

35.7 (12) supplemental ~~or~~, enhanced, or uniform adjustment factor payments authorized under
35.8 section 256B.196 ~~or~~, 256B.197, or 256B.1973.

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

35.12 **EFFECTIVE DATE.** This section is effective for taxable years beginning after December
35.13 31, 2021.

35.14 Sec. 23. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
35.15 **FUNDING FOR RECUPERATIVE CARE.**

35.16 The commissioner of human services shall develop a medical assistance reimbursable
35.17 recuperative care service, not limited to a health home model, designed to serve individuals
35.18 with chronic conditions, as defined in United States Code, title 42, section 1396w-4(h), who
35.19 also lack a permanent place of residence at the time of discharge from an emergency
35.20 department or hospital in order to prevent a return to the emergency department, readmittance
35.21 to the hospital, or hospitalization. This section is contingent on the receipt of nonstate
35.22 funding to the commissioner of human services for this purpose as permitted by Minnesota
35.23 Statutes, section 256.01, subdivision 25.

35.24 Sec. 24. **REVISOR INSTRUCTION.**

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

ARTICLE 2

DEPARTMENT OF HUMAN SERVICES
LICENSING AND BACKGROUND STUDIES

36.1
36.2
36.3
36.4 Section 1. Minnesota Statutes 2020, section 245A.043, subdivision 3, is amended to read:

36.5 Subd. 3. **Change of ownership process.** (a) When a change in ownership is proposed
36.6 and the party intends to assume operation without an interruption in service longer than 60
36.7 days after acquiring the program or service, the license holder must provide the commissioner
36.8 with written notice of the proposed change on a form provided by the commissioner at least
36.9 60 days before the anticipated date of the change in ownership. For purposes of this
36.10 subdivision and subdivision 4, "party" means the party that intends to operate the service
36.11 or program.

36.12 (b) The party must submit a license application under this chapter on the form and in
36.13 the manner prescribed by the commissioner at least 30 days before the change in ownership
36.14 is complete, and must include documentation to support the upcoming change. The party
36.15 must comply with background study requirements under chapter 245C and shall pay the
36.16 application fee required under section 245A.10. A party that intends to assume operation
36.17 without an interruption in service longer than 60 days after acquiring the program or service
36.18 is exempt from the requirements of ~~Minnesota Rules, part 9530.6800~~ sections 245G.03,
36.19 subdivision 2, paragraph (b), and 254B.03, subdivision 2, paragraphs (d) and (e).

36.20 (c) The commissioner may streamline application procedures when the party is an existing
36.21 license holder under this chapter and is acquiring a program licensed under this chapter or
36.22 service in the same service class as one or more licensed programs or services the party
36.23 operates and those licenses are in substantial compliance. For purposes of this subdivision,
36.24 "substantial compliance" means within the previous 12 months the commissioner did not
36.25 (1) issue a sanction under section 245A.07 against a license held by the party, or (2) make
36.26 a license held by the party conditional according to section 245A.06.

36.27 (d) Except when a temporary change in ownership license is issued pursuant to
36.28 subdivision 4, the existing license holder is solely responsible for operating the program
36.29 according to applicable laws and rules until a license under this chapter is issued to the
36.30 party.

36.31 (e) If a licensing inspection of the program or service was conducted within the previous
36.32 12 months and the existing license holder's license record demonstrates substantial
36.33 compliance with the applicable licensing requirements, the commissioner may waive the
36.34 party's inspection required by section 245A.04, subdivision 4. The party must submit to the

37.1 commissioner (1) proof that the premises was inspected by a fire marshal or that the fire
37.2 marshal deemed that an inspection was not warranted, and (2) proof that the premises was
37.3 inspected for compliance with the building code or that no inspection was deemed warranted.

37.4 (f) If the party is seeking a license for a program or service that has an outstanding action
37.5 under section 245A.06 or 245A.07, the party must submit a letter as part of the application
37.6 process identifying how the party has or will come into full compliance with the licensing
37.7 requirements.

37.8 (g) The commissioner shall evaluate the party's application according to section 245A.04,
37.9 subdivision 6. If the commissioner determines that the party has remedied or demonstrates
37.10 the ability to remedy the outstanding actions under section 245A.06 or 245A.07 and has
37.11 determined that the program otherwise complies with all applicable laws and rules, the
37.12 commissioner shall issue a license or conditional license under this chapter. The conditional
37.13 license remains in effect until the commissioner determines that the grounds for the action
37.14 are corrected or no longer exist.

37.15 (h) The commissioner may deny an application as provided in section 245A.05. An
37.16 applicant whose application was denied by the commissioner may appeal the denial according
37.17 to section 245A.05.

37.18 (i) This subdivision does not apply to a licensed program or service located in a home
37.19 where the license holder resides.

37.20 Sec. 2. Minnesota Statutes 2020, section 245F.04, subdivision 2, is amended to read:

37.21 Subd. 2. **Contents of application.** Prior to the issuance of a license, an applicant must
37.22 submit, on forms provided by the commissioner, documentation demonstrating the following:

37.23 (1) compliance with this section;

37.24 (2) compliance with applicable building, fire, and safety codes; health rules; zoning
37.25 ordinances; and other applicable rules and regulations or documentation that a waiver has
37.26 been granted. The granting of a waiver does not constitute modification of any requirement
37.27 of this section; and

37.28 ~~(3) completion of an assessment of need for a new or expanded program as required by~~
37.29 ~~Minnesota Rules, part 9530.6800; and~~

37.30 ~~(4)~~ (3) insurance coverage, including bonding, sufficient to cover all patient funds,
37.31 property, and interests.

38.1 Sec. 3. Minnesota Statutes 2020, section 245G.03, subdivision 2, is amended to read:

38.2 Subd. 2. **Application.** (a) Before the commissioner issues a license, an applicant must
38.3 submit, on forms provided by the commissioner, any documents the commissioner requires.

38.4 (b) The applicant must submit documentation that the applicant has notified the county
38.5 as required under section 254B.03, subdivision 2.

38.6 Sec. 4. Minnesota Statutes 2020, section 254B.03, subdivision 2, is amended to read:

38.7 Subd. 2. **Chemical dependency fund payment.** (a) Payment from the chemical
38.8 dependency fund is limited to payments for services other than detoxification licensed under
38.9 Minnesota Rules, parts 9530.6510 to 9530.6590, that, if located outside of federally
38.10 recognized tribal lands, would be required to be licensed by the commissioner as a chemical
38.11 dependency treatment or rehabilitation program under sections 245A.01 to 245A.16, and
38.12 services other than detoxification provided in another state that would be required to be
38.13 licensed as a chemical dependency program if the program were in the state. Out of state
38.14 vendors must also provide the commissioner with assurances that the program complies
38.15 substantially with state licensing requirements and possesses all licenses and certifications
38.16 required by the host state to provide chemical dependency treatment. Vendors receiving
38.17 payments from the chemical dependency fund must not require co-payment from a recipient
38.18 of benefits for services provided under this subdivision. The vendor is prohibited from using
38.19 the client's public benefits to offset the cost of services paid under this section. The vendor
38.20 shall not require the client to use public benefits for room or board costs. This includes but
38.21 is not limited to cash assistance benefits under chapters 119B, 256D, and 256J, or SNAP
38.22 benefits. Retention of SNAP benefits is a right of a client receiving services through the
38.23 consolidated chemical dependency treatment fund or through state contracted managed care
38.24 entities. Payment from the chemical dependency fund shall be made for necessary room
38.25 and board costs provided by vendors meeting the criteria under section 254B.05, subdivision
38.26 1a, or in a community hospital licensed by the commissioner of health according to sections
38.27 144.50 to 144.56 to a client who is:

38.28 (1) determined to meet the criteria for placement in a residential chemical dependency
38.29 treatment program according to rules adopted under section 254A.03, subdivision 3; and

38.30 (2) concurrently receiving a chemical dependency treatment service in a program licensed
38.31 by the commissioner and reimbursed by the chemical dependency fund.

38.32 (b) A county may, from its own resources, provide chemical dependency services for
38.33 which state payments are not made. A county may elect to use the same invoice procedures

39.1 and obtain the same state payment services as are used for chemical dependency services
39.2 for which state payments are made under this section if county payments are made to the
39.3 state in advance of state payments to vendors. When a county uses the state system for
39.4 payment, the commissioner shall make monthly billings to the county using the most recent
39.5 available information to determine the anticipated services for which payments will be made
39.6 in the coming month. Adjustment of any overestimate or underestimate based on actual
39.7 expenditures shall be made by the state agency by adjusting the estimate for any succeeding
39.8 month.

39.9 (c) The commissioner shall coordinate chemical dependency services and determine
39.10 whether there is a need for any proposed expansion of chemical dependency treatment
39.11 services. The commissioner shall deny vendor certification to any provider that has not
39.12 received prior approval from the commissioner for the creation of new programs or the
39.13 expansion of existing program capacity. The commissioner shall consider the provider's
39.14 capacity to obtain clients from outside the state based on plans, agreements, and previous
39.15 utilization history, when determining the need for new treatment services.

39.16 (d) At least 60 days prior to submitting an application for new licensure under chapter
39.17 245G, the applicant must notify the county human services director in writing of the
39.18 applicant's intent to open a new treatment program. The written notification must include,
39.19 at a minimum:

39.20 (1) a description of the proposed treatment program; and

39.21 (2) a description of the target population to be served by the treatment program.

39.22 (e) The county human services director may submit a written statement to the
39.23 commissioner, within 60 days of receiving notice from the applicant, regarding the county's
39.24 support of or opposition to the opening of the new treatment program. The written statement
39.25 must include documentation of the rationale for the county's determination. The commissioner
39.26 shall consider the county's written statement when determining whether there is a need for
39.27 the treatment program as required by paragraph (c).

39.28 **Sec. 5. REPEALER.**

39.29 Minnesota Rules, parts 9530.6800; and 9530.6810, are repealed.

ARTICLE 3**HEALTH DEPARTMENT**

Section 1. Minnesota Statutes 2020, section 62J.495, subdivision 3, is amended to read:

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

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

(c) The electronic health record must be certified by the Office of the National Coordinator pursuant to the HITECH Act. This criterion only applies to hospitals and health care providers if a certified electronic health record product for the provider's particular practice setting is available. This criterion shall be considered met if a hospital or health care provider is using an electronic health records system that has been certified within the last three years, even if a more current version of the system has been certified within the three-year period.

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

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

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

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

Sec. 2. Minnesota Statutes 2020, section 62J.498, is amended to read:

62J.498 HEALTH INFORMATION EXCHANGE.

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

(b) "Clinical data repository" means a real time database that consolidates data from a variety of clinical sources to present a unified view of a single patient and is used by a ~~state-certified~~ health information exchange service provider to enable health information exchange among health care providers that are not related health care entities as defined in

41.1 section 144.291, subdivision 2, paragraph (k). This does not include clinical data that are
41.2 submitted to the commissioner for public health purposes required or permitted by law,
41.3 including any rules adopted by the commissioner.

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

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

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

41.9 (f) "Health data intermediary" means an entity that provides the technical capabilities
41.10 or related products and services to enable health information exchange among health care
41.11 providers that are not related health care entities as defined in section 144.291, subdivision
41.12 2, paragraph (k). This includes but is not limited to health information service providers
41.13 (HISP), electronic health record vendors, and pharmaceutical electronic data intermediaries
41.14 as defined in section 62J.495.

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

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

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

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

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

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

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

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

42.3 ~~(h)~~ (k) "Master patient index" means an electronic database that holds unique identifiers
42.4 of patients registered at a care facility and is used by a ~~state-certified~~ health information
42.5 exchange service provider to enable health information exchange among health care providers
42.6 that are not related health care entities as defined in section 144.291, subdivision 2, paragraph
42.7 (k). This does not include data that are submitted to the commissioner for public health
42.8 purposes required or permitted by law, including any rules adopted by the commissioner.

42.9 ~~(m) "Meaningful use" means use of certified electronic health record technology to~~
42.10 ~~improve quality, safety, and efficiency and reduce health disparities; engage patients and~~
42.11 ~~families; improve care coordination and population and public health; and maintain privacy~~
42.12 ~~and security of patient health information as established by the Centers for Medicare and~~
42.13 ~~Medicaid Services and the Minnesota Department of Human Services pursuant to sections~~
42.14 ~~4101, 4102, and 4201 of the HITECH Act.~~

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

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

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

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

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

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

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

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

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

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

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

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

43.13 (2) require information to be provided as needed from health information exchange
 43.14 service providers in order to meet requirements established under sections 62J.498 to
 43.15 62J.4982;

43.16 ~~(2)~~ (3) provide ongoing monitoring to ensure compliance with criteria established under
 43.17 sections 62J.498 to 62J.4982;

43.18 ~~(3)~~ (4) respond to public complaints related to health information exchange services;

43.19 ~~(4)~~ (5) take enforcement actions as necessary, including the imposition of fines,
 43.20 suspension, or revocation of certificates of authority as outlined in section 62J.4982;

43.21 ~~(5)~~ (6) provide a biennial report on the status of health information exchange services
 43.22 that includes but is not limited to:

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

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

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

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

44.1 ~~(6)~~ (7) other duties necessary to protect the public interest.

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

44.4 (1) make all portions of the application classified as public data available to the public
44.5 for at least ten days while an application is under consideration. At the request of the
44.6 commissioner, the applicant shall participate in a public hearing by presenting an overview
44.7 of their application and responding to questions from interested parties; and

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

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

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

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

44.21 Sec. 3. Minnesota Statutes 2020, section 62J.4981, is amended to read:

44.22 **62J.4981 CERTIFICATE OF AUTHORITY TO PROVIDE HEALTH**
44.23 **INFORMATION EXCHANGE SERVICES.**

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

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

45.1 ~~(b) Notwithstanding any law to the contrary, any corporation organized to do so may~~
45.2 ~~apply to the commissioner for a certificate of authority to establish and operate as a health~~
45.3 ~~data intermediary in compliance with this section. No person shall establish or operate a~~
45.4 ~~health data intermediary in this state, nor sell or offer to sell, or solicit offers to purchase~~
45.5 ~~or receive advance or periodic consideration in conjunction with a health data intermediary~~
45.6 ~~contract unless the organization has a certificate of authority or has an application under~~
45.7 ~~active consideration under this section.~~

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

45.11 ~~(1) hold reciprocal agreements with at least one state-certified health information~~
45.12 ~~organization to access patient data, and for the transmission and receipt of clinical~~
45.13 ~~transactions. Reciprocal agreements must meet the requirements established in subdivision~~
45.14 ~~5; and~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

48.31 (c) Within 90 days after the receipt of a complete application for a certificate of authority,
48.32 the commissioner shall issue a certificate of authority to the applicant if the commissioner

49.1 determines that the applicant meets the minimum criteria requirements of ~~subdivision 2 for~~
 49.2 ~~health data intermediaries or~~ subdivision 3 for health information organizations. If the
 49.3 commissioner determines that the applicant is not qualified, the commissioner shall notify
 49.4 the applicant and specify the reasons for disqualification.

49.5 (d) Upon being granted a certificate of authority to operate as a state-certified health
 49.6 information organization ~~or state-certified health data intermediary~~, the organization must
 49.7 operate in compliance with the provisions of this section. Noncompliance may result in the
 49.8 imposition of a fine or the suspension or revocation of the certificate of authority according
 49.9 to section 62J.4982.

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

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

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

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

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

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

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

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

49.29 Sec. 4. Minnesota Statutes 2020, section 62J.4982, is amended to read:

49.30 **62J.4982 ENFORCEMENT AUTHORITY; COMPLIANCE.**

49.31 Subdivision 1. **Penalties and enforcement.** (a) The commissioner may, for any violation
 49.32 of statute or rule applicable to a health information ~~exchange service provider~~ organization,

50.1 levy an administrative penalty in an amount up to \$25,000 for each violation. In determining
50.2 the level of an administrative penalty, the commissioner shall consider the following factors:

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

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

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

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

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

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

50.13 (7) whether the violation was intentional;

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

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

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

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

50.23 (12) the financial condition of the health information ~~exchange service provider~~
50.24 organization including, but not limited to, whether the health information ~~exchange service~~
50.25 ~~provider~~ organization had financial difficulties that affected its ability to comply or whether
50.26 the imposition of an administrative monetary penalty would jeopardize the ability of the
50.27 health information ~~exchange service provider~~ organization to continue to deliver health
50.28 information exchange services.

50.29 The commissioner shall give reasonable notice in writing to the health information
50.30 ~~exchange service provider~~ organization of the intent to levy the penalty and the reasons for
50.31 it. A health information ~~exchange service provider~~ organization may have 15 days within
50.32 which to contest whether the facts found constitute a violation of sections 62J.4981 and

51.1 62J.4982, according to the contested case and judicial review provisions of sections 14.57
51.2 to 14.69.

51.3 (b) If the commissioner has reason to believe that a violation of section 62J.4981 or
51.4 62J.4982 has occurred or is likely, the commissioner may confer with the persons involved
51.5 before commencing action under subdivision 2. The commissioner may notify the health
51.6 information ~~exchange service provider~~ organization and the representatives, or other persons
51.7 who appear to be involved in the suspected violation, to arrange a voluntary conference
51.8 with the alleged violators or their authorized representatives. The purpose of the conference
51.9 is to attempt to learn the facts about the suspected violation and, if it appears that a violation
51.10 has occurred or is threatened, to find a way to correct or prevent it. The conference is not
51.11 governed by any formal procedural requirements, and may be conducted as the commissioner
51.12 considers appropriate.

51.13 (c) The commissioner may issue an order directing a health information ~~exchange service~~
51.14 ~~provider~~ organization or a representative of a health information ~~exchange service provider~~
51.15 organization to cease and desist from engaging in any act or practice in violation of sections
51.16 62J.4981 and 62J.4982.

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

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

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

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

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

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

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

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

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

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

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

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

52.21 (d) If the certificate of authority of a health information ~~exchange service provider~~
52.22 organization is revoked, the organization shall proceed, immediately following the effective
52.23 date of the order of revocation, to wind up its affairs, and shall conduct no further business
52.24 except as necessary to the orderly conclusion of the affairs of the organization. The
52.25 organization shall engage in no further advertising or solicitation. The commissioner may,
52.26 by written order, permit further operation of the organization as the commissioner finds to
52.27 be in the best interest of participating entities, to the end that participating entities will be
52.28 given the greatest practical opportunity to access continuing health information exchange
52.29 services.

52.30 Subd. 3. **Denial, suspension, and revocation; administrative procedures.** (a) When
52.31 the commissioner has cause to believe that grounds for the denial, suspension, or revocation
52.32 of a certificate of authority exist, the commissioner shall notify the health information

53.1 ~~exchange service provider~~ organization in writing stating the grounds for denial, suspension,
53.2 or revocation and setting a time within 20 days for a hearing on the matter.

53.3 (b) After a hearing before the commissioner at which the health information ~~exchange~~
53.4 ~~service provider~~ organization may respond to the grounds for denial, suspension, or
53.5 revocation, or upon the failure of the health information ~~exchange service provider~~
53.6 organization to appear at the hearing, the commissioner shall take action as deemed necessary
53.7 and shall issue written findings and mail them to the health information ~~exchange service~~
53.8 ~~provider~~ organization.

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

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

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

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

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

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

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

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

53.29 Subd. 5. **Fees and monetary penalties.** (a) The commissioner shall assess fees on every
53.30 health information ~~exchange service provider~~ organization subject to sections 62J.4981 and
53.31 62J.4982 as follows:

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

54.3 ~~(2) filing an application for certificate of authority to operate as a health data intermediary,~~
54.4 ~~\$7,000;~~

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

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

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

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

54.12 Sec. 5. Minnesota Statutes 2020, section 62J.84, subdivision 3, is amended to read:

54.13 Subd. 3. **Prescription drug price increases reporting.** (a) Beginning ~~October 1, 2021~~
54.14 January 1, 2022, a drug manufacturer must submit to the commissioner the information
54.15 described in paragraph (b) for each prescription drug for which the price was \$100 or greater
54.16 for a 30-day supply or for a course of treatment lasting less than 30 days and:

54.17 (1) for brand name drugs where there is an increase of ten percent or greater in the price
54.18 over the previous 12-month period or an increase of 16 percent or greater in the price over
54.19 the previous 24-month period; and

54.20 (2) for generic drugs where there is an increase of 50 percent or greater in the price over
54.21 the previous 12-month period.

54.22 (b) For each of the drugs described in paragraph (a), the manufacturer shall submit to
54.23 the commissioner no later than 60 days after the price increase goes into effect, in the form
54.24 and manner prescribed by the commissioner, the following information, if applicable:

54.25 (1) the name and price of the drug and the net increase, expressed as a percentage;

54.26 (2) the factors that contributed to the price increase;

54.27 (3) the name of any generic version of the prescription drug available on the market;

54.28 (4) the introductory price of the prescription drug when it was approved for marketing
54.29 by the Food and Drug Administration and the net yearly increase, by calendar year, in the
54.30 price of the prescription drug during the previous five years;

55.1 (5) the direct costs incurred by the manufacturer that are associated with the prescription
55.2 drug, listed separately:

55.3 (i) to manufacture the prescription drug;

55.4 (ii) to market the prescription drug, including advertising costs; and

55.5 (iii) to distribute the prescription drug;

55.6 (6) the total sales revenue for the prescription drug during the previous 12-month period;

55.7 (7) the manufacturer's net profit attributable to the prescription drug during the previous
55.8 12-month period;

55.9 (8) the total amount of financial assistance the manufacturer has provided through patient
55.10 prescription assistance programs, if applicable;

55.11 (9) any agreement between a manufacturer and another entity contingent upon any delay
55.12 in offering to market a generic version of the prescription drug;

55.13 (10) the patent expiration date of the prescription drug if it is under patent;

55.14 (11) the name and location of the company that manufactured the drug; and

55.15 (12) if a brand name prescription drug, the ten highest prices paid for the prescription
55.16 drug during the previous calendar year in any country other than the United States.

55.17 (c) The manufacturer may submit any documentation necessary to support the information
55.18 reported under this subdivision.

55.19 Sec. 6. Minnesota Statutes 2020, section 62J.84, subdivision 4, is amended to read:

55.20 Subd. 4. **New prescription drug price reporting.** (a) Beginning ~~October 1, 2021~~ January
55.21 1, 2022, no later than 60 days after a manufacturer introduces a new prescription drug for
55.22 sale in the United States that is a new brand name drug with a price that is greater than the
55.23 tier threshold established by the Centers for Medicare and Medicaid Services for specialty
55.24 drugs in the Medicare Part D program for a 30-day supply or a new generic or biosimilar
55.25 drug with a price that is greater than the tier threshold established by the Centers for Medicare
55.26 and Medicaid Services for specialty drugs in the Medicare Part D program for a 30-day
55.27 supply and is not at least 15 percent lower than the referenced brand name drug when the
55.28 generic or biosimilar drug is launched, the manufacturer must submit to the commissioner,
55.29 in the form and manner prescribed by the commissioner, the following information, if
55.30 applicable:

55.31 (1) the price of the prescription drug;

56.1 (2) whether the Food and Drug Administration granted the new prescription drug a
56.2 breakthrough therapy designation or a priority review;

56.3 (3) the direct costs incurred by the manufacturer that are associated with the prescription
56.4 drug, listed separately:

56.5 (i) to manufacture the prescription drug;

56.6 (ii) to market the prescription drug, including advertising costs; and

56.7 (iii) to distribute the prescription drug; and

56.8 (4) the patent expiration date of the drug if it is under patent.

56.9 (b) The manufacturer may submit documentation necessary to support the information
56.10 reported under this subdivision.

56.11 Sec. 7. Minnesota Statutes 2020, section 62J.84, subdivision 5, is amended to read:

56.12 Subd. 5. **Newly acquired prescription drug price reporting.** (a) Beginning ~~October~~
56.13 ~~1, 2021~~ January 1, 2022, the acquiring drug manufacturer must submit to the commissioner
56.14 the information described in paragraph (b) for each newly acquired prescription drug for
56.15 which the price was \$100 or greater for a 30-day supply or for a course of treatment lasting
56.16 less than 30 days and:

56.17 (1) for a newly acquired brand name drug where there is an increase of ten percent or
56.18 greater in the price over the previous 12-month period or an increase of 16 percent or greater
56.19 in price over the previous 24-month period; and

56.20 (2) for a newly acquired generic drug where there is an increase of 50 percent or greater
56.21 in the price over the previous 12-month period.

56.22 (b) For each of the drugs described in paragraph (a), the acquiring manufacturer shall
56.23 submit to the commissioner no later than 60 days after the acquiring manufacturer begins
56.24 to sell the newly acquired drug, in the form and manner prescribed by the commissioner,
56.25 the following information, if applicable:

56.26 (1) the price of the prescription drug at the time of acquisition and in the calendar year
56.27 prior to acquisition;

56.28 (2) the name of the company from which the prescription drug was acquired, the date
56.29 acquired, and the purchase price;

56.30 (3) the year the prescription drug was introduced to market and the price of the
56.31 prescription drug at the time of introduction;

57.1 (4) the price of the prescription drug for the previous five years;

57.2 (5) any agreement between a manufacturer and another entity contingent upon any delay
57.3 in offering to market a generic version of the manufacturer's drug; and

57.4 (6) the patent expiration date of the drug if it is under patent.

57.5 (c) The manufacturer may submit any documentation necessary to support the information
57.6 reported under this subdivision.

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

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

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

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

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

57.18 (c) The commissioner shall not post to the department's website or a private entity
57.19 contracting with the commissioner shall not post any information described in this section
57.20 if the information is not public data under section 13.02, subdivision 8a; or is trade secret
57.21 information under section 13.37, subdivision 1, paragraph (b); or is trade secret information
57.22 pursuant to the Defend Trade Secrets Act of 2016, United States Code, title 18, section
57.23 1836, as amended. If a manufacturer believes information should be withheld from public
57.24 disclosure pursuant to this paragraph, the manufacturer must clearly and specifically identify
57.25 that information and describe the legal basis in writing when the manufacturer submits the
57.26 information under this section. If the commissioner disagrees with the manufacturer's request
57.27 to withhold information from public disclosure, the commissioner shall provide the
57.28 manufacturer written notice that the information will be publicly posted 30 days after the
57.29 date of the notice.

57.30 (d) If the commissioner withholds any information from public disclosure pursuant to
57.31 this subdivision, the commissioner shall post to the department's website a report describing

58.1 the nature of the information and the commissioner's basis for withholding the information
58.2 from disclosure.

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

58.9 Sec. 9. Minnesota Statutes 2020, section 62J.84, subdivision 9, is amended to read:

58.10 Subd. 9. **Legislative report.** (a) No later than ~~January 15 of each year, beginning January~~
58.11 ~~15, 2022~~ May 15, 2022, and by January 15 of each year thereafter, the commissioner shall
58.12 report to the chairs and ranking minority members of the legislative committees with
58.13 jurisdiction over commerce and health and human services policy and finance on the
58.14 implementation of this section, including but not limited to the effectiveness in addressing
58.15 the following goals:

58.16 (1) promoting transparency in pharmaceutical pricing for the state and other payers;

58.17 (2) enhancing the understanding on pharmaceutical spending trends; and

58.18 (3) assisting the state and other payers in the management of pharmaceutical costs.

58.19 (b) The report must include a summary of the information submitted to the commissioner
58.20 under subdivisions 3, 4, and 5.

58.21 Sec. 10. Minnesota Statutes 2020, section 144.05, is amended by adding a subdivision to
58.22 read:

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

58.27 (b) If the mandate requires the submission of an annual report and the mandate was
58.28 enacted before January 1, 2021, the mandate shall expire on January 1, 2023. If the mandate
58.29 requires the submission of a biennial or less frequent report and the mandate was enacted
58.30 before January 1, 2021, the mandate shall expire on January 1, 2024.

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

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

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

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

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

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

59.16	59.17	59.18
	TYPE	ANNUAL LICENSE FEE
59.18		\$19,920
59.19	Academic broad scope - type A, B, or C	<u>\$25,896</u>
59.20	Academic broad scope - type B	19,920
59.21	Academic broad scope - type C	19,920
59.22	<u>Academic broad scope - type A, B, or C (4-8 locations)</u>	<u>\$31,075</u>
59.23	<u>Academic broad scope - type A, B, or C (9 or more locations)</u>	<u>\$36,254</u>
59.24		19,920
59.25	Medical broad scope - type A	<u>\$25,896</u>
59.26	<u>Medical broad scope- type A (4-8 locations)</u>	<u>\$31,075</u>
59.27	<u>Medical broad scope- type A (9 or more locations)</u>	<u>\$36,254</u>
59.28	Medical institution - diagnostic and therapeutic	3,680
59.29	<u>Medical - diagnostic, diagnostic and therapeutic, mobile nuclear</u>	
59.30	<u>medicine, eye applicators, high dose rate afterloaders, and</u>	
59.31	<u>medical therapy emerging technologies</u>	<u>\$4,784</u>
59.32	<u>Medical - diagnostic, diagnostic and therapeutic, mobile nuclear</u>	
59.33	<u>medicine, eye applicators, high dose rate afterloaders, and</u>	
59.34	<u>medical therapy emerging technologies (4-8 locations)</u>	<u>\$5,740</u>
59.35	<u>Medical - diagnostic, diagnostic and therapeutic, mobile nuclear</u>	
59.36	<u>medicine, eye applicators, high dose rate afterloaders, and</u>	
59.37	<u>medical therapy emerging technologies (9 or more locations)</u>	<u>\$6,697</u>
59.38	Medical institution - diagnostic (no written directives)	3,680

60.1	Medical private practice—diagnostic and therapeutic		3,680
60.2	Medical private practice—diagnostic (no written directives)		3,680
60.3	Eye applicators		3,680
60.4	Nuclear medical vans		3,680
60.5	High dose rate afterloader		3,680
60.6	Mobile high dose rate afterloader		3,680
60.7	Medical therapy—other emerging technology		3,680
60.8			8,960
60.9	Teletherapy		<u>\$11,648</u>
60.10			8,960
60.11	Gamma knife		<u>\$11,648</u>
60.12	Veterinary medicine	2,000	<u>\$2,600</u>
60.13	In vitro testing lab	2,000	<u>\$2,600</u>
60.14			8,800
60.15	Nuclear pharmacy		<u>\$11,440</u>
60.16	<u>Nuclear pharmacy (5 or more locations)</u>		<u>\$13,728</u>
60.17	Radiopharmaceutical distribution (10 CFR 32.72)	3,840	<u>\$4,992</u>
60.18	Radiopharmaceutical processing and distribution (10 CFR		8,800
60.19	32.72)		<u>\$11,440</u>
60.20	<u>Radiopharmaceutical processing and distribution (10 CFR</u>		<u>\$13,728</u>
60.21	<u>32.72) (5 or more locations)</u>		
60.22	Medical sealed sources - distribution (10 CFR 32.74)	3,840	<u>\$4,992</u>
60.23	Medical sealed sources - processing and distribution (10 CFR		8,800
60.24	32.74)		<u>\$11,440</u>
60.25	<u>Medical sealed sources - processing and distribution (10 CFR</u>		<u>\$13,728</u>
60.26	<u>32.74) (5 or more locations)</u>		
60.27	Well logging - sealed sources	3,760	<u>\$4,888</u>
60.28	Measuring systems - (fixed gauge, portable gauge, gas		
60.29	<u>chromatograph, other)</u>	2,000	<u>\$2,600</u>
60.30	Measuring systems—portable gauge		2,000
60.31	<u>Measuring systems - (fixed gauge, portable gauge, gas</u>		
60.32	<u>chromatograph, other) (4-8 locations)</u>		<u>\$3,120</u>
60.33	<u>Measuring systems - (fixed gauge, portable gauge, gas</u>		
60.34	<u>chromatograph, other) (9 or more locations)</u>		<u>\$3,640</u>
60.35	X-ray fluorescent analyzer	1,520	<u>\$1,976</u>
60.36	Measuring systems—gas chromatograph		2,000
60.37	Measuring systems—other		2,000
60.38	Broad scope Manufacturing and distribution - type A <u>broad</u>		19,920
60.39	<u>scope</u>		<u>\$25,896</u>
60.40	<u>Manufacturing and distribution - type A broad scope (4-8</u>		
60.41	<u>locations)</u>		<u>\$31,075</u>

61.1	<u>Manufacturing and distribution - type A broad scope (9 or more</u>		
61.2	<u>locations)</u>		\$36,254
61.3	Broad scope Manufacturing and distribution - type B <u>or C broad</u>		17,600
61.4	<u>scope</u>		\$22,880
61.5	Broad scope Manufacturing and distribution - type C		17,600
61.6	<u>Manufacturing and distribution - type B or C broad scope (4-8</u>		
61.7	<u>locations)</u>		\$27,456
61.8	<u>Manufacturing and distribution - type B or C broad scope (9</u>		
61.9	<u>or more locations)</u>		\$32,032
61.10	Manufacturing and distribution - other	5,280	\$6,864
61.11	<u>Manufacturing and distribution - other (4-8 locations)</u>		\$8,236
61.12	<u>Manufacturing and distribution - other (9 or more locations)</u>		\$9,609
61.13			18,640
61.14	Nuclear laundry		\$24,232
61.15	Decontamination services	4,960	\$6,448
61.16	Leak test services only	2,000	\$2,600
61.17	Instrument calibration service only, less than 100 curies	2,000	\$2,600
61.18	Instrument calibration service only, 100 curies or more		2,000
61.19	Service, maintenance, installation, source changes, etc.	4,960	\$6,448
61.20	Waste disposal service, prepackaged only	6,000	\$7,800
61.21			8,320
61.22	Waste disposal		\$10,816
61.23	Distribution - general licensed devices (sealed sources)	1,760	\$2,288
61.24	Distribution - general licensed material (unsealed sources)	1,120	\$1,456
61.25			9,840
61.26	Industrial radiography - fixed <u>or temporary</u> location		\$12,792
61.27	Industrial radiography - temporary job sites		9,840
61.28	<u>Industrial radiography - fixed or temporary location (5 or more</u>		
61.29	<u>locations)</u>		\$16,629
61.30	Irradiators, self-shielding, less than 10,000 curies	2,880	\$3,744
61.31	Irradiators, other, less than 10,000 curies	5,360	\$6,968
61.32	Irradiators, self-shielding, 10,000 curies or more		2,880
61.33			9,520
61.34	Research and development - type A, B, <u>or C</u> broad scope		\$12,376
61.35	Research and development - type B broad scope		9,520
61.36	Research and development - type C broad scope		9,520
61.37	<u>Research and development - type A, B, or C broad scope (4-8</u>		
61.38	<u>locations)</u>		\$14,851
61.39	<u>Research and development - type A, B, or C broad scope (9 or</u>		
61.40	<u>more locations)</u>		\$17,326
61.41	Research and development - other	4,480	\$5,824
61.42	Storage - no operations	2,000	\$2,600

62.1	Source material - shielding	584 <u>\$759</u>
62.2	Special nuclear material plutonium - neutron source in device	3,680 <u>\$4,784</u>
62.3	Pacemaker by-product and/or special nuclear material - medical	3,680 <u>\$4,784</u>
62.4	(institution)	
62.5	Pacemaker by-product and/or special nuclear material -	5,280 <u>\$6,864</u>
62.6	manufacturing and distribution	
62.7	Accelerator-produced radioactive material	3,840 <u>\$4,992</u>
62.8	Nonprofit educational institutions	300 <u>\$500</u>
62.9	General license registration	150

62.10 Sec. 12. Minnesota Statutes 2020, section 144.1205, subdivision 4, is amended to read:

62.11 Subd. 4. **Initial and renewal application fee.** A licensee must pay an initial and a
 62.12 renewal application fee as follows: according to this subdivision.

62.13	TYPE	APPLICATION FEE
62.14		\$5,920
62.15	Academic broad scope - type A, B, or C	<u>\$6,808</u>
62.16	Academic broad scope - type B	5,920
62.17	Academic broad scope - type C	5,920
62.18	Medical broad scope - type A	3,920 <u>\$4,508</u>
62.19	<u>Medical - diagnostic, diagnostic and therapeutic, mobile nuclear</u>	
62.20	<u>medicine, eye applicators, high dose rate afterloaders, and</u>	
62.21	<u>medical therapy emerging technologies</u>	<u>\$1,748</u>
62.22	Medical institution - diagnostic and therapeutic	1,520
62.23	Medical institution - diagnostic (no written directives)	1,520
62.24	Medical private practice - diagnostic and therapeutic	1,520
62.25	Medical private practice - diagnostic (no written directives)	1,520
62.26	Eye applicators	1,520
62.27	Nuclear medical vans	1,520
62.28	High dose rate afterloader	1,520
62.29	Mobile high dose rate afterloader	1,520
62.30	Medical therapy - other emerging technology	1,520
62.31	Teletherapy	5,520 <u>\$6,348</u>
62.32	Gamma knife	5,520 <u>\$6,348</u>
62.33	Veterinary medicine	960 <u>\$1,104</u>
62.34	In vitro testing lab	960 <u>\$1,104</u>
62.35	Nuclear pharmacy	4,880 <u>\$5,612</u>
62.36	Radiopharmaceutical distribution (10 CFR 32.72)	2,160 <u>\$2,484</u>
62.37	Radiopharmaceutical processing and distribution (10 CFR	
62.38	32.72)	4,880 <u>\$5,612</u>

63.1	Medical sealed sources - distribution (10 CFR 32.74)	2,160 <u>\$2,484</u>
63.2	Medical sealed sources - processing and distribution (10 CFR	4,880 <u>\$5,612</u>
63.3	32.74)	
63.4	Well logging - sealed sources	1,600 <u>\$1,840</u>
63.5	Measuring systems - (fixed gauge, portable gauge, gas	
63.6	<u>chromatograph, other)</u>	960 <u>\$1,104</u>
63.7	Measuring systems - portable gauge	960
63.8	X-ray fluorescent analyzer	584 <u>\$671</u>
63.9	Measuring systems - gas chromatograph	960
63.10	Measuring systems - other	960
63.11	Broad scope Manufacturing and distribution - type A, B, and	
63.12	<u>C broad scope</u>	5,920 <u>\$6,854</u>
63.13	Broad scope manufacturing and distribution - type B	5,920
63.14	Broad scope manufacturing and distribution - type C	5,920
63.15	Manufacturing and distribution - other	2,320 <u>\$2,668</u>
63.16		10,080
63.17	Nuclear laundry	<u>\$11,592</u>
63.18	Decontamination services	2,640 <u>\$3,036</u>
63.19	Leak test services only	960 <u>\$1,104</u>
63.20	Instrument calibration service only, less than 100 curies	960 <u>\$1,104</u>
63.21	Instrument calibration service only, 100 curies or more	960
63.22	Service, maintenance, installation, source changes, etc.	2,640 <u>\$3,036</u>
63.23	Waste disposal service, prepackaged only	2,240 <u>\$2,576</u>
63.24	Waste disposal	1,520 <u>\$1,748</u>
63.25	Distribution - general licensed devices (sealed sources)	880 <u>\$1,012</u>
63.26	Distribution - general licensed material (unsealed sources)	520 <u>\$598</u>
63.27	Industrial radiography - fixed <u>or temporary</u> location	2,640 <u>\$3,036</u>
63.28	Industrial radiography - temporary job sites	2,640
63.29	Irradiators, self-shielding, less than 10,000 curies	1,440 <u>\$1,656</u>
63.30	Irradiators, other, less than 10,000 curies	2,960 <u>\$3,404</u>
63.31	Irradiators, self-shielding, 10,000 curies or more	1,440
63.32	Research and development - type A, B, or C broad scope	4,960 <u>\$5,704</u>
63.33	Research and development - type B broad scope	4,960
63.34	Research and development - type C broad scope	4,960
63.35	Research and development - other	2,400 <u>\$2,760</u>
63.36	Storage - no operations	960 <u>\$1,104</u>
63.37	Source material - shielding	136 <u>\$156</u>
63.38	Special nuclear material plutonium - neutron source in device	1,200 <u>\$1,380</u>
63.39	Pacemaker by-product and/or special nuclear material - medical	1,200 <u>\$1,380</u>
63.40	(institution)	

64.1	Pacemaker by-product and/or special nuclear material -	2,320	<u>\$2,668</u>
64.2	manufacturing and distribution		
64.3	Accelerator-produced radioactive material	4,100	<u>\$4,715</u>
64.4	Nonprofit educational institutions	300	<u>\$345</u>
64.5	General license registration		0
64.6	Industrial radiographer certification		150

64.7 Sec. 13. Minnesota Statutes 2020, section 144.1205, subdivision 8, is amended to read:

64.8 Subd. 8. **Reciprocity fee.** A licensee submitting an application for reciprocal recognition
 64.9 of a materials license issued by another agreement state or the United States Nuclear
 64.10 Regulatory Commission for a period of 180 days or less during a calendar year must pay
 64.11 ~~\$1,200~~ \$2,400. For a period of 181 days or more, the licensee must obtain a license under
 64.12 subdivision 4.

64.13 Sec. 14. Minnesota Statutes 2020, section 144.1205, subdivision 9, is amended to read:

64.14 Subd. 9. **Fees for license amendments.** A licensee must pay a fee of ~~\$300~~ \$600 to
 64.15 amend a license as follows:

64.16 (1) to amend a license requiring review including, but not limited to, addition of isotopes,
 64.17 procedure changes, new authorized users, or a new radiation safety officer; ~~and~~ or

64.18 (2) to amend a license requiring review and a site visit including, but not limited to,
 64.19 facility move or addition of processes.

64.20 Sec. 15. Minnesota Statutes 2020, section 144.1205, is amended by adding a subdivision
 64.21 to read:

64.22 Subd. 10. Fees for general license registrations. A person required to register generally
 64.23 licensed devices according to Minnesota Rules, part 4731.3215, must pay an annual
 64.24 registration fee of \$450.

64.25 Sec. 16. Minnesota Statutes 2020, section 144.1481, subdivision 1, is amended to read:

64.26 Subdivision 1. **Establishment; membership.** The commissioner of health shall establish
 64.27 a ~~15-member~~ 16-member Rural Health Advisory Committee. The committee shall consist
 64.28 of the following members, all of whom must reside outside the seven-county metropolitan
 64.29 area, as defined in section 473.121, subdivision 2:

64.30 (1) two members from the house of representatives of the state of Minnesota, one from
 64.31 the majority party and one from the minority party;

65.1 (2) two members from the senate of the state of Minnesota, one from the majority party
65.2 and one from the minority party;

65.3 (3) a volunteer member of an ambulance service based outside the seven-county
65.4 metropolitan area;

65.5 (4) a representative of a hospital located outside the seven-county metropolitan area;

65.6 (5) a representative of a nursing home located outside the seven-county metropolitan
65.7 area;

65.8 (6) a medical doctor or doctor of osteopathic medicine licensed under chapter 147;

65.9 (7) a dentist licensed under chapter 150A;

65.10 (8) a midlevel practitioner;

65.11 ~~(8)~~ (9) a registered nurse or licensed practical nurse;

65.12 ~~(9)~~ (10) a licensed health care professional from an occupation not otherwise represented
65.13 on the committee;

65.14 ~~(10)~~ (11) a representative of an institution of higher education located outside the
65.15 seven-county metropolitan area that provides training for rural health care providers; and

65.16 ~~(11)~~ (12) three consumers, at least one of whom must be an advocate for persons who
65.17 are mentally ill or developmentally disabled.

65.18 The commissioner will make recommendations for committee membership. Committee
65.19 members will be appointed by the governor. In making appointments, the governor shall
65.20 ensure that appointments provide geographic balance among those areas of the state outside
65.21 the seven-county metropolitan area. The chair of the committee shall be elected by the
65.22 members. The advisory committee is governed by section 15.059, except that the members
65.23 do not receive per diem compensation.

65.24 Sec. 17. Minnesota Statutes 2020, section 144.1911, subdivision 6, is amended to read:

65.25 Subd. 6. **International medical graduate primary care residency grant program**
65.26 **and revolving account.** (a) The commissioner shall award grants to support primary care
65.27 residency positions designated for Minnesota immigrant physicians who are willing to serve
65.28 in rural or underserved areas of the state. No grant shall exceed \$150,000 per residency
65.29 position per year. Eligible primary care residency grant recipients include accredited family
65.30 medicine, general surgery, internal medicine, obstetrics and gynecology, psychiatry, and
65.31 pediatric residency programs. Eligible primary care residency programs shall apply to the

66.1 commissioner. Applications must include the number of anticipated residents to be funded
66.2 using grant funds and a budget. Notwithstanding any law to the contrary, funds awarded to
66.3 grantees in a grant agreement do not lapse until the grant agreement expires. Before any
66.4 funds are distributed, a grant recipient shall provide the commissioner with the following:

66.5 (1) a copy of the signed contract between the primary care residency program and the
66.6 participating international medical graduate;

66.7 (2) certification that the participating international medical graduate has lived in
66.8 Minnesota for at least two years and is certified by the Educational Commission on Foreign
66.9 Medical Graduates. Residency programs may also require that participating international
66.10 medical graduates hold a Minnesota certificate of clinical readiness for residency, once the
66.11 certificates become available; and

66.12 (3) verification that the participating international medical graduate has executed a
66.13 participant agreement pursuant to paragraph (b).

66.14 (b) Upon acceptance by a participating residency program, international medical graduates
66.15 shall enter into an agreement with the commissioner to provide primary care for at least
66.16 five years in a rural or underserved area of Minnesota after graduating from the residency
66.17 program and make payments to the revolving international medical graduate residency
66.18 account for five years beginning in their second year of postresidency employment.
66.19 Participants shall pay \$15,000 or ten percent of their annual compensation each year,
66.20 whichever is less.

66.21 (c) A revolving international medical graduate residency account is established as an
66.22 account in the special revenue fund in the state treasury. The commissioner of management
66.23 and budget shall credit to the account appropriations, payments, and transfers to the account.
66.24 Earnings, such as interest, dividends, and any other earnings arising from fund assets, must
66.25 be credited to the account. Funds in the account are appropriated annually to the
66.26 commissioner to award grants and administer the grant program established in paragraph
66.27 (a). Notwithstanding any law to the contrary, any funds deposited in the account do not
66.28 expire. The commissioner may accept contributions to the account from private sector
66.29 entities subject to the following provisions:

66.30 (1) the contributing entity may not specify the recipient or recipients of any grant issued
66.31 under this subdivision;

66.32 (2) the commissioner shall make public the identity of any private contributor to the
66.33 account, as well as the amount of the contribution provided; and

67.1 (3) a contributing entity may not specify that the recipient or recipients of any funds use
 67.2 specific products or services, nor may the contributing entity imply that a contribution is
 67.3 an endorsement of any specific product or service.

67.4 Sec. 18. Minnesota Statutes 2020, section 144.223, is amended to read:

67.5 **144.223 REPORT OF MARRIAGE.**

67.6 Data relating to certificates of marriage registered shall be reported to the state registrar
 67.7 by the local registrar or designee of the county board in each of the 87 registration districts
 67.8 pursuant to the rules of the commissioner. The information in clause (1) necessary to compile
 67.9 the report shall be furnished by the applicant prior to the issuance of the marriage license.
 67.10 The report shall contain the following:

67.11 (1) personal information on bride and groom:

67.12 (i) name;

67.13 (ii) residence;

67.14 (iii) date and place of birth;

67.15 ~~(iv) race;~~

67.16 ~~(v)~~ (iv) if previously married, how terminated; and

67.17 ~~(vi)~~ (v) signature of applicant, date signed, and Social Security number; and

67.18 (2) information concerning the marriage:

67.19 (i) date of marriage;

67.20 (ii) place of marriage; and

67.21 (iii) civil or religious ceremony.

67.22 Sec. 19. Minnesota Statutes 2020, section 144.225, subdivision 7, is amended to read:

67.23 Subd. 7. **Certified birth or death record.** (a) The state registrar or local issuance office
 67.24 shall issue a certified birth or death record or a statement of no vital record found to an
 67.25 individual upon the individual's proper completion of an attestation provided by the
 67.26 commissioner and payment of the required fee:

67.27 (1) to a person who ~~has a tangible interest in the requested vital record. A person who~~
 67.28 ~~has a tangible interest~~ is:

67.29 (i) the subject of the vital record;

- 68.1 (ii) a child of the subject;
- 68.2 (iii) the spouse of the subject;
- 68.3 (iv) a parent of the subject;
- 68.4 (v) the grandparent or grandchild of the subject;
- 68.5 (vi) if the requested record is a death record, a sibling of the subject;
- 68.6 ~~(vii) the party responsible for filing the vital record;~~
- 68.7 ~~(viii)~~ (vii) the legal custodian, guardian or conservator, or health care agent of the subject;
- 68.8 ~~(ix)~~ (viii) a personal representative, by sworn affidavit of the fact that the certified copy
- 68.9 is required for administration of the estate;
- 68.10 ~~(x)~~ (ix) a successor of the subject, as defined in section 524.1-201, if the subject is
- 68.11 deceased, by sworn affidavit of the fact that the certified copy is required for administration
- 68.12 of the estate;
- 68.13 ~~(xi)~~ (x) if the requested record is a death record, a trustee of a trust by sworn affidavit
- 68.14 of the fact that the certified copy is needed for the proper administration of the trust;
- 68.15 ~~(xii)~~ (xi) a person or entity who demonstrates that a certified vital record is necessary
- 68.16 for the determination or protection of a personal or property right, pursuant to rules adopted
- 68.17 by the commissioner; or
- 68.18 ~~(xiii)~~ (xii) an adoption agency in order to complete confidential postadoption searches
- 68.19 as required by section 259.83;
- 68.20 (2) to any local, state, tribal, or federal governmental agency upon request if the certified
- 68.21 vital record is necessary for the governmental agency to perform its authorized duties;
- 68.22 (3) to an attorney representing the subject of the vital record or another person listed in
- 68.23 clause (1), upon evidence of the attorney's license;
- 68.24 (4) pursuant to a court order issued by a court of competent jurisdiction. For purposes
- 68.25 of this section, a subpoena does not constitute a court order; or
- 68.26 (5) to a representative authorized by a person under clauses (1) to (4).
- 68.27 (b) The state registrar or local issuance office shall also issue a certified death record to
- 68.28 an individual described in paragraph (a), clause (1), items (ii) to ~~(viii)~~ (xi), if, on behalf of
- 68.29 the individual, a licensed mortician furnishes the registrar with a properly completed
- 68.30 attestation in the form provided by the commissioner within 180 days of the time of death

69.1 of the subject of the death record. This paragraph is not subject to the requirements specified
69.2 in Minnesota Rules, part 4601.2600, subpart 5, item B.

69.3 Sec. 20. Minnesota Statutes 2020, section 144G.84, is amended to read:

69.4 **144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA.**

69.5 (a) In addition to the minimum services required in section 144G.41, an assisted living
69.6 facility with dementia care must also provide the following services:

69.7 (1) assistance with activities of daily living that address the needs of each resident with
69.8 dementia due to cognitive or physical limitations. These services must meet or be in addition
69.9 to the requirements in the licensing rules for the facility. Services must be provided in a
69.10 person-centered manner that promotes resident choice, dignity, and sustains the resident's
69.11 abilities;

69.12 (2) nonpharmacological practices that are person-centered and evidence-informed;

69.13 (3) services to prepare and educate persons living with dementia and their legal and
69.14 designated representatives about transitions in care and ensuring complete, timely
69.15 communication between, across, and within settings; and

69.16 (4) services that provide residents with choices for meaningful engagement with other
69.17 facility residents and the broader community.

69.18 (b) Each resident must be evaluated for activities according to the licensing rules of the
69.19 facility. In addition, the evaluation must address the following:

69.20 (1) past and current interests;

69.21 (2) current abilities and skills;

69.22 (3) emotional and social needs and patterns;

69.23 (4) physical abilities and limitations;

69.24 (5) adaptations necessary for the resident to participate; and

69.25 (6) identification of activities for behavioral interventions.

69.26 (c) An individualized activity plan must be developed for each resident based on their
69.27 activity evaluation. The plan must reflect the resident's activity preferences and needs.

69.28 (d) A selection of daily structured and non-structured activities must be provided and
69.29 included on the resident's activity service or care plan as appropriate. Daily activity options
69.30 based on resident evaluation may include but are not limited to:

- 70.1 (1) occupation or chore related tasks;
- 70.2 (2) scheduled and planned events such as entertainment or outings;
- 70.3 (3) spontaneous activities for enjoyment or those that may help defuse a behavior;
- 70.4 (4) one-to-one activities that encourage positive relationships between residents and
- 70.5 staff such as telling a life story, reminiscing, or playing music;
- 70.6 (5) spiritual, creative, and intellectual activities;
- 70.7 (6) sensory stimulation activities;
- 70.8 (7) physical activities that enhance or maintain a resident's ability to ambulate or move;
- 70.9 and
- 70.10 (8) a resident's individualized activity plan for regular outdoor activities activity.

70.11 (e) Behavioral symptoms that negatively impact the resident and others in the assisted

70.12 living facility with dementia care must be evaluated and included on the service or care

70.13 plan. The staff must initiate and coordinate outside consultation or acute care when indicated.

70.14 (f) Support must be offered to family and other significant relationships on a regularly

70.15 scheduled basis but not less than quarterly.

70.16 (g) ~~Access to secured outdoor space and walkways that allow residents to enter and~~

70.17 ~~return without staff assistance must be provided.~~ Existing housing with services

70.18 establishments registered under chapter 144D prior to August 1, 2021, that obtain an assisted

70.19 living facility license must provide residents with regular access to outdoor space. A licensee

70.20 with new construction on or after August 1, 2021, or a new licensee that was not previously

70.21 registered under chapter 144D prior to August 1, 2021, must provide regular access to

70.22 secured outdoor space on the premises of the facility. A resident's access to outdoor space

70.23 must be in accordance with the resident's documented care plan.

70.24 **EFFECTIVE DATE.** This section is effective August 1, 2021.

70.25 Sec. 21. **[145.87] HOME VISITING FOR PREGNANT WOMEN AND FAMILIES**

70.26 **WITH YOUNG CHILDREN.**

70.27 Subdivision 1. Definitions. (a) The terms defined in this subdivision apply to this section

70.28 and have the meanings given them.

70.29 (b) "Evidence-based home visiting program" means a program that:

- 70.30 (1) is based on a clear, consistent program or model that is research-based and grounded
- 70.31 in relevant, empirically based knowledge;

- 71.1 (2) is linked to program-determined outcomes and is associated with a national
71.2 organization, institution of higher education, or national or state public health institute;
- 71.3 (3) has comprehensive home visitation standards that ensure high-quality service delivery
71.4 and continuous quality improvement;
- 71.5 (4) has demonstrated significant, sustained positive outcomes; and
- 71.6 (5) either:
- 71.7 (i) has been evaluated using rigorous randomized controlled research designs and the
71.8 evaluation results have been published in a peer-reviewed journal; or
- 71.9 (ii) is based on quasi-experimental research using two or more separate, comparable
71.10 client samples.
- 71.11 (c) "Evidence-informed home visiting program" means a program that:
- 71.12 (1) has data or evidence demonstrating effectiveness at achieving positive outcomes for
71.13 pregnant women or young children; and
- 71.14 (2) either:
- 71.15 (i) has an active evaluation of the program; or
- 71.16 (ii) has a plan and timeline for an active evaluation of the program to be conducted.
- 71.17 (d) "Health equity" means every individual has a fair opportunity to attain the individual's
71.18 full health potential and no individual is disadvantaged from achieving this potential.
- 71.19 (e) "Promising practice home visiting program" means a program that has shown
71.20 improvement toward achieving positive outcomes for pregnant women or young children.
- 71.21 **Subd. 2. Grants for home visiting programs.** (a) The commissioner of health shall
71.22 award grants to community health boards, nonprofit organizations, and Tribal nations to
71.23 start up, sustain, or expand voluntary home visiting programs serving pregnant women or
71.24 families with young children. Home visiting programs supported under this section shall
71.25 provide voluntary home visits by early childhood professionals or health professionals,
71.26 including but not limited to nurses, social workers, early childhood educators, and trained
71.27 paraprofessionals. Grant money shall be used to:
- 71.28 (1) establish, sustain, or expand evidence-based, evidence-informed, or promising practice
71.29 home visiting programs that address health equity and utilize community-driven health
71.30 strategies;

72.1 (2) serve families with young children or pregnant women who have high needs or are
72.2 high-risk, including but not limited to a family with low income, a parent or pregnant woman
72.3 with a mental illness or a substance use disorder, or a parent or pregnant woman experiencing
72.4 housing instability or domestic abuse; and

72.5 (3) improve program outcomes in two or more of the following areas:

72.6 (i) maternal and newborn health;

72.7 (ii) school readiness and achievement;

72.8 (iii) family economic self-sufficiency;

72.9 (iv) coordination and referral for other community resources and supports;

72.10 (v) reduction in child injuries, abuse, or neglect; or

72.11 (vi) reduction in crime or domestic violence.

72.12 (b) Grants awarded to evidence-informed and promising practice home visiting programs
72.13 must include money to evaluate program outcomes for up to four of the areas listed in
72.14 paragraph (a), clause (3).

72.15 Subd. 3. **Grant prioritization.** (a) In awarding grants, the commissioner shall give
72.16 priority to community health boards, nonprofit organizations, and Tribal nations seeking to
72.17 expand home visiting services with community or regional partnerships.

72.18 (b) The commissioner shall allocate at least 75 percent of the grant money awarded each
72.19 grant cycle to evidence-based home visiting programs that address health equity and up to
72.20 25 percent of the grant money awarded each grant cycle to evidence-informed or promising
72.21 practice home visiting programs that address health equity and utilize community-driven
72.22 health strategies.

72.23 Subd. 4. **Administrative costs.** The commissioner may use up to seven percent of the
72.24 annual appropriation under this section to provide training and technical assistance and to
72.25 administer and evaluate the program. The commissioner may contract for training,
72.26 capacity-building support for grantees or potential grantees, technical assistance, and
72.27 evaluation support.

72.28 Subd. 5. **Use of state general fund appropriations.** Appropriations dedicated to
72.29 establishing, sustaining, or expanding evidence-based home visiting programs shall, for
72.30 grants awarded on or after July 1, 2021, be awarded according to this section. This section
72.31 shall not govern grant awards of federal funds for home visiting programs and shall not

73.1 govern grant awards using state general fund appropriations dedicated to establishing or
 73.2 expanding nurse-family partnership home visiting programs.

73.3 Sec. 22. Minnesota Statutes 2020, section 145.893, subdivision 1, is amended to read:

73.4 Subdivision 1. ~~Vouchers~~ Food benefits. An eligible individual shall receive ~~vouchers~~
 73.5 food benefits for the purchase of specified nutritional supplements in type and quantity
 73.6 approved by the commissioner. Alternate forms of delivery may be developed by the
 73.7 commissioner in appropriate cases.

73.8 Sec. 23. Minnesota Statutes 2020, section 145.894, is amended to read:

73.9 **145.894 STATE COMMISSIONER OF HEALTH; DUTIES, RESPONSIBILITIES.**

73.10 The commissioner of health shall:

73.11 (1) develop a comprehensive state plan for the delivery of nutritional supplements to
 73.12 pregnant and lactating women, infants, and children;

73.13 (2) contract with existing local public or private nonprofit organizations for the
 73.14 administration of the nutritional supplement program;

73.15 (3) develop and implement a public education program promoting the provisions of
 73.16 sections 145.891 to 145.897, and provide for the delivery of individual and family nutrition
 73.17 education and counseling at project sites. The education programs must include a campaign
 73.18 to promote breast feeding;

73.19 (4) develop in cooperation with other agencies and vendors a uniform state ~~voucher~~ food
 73.20 benefit system for the delivery of nutritional supplements;

73.21 (5) authorize local health agencies to issue ~~vouchers~~ bimonthly food benefits trimonthly
 73.22 to some or all eligible individuals served by the agency, provided the agency demonstrates
 73.23 that the federal minimum requirements for providing nutrition education will continue to
 73.24 be met and that the quality of nutrition education and health services provided by the agency
 73.25 will not be adversely impacted;

73.26 (6) investigate and implement a system to reduce the cost of nutritional supplements
 73.27 and maintain ongoing negotiations with nonparticipating manufacturers and suppliers to
 73.28 maximize cost savings;

73.29 (7) develop, analyze, and evaluate the health aspects of the nutritional supplement
 73.30 program and establish nutritional guidelines for the program;

74.1 (8) apply for, administer, and annually expend at least 99 percent of available federal
74.2 or private funds;

74.3 (9) aggressively market services to eligible individuals by conducting ongoing outreach
74.4 activities and by coordinating with and providing marketing materials and technical assistance
74.5 to local human services and community service agencies and nonprofit service providers;

74.6 (10) determine, on July 1 of each year, the number of pregnant women participating in
74.7 each special supplemental food program for women, infants, and children (WIC) ~~and, in~~
74.8 ~~1986, 1987, and 1988, at the commissioner's discretion, designate a different food program~~
74.9 ~~deliverer if the current deliverer fails to increase the participation of pregnant women in the~~
74.10 ~~program by at least ten percent over the previous year's participation rate;~~

74.11 (11) promulgate all rules necessary to carry out the provisions of sections 145.891 to
74.12 145.897; and

74.13 (12) ensure that any state appropriation to supplement the federal program is spent
74.14 consistent with federal requirements.

74.15 Sec. 24. Minnesota Statutes 2020, section 145.897, is amended to read:

74.16 **145.897 ~~VOUCHERS~~ FOOD BENEFITS.**

74.17 ~~Vouchers~~ Food benefits issued pursuant to sections 145.891 to 145.897 shall be only
74.18 for the purchase of those foods determined by the ~~commissioner~~ United States Department
74.19 of Agriculture to be desirable nutritional supplements for pregnant and lactating women,
74.20 infants and children. ~~These foods shall include, but not be limited to, iron-fortified infant~~
74.21 ~~formula, vegetable or fruit juices, cereal, milk, cheese, and eggs.~~

74.22 Sec. 25. Minnesota Statutes 2020, section 145.899, is amended to read:

74.23 **145.899 WIC ~~VOUCHERS~~ FOOD BENEFITS FOR ORGANICS.**

74.24 ~~Vouchers~~ Food benefits for the special supplemental nutrition program for women,
74.25 infants, and children (WIC) may be used to purchase cost-neutral organic WIC allowable
74.26 food. The commissioner of health shall regularly evaluate the list of WIC allowable food
74.27 in accordance with federal requirements and shall add to the list any organic WIC allowable
74.28 foods determined to be cost-neutral.

74.29 Sec. 26. **[145A.145] NURSE-FAMILY PARTNERSHIP PROGRAMS.**

74.30 (a) The commissioner of health shall award expansion grants to community health boards
74.31 and tribal nations to expand existing nurse-family partnership programs. Grant funds must

75.1 be used to start up, expand, or sustain nurse-family partnership programs in the county,
75.2 reservation, or region to serve families in accordance with the Nurse-Family Partnership
75.3 Service Office nurse-family partnership model. The commissioner shall award grants to
75.4 community health boards, nonprofit organizations, or tribal nations in metropolitan and
75.5 rural areas of the state.

75.6 (b) Priority for all grants shall be given to nurse-family partnership programs that provide
75.7 services through a Minnesota health care program-enrolled provider that accepts medical
75.8 assistance. Priority for grants to rural areas shall be given to community health boards,
75.9 nonprofit organizations, and tribal nations that start up, expand, or sustain services within
75.10 regional partnerships that provide the nurse-family partnership program.

75.11 (c) Funding available under this section may only be used to supplement, not to replace,
75.12 funds being used for nurse-family partnership home visiting services as of June 30, 2015.

75.13 Sec. 27. Minnesota Statutes 2020, section 151.72, subdivision 5, is amended to read:

75.14 Subd. 5. **Labeling requirements.** (a) A product regulated under this section must bear
75.15 a label that contains, at a minimum:

75.16 (1) the name, location, contact phone number, and website of the manufacturer of the
75.17 product;

75.18 (2) the name and address of the independent, accredited laboratory used by the
75.19 manufacturer to test the product; and

75.20 (3) an accurate statement of the amount or percentage of cannabinoids found in each
75.21 unit of the product meant to be consumed; ~~and~~ or

75.22 (4) instead of the information required in clauses (1) to (3), a scannable bar code or QR
75.23 code that links to the manufacturer's website.

75.24 The label must also include a statement stating that this product does not claim to diagnose,
75.25 treat, cure, or prevent any disease and has not been evaluated or approved by the United
75.26 States Food and Drug Administration (FDA) unless the product has been so approved.

75.27 (b) The information required to be on the label must be prominently and conspicuously
75.28 placed and in terms that can be easily read and understood by the consumer.

75.29 (c) The label must not contain any claim that the product may be used or is effective for
75.30 the prevention, treatment, or cure of a disease or that it may be used to alter the structure
75.31 or function of human or animal bodies, unless the claim has been approved by the FDA.

76.1 Sec. 28. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision to
76.2 read:

76.3 Subd. 5c. **Hemp processor.** "Hemp processor" means a person or business licensed by
76.4 the commissioner of agriculture under chapter 18K to convert raw hemp into a product.

76.5 Sec. 29. Minnesota Statutes 2020, section 152.22, subdivision 6, is amended to read:

76.6 Subd. 6. **Medical cannabis.** (a) "Medical cannabis" means any species of the genus
76.7 cannabis plant, or any mixture or preparation of them, including whole plant extracts and
76.8 resins, and is delivered in the form of:

76.9 (1) liquid, including, but not limited to, oil;

76.10 (2) pill;

76.11 (3) vaporized delivery method with use of liquid or oil ~~but which does not require the~~
76.12 ~~use of dried leaves or plant form; or;~~

76.13 (4) combustion with use of dried raw cannabis; or

76.14 ~~(4)~~ (5) any other method, excluding smoking, approved by the commissioner.

76.15 (b) This definition includes any part of the genus cannabis plant prior to being processed
76.16 into a form allowed under paragraph (a), that is possessed by a person while that person is
76.17 engaged in employment duties necessary to carry out a requirement under sections 152.22
76.18 to 152.37 for a registered manufacturer or a laboratory under contract with a registered
76.19 manufacturer. This definition also includes any hemp acquired by a manufacturer by a hemp
76.20 grower as permitted under section 152.29, subdivision 1, paragraph (b).

76.21 **EFFECTIVE DATE.** This section is effective the earlier of (1) March 1, 2022, or (2)
76.22 a date, as determined by the commissioner of health, by which (i) the rules adopted or
76.23 amended under Minnesota Statutes, section 152.26, paragraph (b), are in effect and (ii) the
76.24 independent laboratories under contract with the manufacturers have the necessary procedures
76.25 and equipment in place to perform the required testing of dried raw cannabis. If this section
76.26 is effective before March 1, 2022, the commissioner shall provide notice of that effective
76.27 date to the public.

76.28 Sec. 30. Minnesota Statutes 2020, section 152.22, subdivision 11, is amended to read:

76.29 Subd. 11. **Registered designated caregiver.** "Registered designated caregiver" means
76.30 a person who:

76.31 (1) is at least 18 years old;

77.1 (2) does not have a conviction for a disqualifying felony offense;

77.2 (3) has been approved by the commissioner to assist a patient who ~~has been identified~~
77.3 ~~by a health care practitioner as developmentally or physically disabled and therefore~~ requires
77.4 assistance in administering medical cannabis or obtaining medical cannabis from a
77.5 distribution facility ~~due to the disability~~; and

77.6 (4) is authorized by the commissioner to assist the patient with the use of medical
77.7 cannabis.

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

77.9 Sec. 31. Minnesota Statutes 2020, section 152.23, is amended to read:

77.10 **152.23 LIMITATIONS.**

77.11 (a) Nothing in sections 152.22 to 152.37 permits any person to engage in and does not
77.12 prevent the imposition of any civil, criminal, or other penalties for:

77.13 (1) undertaking any task under the influence of medical cannabis that would constitute
77.14 negligence or professional malpractice;

77.15 (2) possessing or engaging in the use of medical cannabis:

77.16 (i) on a school bus or van;

77.17 (ii) on the grounds of any preschool or primary or secondary school;

77.18 (iii) in any correctional facility; or

77.19 (iv) on the grounds of any child care facility or home day care;

77.20 (3) vaporizing or combusting medical cannabis pursuant to section 152.22, subdivision
77.21 6:

77.22 (i) on any form of public transportation;

77.23 (ii) where the vapor would be inhaled by a nonpatient minor child or where the smoke
77.24 would be inhaled by a minor child; or

77.25 (iii) in any public place, including any indoor or outdoor area used by or open to the
77.26 general public or a place of employment as defined under section 144.413, subdivision 1b;
77.27 and

77.28 (4) operating, navigating, or being in actual physical control of any motor vehicle,
77.29 aircraft, train, or motorboat, or working on transportation property, equipment, or facilities
77.30 while under the influence of medical cannabis.

78.1 (b) Nothing in sections 152.22 to 152.37 require the medical assistance and
78.2 MinnesotaCare programs to reimburse an enrollee or a provider for costs associated with
78.3 the medical use of cannabis. Medical assistance and MinnesotaCare shall continue to provide
78.4 coverage for all services related to treatment of an enrollee's qualifying medical condition
78.5 if the service is covered under chapter 256B or 256L.

78.6 Sec. 32. Minnesota Statutes 2020, section 152.26, is amended to read:

78.7 **152.26 RULEMAKING.**

78.8 (a) The commissioner may adopt rules to implement sections 152.22 to 152.37. Rules
78.9 for which notice is published in the State Register before January 1, 2015, may be adopted
78.10 using the process in section 14.389.

78.11 (b) The commissioner may adopt or amend rules, using the procedure in section 14.386,
78.12 paragraph (a), to implement the addition of dried raw cannabis as an allowable form of
78.13 medical cannabis under section 152.22, subdivision 6, paragraph (a), clause (4). Section
78.14 14.386, paragraph (b), does not apply to these rules.

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

78.16 Sec. 33. Minnesota Statutes 2020, section 152.27, subdivision 2, is amended to read:

78.17 Subd. 2. **Commissioner duties.** (a) The commissioner shall:

78.18 (1) give notice of the program to health care practitioners in the state who are eligible
78.19 to serve as health care practitioners and explain the purposes and requirements of the
78.20 program;

78.21 (2) allow each health care practitioner who meets or agrees to meet the program's
78.22 requirements and who requests to participate, to be included in the registry program to
78.23 collect data for the patient registry;

78.24 (3) provide explanatory information and assistance to each health care practitioner in
78.25 understanding the nature of therapeutic use of medical cannabis within program requirements;

78.26 (4) create and provide a certification to be used by a health care practitioner for the
78.27 practitioner to certify whether a patient has been diagnosed with a qualifying medical
78.28 condition and include in the certification an option for the practitioner to certify whether
78.29 the patient, in the health care practitioner's medical opinion, is developmentally or physically
78.30 disabled and, as a result of that disability, the patient requires assistance in administering
78.31 medical cannabis or obtaining medical cannabis from a distribution facility;

79.1 (5) supervise the participation of the health care practitioner in conducting patient
79.2 treatment and health records reporting in a manner that ensures stringent security and
79.3 record-keeping requirements and that prevents the unauthorized release of private data on
79.4 individuals as defined by section 13.02;

79.5 (6) develop safety criteria for patients with a qualifying medical condition as a
79.6 requirement of the patient's participation in the program, to prevent the patient from
79.7 undertaking any task under the influence of medical cannabis that would constitute negligence
79.8 or professional malpractice on the part of the patient; and

79.9 (7) conduct research and studies based on data from health records submitted to the
79.10 registry program and submit reports on intermediate or final research results to the legislature
79.11 and major scientific journals. The commissioner may contract with a third party to complete
79.12 the requirements of this clause. Any reports submitted must comply with section 152.28,
79.13 subdivision 2.

79.14 (b) The commissioner may add a delivery method under section 152.22, subdivision 6,
79.15 or add, remove, or modify a qualifying medical condition under section 152.22, subdivision
79.16 14, upon a petition from a member of the public or the task force on medical cannabis
79.17 therapeutic research or as directed by law. The commissioner shall evaluate all petitions to
79.18 add a qualifying medical condition or to remove or modify an existing qualifying medical
79.19 condition submitted by the task force on medical cannabis therapeutic research or as directed
79.20 by law and ~~shall~~ may make the addition, removal, or modification if the commissioner
79.21 determines the addition, removal, or modification is warranted based on the best available
79.22 evidence and research. If the commissioner wishes to add a delivery method under section
79.23 152.22, subdivision 6, or add or remove a qualifying medical condition under section 152.22,
79.24 subdivision 14, the commissioner must notify the chairs and ranking minority members of
79.25 the legislative policy committees having jurisdiction over health and public safety of the
79.26 addition or removal and the reasons for its addition or removal, including any written
79.27 comments received by the commissioner from the public and any guidance received from
79.28 the task force on medical cannabis research, by January 15 of the year in which the
79.29 commissioner wishes to make the change. The change shall be effective on August 1 of that
79.30 year, unless the legislature by law provides otherwise.

79.31 Sec. 34. Minnesota Statutes 2020, section 152.27, subdivision 3, is amended to read:

79.32 Subd. 3. **Patient application.** (a) The commissioner shall develop a patient application
79.33 for enrollment into the registry program. The application shall be available to the patient

80.1 and given to health care practitioners in the state who are eligible to serve as health care
80.2 practitioners. The application must include:

80.3 (1) the name, mailing address, and date of birth of the patient;

80.4 (2) the name, mailing address, and telephone number of the patient's health care
80.5 practitioner;

80.6 (3) the name, mailing address, and date of birth of the patient's designated caregiver, if
80.7 any, or the patient's parent, legal guardian, or spouse if the parent, legal guardian, or spouse
80.8 will be acting as a caregiver;

80.9 (4) a copy of the certification from the patient's health care practitioner that is dated
80.10 within 90 days prior to submitting the application ~~which that~~ certifies that the patient has
80.11 been diagnosed with a qualifying medical condition ~~and, if applicable, that, in the health~~
80.12 ~~care practitioner's medical opinion, the patient is developmentally or physically disabled~~
80.13 ~~and, as a result of that disability, the patient requires assistance in administering medical~~
80.14 ~~cannabis or obtaining medical cannabis from a distribution facility; and~~

80.15 (5) all other signed affidavits and enrollment forms required by the commissioner under
80.16 sections 152.22 to 152.37, including, but not limited to, the disclosure form required under
80.17 paragraph (c).

80.18 (b) The commissioner shall require a patient to resubmit a copy of the certification from
80.19 the patient's health care practitioner on a yearly basis and shall require that the recertification
80.20 be dated within 90 days of submission.

80.21 (c) The commissioner shall develop a disclosure form and require, as a condition of
80.22 enrollment, all patients to sign a copy of the disclosure. The disclosure must include:

80.23 (1) a statement that, notwithstanding any law to the contrary, the commissioner, or an
80.24 employee of any state agency, may not be held civilly or criminally liable for any injury,
80.25 loss of property, personal injury, or death caused by any act or omission while acting within
80.26 the scope of office or employment under sections 152.22 to 152.37; and

80.27 (2) the patient's acknowledgment that enrollment in the patient registry program is
80.28 conditional on the patient's agreement to meet all of the requirements of sections 152.22 to
80.29 152.37.

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

81.1 Sec. 35. Minnesota Statutes 2020, section 152.27, subdivision 4, is amended to read:

81.2 Subd. 4. **Registered designated caregiver.** (a) The commissioner shall register a
81.3 designated caregiver for a patient if ~~the patient's health care practitioner has certified that~~
81.4 ~~the patient, in the health care practitioner's medical opinion, is developmentally or physically~~
81.5 ~~disabled and, as a result of that disability,~~ the patient requires assistance in administering
81.6 medical cannabis or obtaining medical cannabis from a distribution facility and the caregiver
81.7 has agreed, in writing, to be the patient's designated caregiver. As a condition of registration
81.8 as a designated caregiver, the commissioner shall require the person to:

81.9 (1) be at least 18 years of age;

81.10 (2) agree to only possess the patient's medical cannabis for purposes of assisting the
81.11 patient; and

81.12 (3) agree that if the application is approved, the person will not be a registered designated
81.13 caregiver for more than ~~one patient, unless the~~ six registered patients at one time. Patients
81.14 who reside in the same residence shall count as one patient.

81.15 (b) The commissioner shall conduct a criminal background check on the designated
81.16 caregiver prior to registration to ensure that the person does not have a conviction for a
81.17 disqualifying felony offense. Any cost of the background check shall be paid by the person
81.18 seeking registration as a designated caregiver. A designated caregiver must have the criminal
81.19 background check renewed every two years.

81.20 (c) Nothing in sections 152.22 to 152.37 shall be construed to prevent a person registered
81.21 as a designated caregiver from also being enrolled in the registry program as a patient and
81.22 possessing and using medical cannabis as a patient.

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

81.24 Sec. 36. Minnesota Statutes 2020, section 152.28, subdivision 1, is amended to read:

81.25 Subdivision 1. **Health care practitioner duties.** (a) Prior to a patient's enrollment in
81.26 the registry program, a health care practitioner shall:

81.27 (1) determine, in the health care practitioner's medical judgment, whether a patient suffers
81.28 from a qualifying medical condition, and, if so determined, provide the patient with a
81.29 certification of that diagnosis;

81.30 (2) ~~determine whether a patient is developmentally or physically disabled and, as a result~~
81.31 ~~of that disability, the patient requires assistance in administering medical cannabis or~~

82.1 ~~obtaining medical cannabis from a distribution facility, and, if so determined, include that~~
82.2 ~~determination on the patient's certification of diagnosis;~~

82.3 ~~(3)~~ advise patients, registered designated caregivers, and parents, legal guardians, or
82.4 spouses who are acting as caregivers of the existence of any nonprofit patient support groups
82.5 or organizations;

82.6 ~~(4)~~ (3) provide explanatory information from the commissioner to patients with qualifying
82.7 medical conditions, including disclosure to all patients about the experimental nature of
82.8 therapeutic use of medical cannabis; the possible risks, benefits, and side effects of the
82.9 proposed treatment; the application and other materials from the commissioner; and provide
82.10 patients with the Tennessee warning as required by section 13.04, subdivision 2; and

82.11 ~~(5)~~ (4) agree to continue treatment of the patient's qualifying medical condition and
82.12 report medical findings to the commissioner.

82.13 (b) Upon notification from the commissioner of the patient's enrollment in the registry
82.14 program, the health care practitioner shall:

82.15 (1) participate in the patient registry reporting system under the guidance and supervision
82.16 of the commissioner;

82.17 (2) report health records of the patient throughout the ongoing treatment of the patient
82.18 to the commissioner in a manner determined by the commissioner and in accordance with
82.19 subdivision 2;

82.20 (3) determine, on a yearly basis, if the patient continues to suffer from a qualifying
82.21 medical condition and, if so, issue the patient a new certification of that diagnosis; and

82.22 (4) otherwise comply with all requirements developed by the commissioner.

82.23 (c) A health care practitioner may conduct a patient assessment to issue a recertification
82.24 as required under paragraph (b), clause (3), via telemedicine as defined under section
82.25 62A.671, subdivision 9.

82.26 (d) Nothing in this section requires a health care practitioner to participate in the registry
82.27 program.

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

82.29 Sec. 37. Minnesota Statutes 2020, section 152.29, subdivision 1, is amended to read:

82.30 Subdivision 1. **Manufacturer; requirements.** (a) A manufacturer may operate eight
82.31 distribution facilities, which may include the manufacturer's single location for cultivation,

83.1 harvesting, manufacturing, packaging, and processing but is not required to include that
83.2 location. The commissioner shall designate the geographical service areas to be served by
83.3 each manufacturer based on geographical need throughout the state to improve patient
83.4 access. A manufacturer shall not have more than two distribution facilities in each
83.5 geographical service area assigned to the manufacturer by the commissioner. A manufacturer
83.6 shall operate only one location where all cultivation, harvesting, manufacturing, packaging,
83.7 and processing of medical cannabis shall be conducted. This location may be one of the
83.8 manufacturer's distribution facility sites. The additional distribution facilities may dispense
83.9 medical cannabis and medical cannabis products but may not contain any medical cannabis
83.10 in a form other than those forms allowed under section 152.22, subdivision 6, and the
83.11 manufacturer shall not conduct any cultivation, harvesting, manufacturing, packaging, or
83.12 processing at the other distribution facility sites. Any distribution facility operated by the
83.13 manufacturer is subject to all of the requirements applying to the manufacturer under sections
83.14 152.22 to 152.37, including, but not limited to, security and distribution requirements.

83.15 (b) A manufacturer may acquire hemp grown in this state from a hemp grower, and may
83.16 acquire hemp products produced by a hemp processor. A manufacturer may manufacture
83.17 or process hemp and hemp products into an allowable form of medical cannabis under
83.18 section 152.22, subdivision 6. Hemp and hemp products acquired by a manufacturer under
83.19 this paragraph ~~is~~ are subject to the same quality control program, security and testing
83.20 requirements, and other requirements that apply to medical cannabis under sections 152.22
83.21 to 152.37 and Minnesota Rules, chapter 4770.

83.22 (c) A medical cannabis manufacturer shall contract with a laboratory approved by the
83.23 commissioner, subject to any additional requirements set by the commissioner, for purposes
83.24 of testing medical cannabis manufactured or hemp or hemp products acquired by the medical
83.25 cannabis manufacturer as to content, contamination, and consistency to verify the medical
83.26 cannabis meets the requirements of section 152.22, subdivision 6. The cost of laboratory
83.27 testing shall be paid by the manufacturer.

83.28 (d) The operating documents of a manufacturer must include:

83.29 (1) procedures for the oversight of the manufacturer and procedures to ensure accurate
83.30 record keeping;

83.31 (2) procedures for the implementation of appropriate security measures to deter and
83.32 prevent the theft of medical cannabis and unauthorized entrance into areas containing medical
83.33 cannabis; and

84.1 (3) procedures for the delivery and transportation of hemp between hemp growers and
84.2 manufacturers and for the delivery and transportation of hemp products between hemp
84.3 processors and manufacturers.

84.4 (e) A manufacturer shall implement security requirements, including requirements for
84.5 the delivery and transportation of hemp and hemp products, protection of each location by
84.6 a fully operational security alarm system, facility access controls, perimeter intrusion
84.7 detection systems, and a personnel identification system.

84.8 (f) A manufacturer shall not share office space with, refer patients to a health care
84.9 practitioner, or have any financial relationship with a health care practitioner.

84.10 (g) A manufacturer shall not permit any person to consume medical cannabis on the
84.11 property of the manufacturer.

84.12 (h) A manufacturer is subject to reasonable inspection by the commissioner.

84.13 (i) For purposes of sections 152.22 to 152.37, a medical cannabis manufacturer is not
84.14 subject to the Board of Pharmacy licensure or regulatory requirements under chapter 151.

84.15 (j) A medical cannabis manufacturer may not employ any person who is under 21 years
84.16 of age or who has been convicted of a disqualifying felony offense. An employee of a
84.17 medical cannabis manufacturer must submit a completed criminal history records check
84.18 consent form, a full set of classifiable fingerprints, and the required fees for submission to
84.19 the Bureau of Criminal Apprehension before an employee may begin working with the
84.20 manufacturer. The bureau must conduct a Minnesota criminal history records check and
84.21 the superintendent is authorized to exchange the fingerprints with the Federal Bureau of
84.22 Investigation to obtain the applicant's national criminal history record information. The
84.23 bureau shall return the results of the Minnesota and federal criminal history records checks
84.24 to the commissioner.

84.25 (k) A manufacturer may not operate in any location, whether for distribution or
84.26 cultivation, harvesting, manufacturing, packaging, or processing, within 1,000 feet of a
84.27 public or private school existing before the date of the manufacturer's registration with the
84.28 commissioner.

84.29 (l) A manufacturer shall comply with reasonable restrictions set by the commissioner
84.30 relating to signage, marketing, display, and advertising of medical cannabis.

84.31 (m) Before a manufacturer acquires hemp from a hemp grower or hemp products from
84.32 a hemp processor, the manufacturer must verify that the hemp grower or hemp processor
84.33 has a valid license issued by the commissioner of agriculture under chapter 18K.

85.1 (n) Until a state-centralized, seed-to-sale system is implemented that can track a specific
85.2 medical cannabis plant from cultivation through testing and point of sale, the commissioner
85.3 shall conduct at least one unannounced inspection per year of each manufacturer that includes
85.4 inspection of:

85.5 (1) business operations;

85.6 (2) physical locations of the manufacturer's manufacturing facility and distribution
85.7 facilities;

85.8 (3) financial information and inventory documentation, including laboratory testing
85.9 results; and

85.10 (4) physical and electronic security alarm systems.

85.11 Sec. 38. Minnesota Statutes 2020, section 152.29, subdivision 3, is amended to read:

85.12 Subd. 3. **Manufacturer; distribution.** (a) A manufacturer shall require that employees
85.13 licensed as pharmacists pursuant to chapter 151 be the only employees to give final approval
85.14 for the distribution of medical cannabis to a patient. A manufacturer may transport medical
85.15 cannabis or medical cannabis products that have been cultivated, harvested, manufactured,
85.16 packaged, and processed by that manufacturer to another registered manufacturer for the
85.17 other manufacturer to distribute.

85.18 (b) A manufacturer may distribute medical cannabis products, whether or not the products
85.19 have been manufactured by that manufacturer.

85.20 (c) Prior to distribution of any medical cannabis, the manufacturer shall:

85.21 (1) verify that the manufacturer has received the registry verification from the
85.22 commissioner for that individual patient;

85.23 (2) verify that the person requesting the distribution of medical cannabis is the patient,
85.24 the patient's registered designated caregiver, or the patient's parent, legal guardian, or spouse
85.25 listed in the registry verification using the procedures described in section 152.11, subdivision
85.26 2d;

85.27 (3) assign a tracking number to any medical cannabis distributed from the manufacturer;

85.28 (4) ensure that any employee of the manufacturer licensed as a pharmacist pursuant to
85.29 chapter 151 has consulted with the patient to determine the proper dosage for the individual
85.30 patient after reviewing the ranges of chemical compositions of the medical cannabis and
85.31 the ranges of proper dosages reported by the commissioner. For purposes of this clause, a
85.32 consultation may be conducted remotely ~~using a~~ by secure videoconference, telephone, or

86.1 other remote means, so long as the employee providing the consultation is able to confirm
86.2 the identity of the patient, ~~the consultation occurs while the patient is at a distribution facility,~~
86.3 and the consultation adheres to patient privacy requirements that apply to health care services
86.4 delivered through telemedicine. A pharmacist consultation under this clause is not required
86.5 when a manufacturer is distributing medical cannabis to a patient according to a
86.6 patient-specific dosage plan established with that manufacturer and is not modifying the
86.7 dosage or product being distributed under that plan and the medical cannabis is distributed
86.8 by a pharmacy technician;

86.9 (5) properly package medical cannabis in compliance with the United States Poison
86.10 Prevention Packing Act regarding child-resistant packaging and exemptions for packaging
86.11 for elderly patients, and label distributed medical cannabis with a list of all active ingredients
86.12 and individually identifying information, including:

86.13 (i) the patient's name and date of birth;

86.14 (ii) the name and date of birth of the patient's registered designated caregiver or, if listed
86.15 on the registry verification, the name of the patient's parent or legal guardian, if applicable;

86.16 (iii) the patient's registry identification number;

86.17 (iv) the chemical composition of the medical cannabis; and

86.18 (v) the dosage; and

86.19 (6) ensure that the medical cannabis distributed contains a maximum of a 90-day supply
86.20 of the dosage determined for that patient.

86.21 (d) A manufacturer shall require any employee of the manufacturer who is transporting
86.22 medical cannabis or medical cannabis products to a distribution facility or to another
86.23 registered manufacturer to carry identification showing that the person is an employee of
86.24 the manufacturer.

86.25 (e) A manufacturer shall distribute medical cannabis in dried raw cannabis form only
86.26 to a patient age 21 or older, or to the registered designated caregiver, parent, legal guardian,
86.27 or spouse of a patient age 21 or older.

86.28 **EFFECTIVE DATE.** Paragraph (c) is effective the day following final enactment.
86.29 Paragraph (e) is effective the earlier of (1) March 1, 2022, or (2) a date, as determined by
86.30 the commissioner of health, by which (i) the rules adopted or amended under Minnesota
86.31 Statutes, section 152.26, paragraph (b), are in effect and (ii) the independent laboratories
86.32 under contract with the manufacturers have the necessary procedures and equipment in
86.33 place to perform the required testing of dried raw cannabis. If paragraph (e) is effective

87.1 before March 1, 2022, the commissioner shall provide notice of that effective date to the
87.2 public.

87.3 Sec. 39. Minnesota Statutes 2020, section 152.29, is amended by adding a subdivision to
87.4 read:

87.5 Subd. 3b. **Distribution to recipient in a motor vehicle.** A manufacturer may distribute
87.6 medical cannabis to a patient, registered designated caregiver, or parent, legal guardian, or
87.7 spouse of a patient who is at the distribution facility but remains in a motor vehicle, provided:

87.8 (1) distribution facility staff receive payment and distribute medical cannabis in a
87.9 designated zone that is as close as feasible to the front door of the distribution facility;

87.10 (2) the manufacturer ensures that the receipt of payment and distribution of medical
87.11 cannabis are visually recorded by a closed-circuit television surveillance camera at the
87.12 distribution facility and provides any other necessary security safeguards;

87.13 (3) the manufacturer does not store medical cannabis outside a restricted access area at
87.14 the distribution facility, and distribution facility staff transport medical cannabis from a
87.15 restricted access area at the distribution facility to the designated zone for distribution only
87.16 after confirming that the patient, designated caregiver, or parent, guardian, or spouse has
87.17 arrived in the designated zone;

87.18 (4) the payment and distribution of medical cannabis take place only after a pharmacist
87.19 consultation takes place, if required under subdivision 3, paragraph (c), clause (4);

87.20 (5) immediately following distribution of medical cannabis, distribution facility staff
87.21 enter the transaction in the state medical cannabis registry information technology database;
87.22 and

87.23 (6) immediately following distribution of medical cannabis, distribution facility staff
87.24 take the payment received into the distribution facility.

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

87.26 Sec. 40. Minnesota Statutes 2020, section 152.29, is amended by adding a subdivision to
87.27 read:

87.28 Subd. 3c. **Disposal of medical cannabis plant root balls.** Notwithstanding Minnesota
87.29 Rules, part 4770.1200, subpart 2, item C, a manufacturer is not required to grind root balls
87.30 of medical cannabis plants or incorporate them with a greater quantity of nonconsumable
87.31 solid waste before transporting root balls to another location for disposal. For purposes of

88.1 this subdivision, "root ball" means a compact mass of roots formed by a plant and any
88.2 attached growing medium.

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

88.4 Sec. 41. Minnesota Statutes 2020, section 152.31, is amended to read:

88.5 **152.31 DATA PRACTICES.**

88.6 (a) Government data in patient files maintained by the commissioner and the health care
88.7 practitioner, and data submitted to or by a medical cannabis manufacturer, are private data
88.8 on individuals, as defined in section 13.02, subdivision 12, or nonpublic data, as defined in
88.9 section 13.02, subdivision 9, but may be used for purposes of complying with chapter 13
88.10 and complying with a request from the legislative auditor or the state auditor in the
88.11 performance of official duties. The provisions of section 13.05, subdivision 11, apply to a
88.12 registration agreement entered between the commissioner and a medical cannabis
88.13 manufacturer under section 152.25.

88.14 (b) Not public data maintained by the commissioner may not be used for any purpose
88.15 not provided for in sections 152.22 to 152.37, and may not be combined or linked in any
88.16 manner with any other list, dataset, or database.

88.17 (c) The commissioner may execute data sharing arrangements with the commissioner
88.18 of agriculture to verify licensing, inspection, and compliance information related to hemp
88.19 growers and hemp processors under chapter 18K.

88.20 Sec. 42. Minnesota Statutes 2020, section 157.22, is amended to read:

88.21 **157.22 EXEMPTIONS.**

88.22 This chapter does not apply to:

88.23 (1) interstate carriers under the supervision of the United States Department of Health
88.24 and Human Services;

88.25 (2) weddings, fellowship meals, or funerals conducted by a faith-based organization
88.26 using any building constructed and primarily used for religious worship or education;

88.27 (3) any building owned, operated, and used by a college or university in accordance
88.28 with health regulations promulgated by the college or university under chapter 14;

88.29 (4) any person, firm, or corporation whose principal mode of business is licensed under
88.30 sections 28A.04 and 28A.05, is exempt at that premises from licensure as a food or beverage
88.31 establishment; provided that the holding of any license pursuant to sections 28A.04 and

89.1 28A.05 shall not exempt any person, firm, or corporation from the applicable provisions of
89.2 this chapter or the rules of the state commissioner of health relating to food and beverage
89.3 service establishments;

89.4 (5) family day care homes and group family day care homes governed by sections
89.5 245A.01 to 245A.16;

89.6 (6) nonprofit senior citizen centers for the sale of home-baked goods;

89.7 (7) fraternal, sportsman, or patriotic organizations that are tax exempt under section
89.8 501(c)(3), 501(c)(4), 501(c)(6), 501(c)(7), 501(c)(10), or 501(c)(19) of the Internal Revenue
89.9 Code of 1986, or organizations related to, affiliated with, or supported by such fraternal,
89.10 sportsman, or patriotic organizations for events held in the building or on the grounds of
89.11 the organization and at which home-prepared food is donated by organization members for
89.12 sale at the events, provided:

89.13 (i) the event is not a circus, carnival, or fair;

89.14 (ii) the organization controls the admission of persons to the event, the event agenda, or
89.15 both; and

89.16 (iii) the organization's licensed kitchen is not used in any manner for the event;

89.17 (8) food not prepared at an establishment and brought in by individuals attending a
89.18 potluck event for consumption at the potluck event. An organization sponsoring a potluck
89.19 event under this clause may advertise the potluck event to the public through any means.
89.20 Individuals who are not members of an organization sponsoring a potluck event under this
89.21 clause may attend the potluck event and consume the food at the event. Licensed food
89.22 establishments other than schools cannot be sponsors of potluck events. A school may
89.23 sponsor and hold potluck events in areas of the school other than the school's kitchen,
89.24 provided that the school's kitchen is not used in any manner for the potluck event. For
89.25 purposes of this clause, "school" means a public school as defined in section 120A.05,
89.26 subdivisions 9, 11, 13, and 17, or a nonpublic school, church, or religious organization at
89.27 which a child is provided with instruction in compliance with sections 120A.22 and 120A.24.
89.28 Potluck event food shall not be brought into a licensed food establishment kitchen;

89.29 (9) a home school in which a child is provided instruction at home;

89.30 (10) school concession stands serving commercially prepared, nonpotentially hazardous
89.31 foods, as defined in Minnesota Rules, chapter 4626;

90.1 (11) group residential facilities of ten or fewer beds licensed by the commissioner of
90.2 human services under Minnesota Rules, chapter 2960, provided the facility employs or
90.3 contracts with a certified food manager under Minnesota Rules, part 4626.2015;

90.4 ~~(12) food served at fund-raisers or community events conducted in the building or on~~
90.5 ~~the grounds of a faith-based organization, provided that a certified food manager, or a~~
90.6 ~~volunteer trained in a food safety course, trains the food preparation workers in safe food~~
90.7 ~~handling practices. This exemption does not apply to faith-based organizations at the state~~
90.8 ~~agricultural society or county fairs or to faith-based organizations that choose to apply for~~
90.9 ~~a license;~~

90.10 (12) food served at fund-raisers, community events or fellowship meals conducted in
90.11 the building or on the grounds of a faith-based organization, provided that a certified food
90.12 manager or volunteer trained in a food safety course, trains the food preparation workers
90.13 in safe food handling practices. Food prepared during these events is allowed to be made
90.14 available for curbside pickup or delivered to members of the faith-based organization or
90.15 the community in which the faith-based organization serves. This exemption does not apply
90.16 to faith-based organizations at the state agricultural society or county fairs or to faith-based
90.17 organizations that choose to apply for a license;

90.18 (13) food service events conducted following a disaster for purposes of feeding disaster
90.19 relief staff and volunteers serving commercially prepared, nonpotentially hazardous foods,
90.20 as defined in Minnesota Rules, chapter 4626;

90.21 (14) chili or soup served at a chili or soup cook-off fund-raiser conducted by a
90.22 community-based nonprofit organization, provided:

90.23 (i) the municipality where the event is located approves the event;

90.24 (ii) the sponsoring organization must develop food safety rules and ensure that participants
90.25 follow these rules; and

90.26 (iii) if the food is not prepared in a kitchen that is licensed or inspected, a visible sign
90.27 or placard must be posted that states: "These products are homemade and not subject to
90.28 state inspection."

90.29 Foods exempt under this clause must be labeled to accurately reflect the name and
90.30 address of the person preparing the foods; and

90.31 (15) a special event food stand or a seasonal temporary food stand provided:

90.32 (i) the stand is located on private property with the permission of the property owner;

- 91.1 (ii) the stand has gross receipts or contributions of \$1,000 or less in a calendar year; and
- 91.2 (iii) the operator of the stand posts a sign or placard at the site that states "The products
- 91.3 sold at this stand are not subject to state inspection or regulation." if the stand offers for sale
- 91.4 potentially hazardous food as defined in Minnesota Rules, part 4626.0020, subpart 62.

91.5 Sec. 43. Minnesota Statutes 2020, section 256.98, subdivision 1, is amended to read:

91.6 Subdivision 1. **Wrongfully obtaining assistance.** (a) A person who commits any of the

91.7 following acts or omissions with intent to defeat the purposes of sections 145.891 to 145.897,

91.8 the MFIP program formerly codified in sections 256.031 to 256.0361, the AFDC program

91.9 formerly codified in sections 256.72 to 256.871, chapter 256B, 256D, 256I, 256J, 256K, or

91.10 256L, child care assistance programs, and emergency assistance programs under section

91.11 256D.06, is guilty of theft and shall be sentenced under section 609.52, subdivision 3, clauses

91.12 (1) to (5):

91.13 (1) obtains or attempts to obtain, or aids or abets any person to obtain by means of a

91.14 willfully false statement or representation, by intentional concealment of any material fact,

91.15 or by impersonation or other fraudulent device, assistance or the continued receipt of

91.16 assistance, to include child care assistance or ~~vouchers~~ food benefits produced according

91.17 to sections 145.891 to 145.897 and MinnesotaCare services according to sections 256.9365,

91.18 256.94, and 256L.01 to 256L.15, to which the person is not entitled or assistance greater

91.19 than that to which the person is entitled;

91.20 (2) knowingly aids or abets in buying or in any way disposing of the property of a

91.21 recipient or applicant of assistance without the consent of the county agency; or

91.22 (3) obtains or attempts to obtain, alone or in collusion with others, the receipt of payments

91.23 to which the individual is not entitled as a provider of subsidized child care, or by furnishing

91.24 or concurring in a willfully false claim for child care assistance.

91.25 (b) The continued receipt of assistance to which the person is not entitled or greater than

91.26 that to which the person is entitled as a result of any of the acts, failure to act, or concealment

91.27 described in this subdivision shall be deemed to be continuing offenses from the date that

91.28 the first act or failure to act occurred.

91.29 Sec. 44. Minnesota Statutes 2020, section 326.71, subdivision 4, is amended to read:

91.30 Subd. 4. **Asbestos-related work.** "Asbestos-related work" means the enclosure, removal,

91.31 or encapsulation of asbestos-containing material in a quantity that meets or exceeds 260

91.32 linear feet of friable asbestos-containing material on pipes, 160 square feet of friable

92.1 asbestos-containing material on other facility components, or, if linear feet or square feet
 92.2 cannot be measured, a total of 35 cubic feet of friable asbestos-containing material on or
 92.3 off all facility components in one facility. In the case of single or multifamily residences,
 92.4 "asbestos-related work" also means the enclosure, removal, or encapsulation of greater than
 92.5 ten but less than 260 linear feet of friable asbestos-containing material on pipes, greater
 92.6 than six but less than 160 square feet of friable asbestos-containing material on other facility
 92.7 components, or, if linear feet or square feet cannot be measured, greater than one cubic foot
 92.8 but less than 35 cubic feet of friable asbestos-containing material on or off all facility
 92.9 components in one facility. ~~This provision excludes asbestos-containing floor tiles and~~
 92.10 ~~sheeting, roofing materials, siding, and all ceilings with asbestos-containing material in~~
 92.11 ~~single family residences and buildings with no more than four dwelling units.~~
 92.12 Asbestos-related work includes asbestos abatement area preparation; enclosure, removal,
 92.13 or encapsulation operations; and an air quality monitoring specified in rule to assure that
 92.14 the abatement and adjacent areas are not contaminated with asbestos fibers during the project
 92.15 and after completion.

92.16 For purposes of this subdivision, the quantity of ~~asbestos-containing~~ asbestos-containing
 92.17 material applies separately for every project.

92.18 Sec. 45. Minnesota Statutes 2020, section 326.75, subdivision 1, is amended to read:

92.19 Subdivision 1. **Licensing fee.** A person required to be licensed under section 326.72
 92.20 shall, before receipt of the license and before causing asbestos-related work to be performed,
 92.21 pay the commissioner an annual license fee of ~~\$100~~ \$105.

92.22 Sec. 46. Minnesota Statutes 2020, section 326.75, subdivision 2, is amended to read:

92.23 Subd. 2. **Certification fee.** An individual required to be certified as an asbestos worker
 92.24 or asbestos site supervisor under section 326.73, subdivision 1, shall pay the commissioner
 92.25 a certification fee of ~~\$50~~ \$52.50 before the issuance of the certificate. ~~The commissioner~~
 92.26 ~~may establish by rule fees required before the issuance of~~ An individual required to be
 92.27 certified as an asbestos inspector, asbestos management planner, ~~and~~ or asbestos project
 92.28 designer ~~certificates required~~ under section 326.73, subdivisions 2, 3, and 4, shall pay the
 92.29 commissioner a certification fee of \$105 before the issuance of the certificate.

92.30 Sec. 47. Minnesota Statutes 2020, section 326.75, subdivision 3, is amended to read:

92.31 Subd. 3. **Permit fee.** Five calendar days before beginning asbestos-related work, a person
 92.32 shall pay a project permit fee to the commissioner equal to ~~one~~ two percent of the total costs

93.1 of the asbestos-related work. For asbestos-related work performed in single or multifamily
 93.2 residences, of greater than ten but less than 260 linear feet of asbestos-containing material
 93.3 on pipes, or greater than six but less than 160 square feet of asbestos-containing material
 93.4 on other facility components, a person shall pay a project permit fee of \$35 to the
 93.5 commissioner.

93.6 Sec. 48. Laws 2008, chapter 364, section 17, is amended to read:

93.7 Sec. 17. **APPROPRIATIONS.**

93.8 ~~(a) \$261,000 is appropriated from the state government special revenue fund to the~~
 93.9 ~~commissioner of health for the purposes of this act for fiscal year 2009. Base level funding~~
 93.10 ~~for this appropriation shall be \$77,000 for fiscal years beginning on or after July 1, 2009.~~

93.11 ~~(b) Of the appropriation in paragraph (a), \$116,000 in fiscal year 2009 is for the study~~
 93.12 ~~and report required in section 12, \$145,000 in fiscal year 2009 shall be transferred to the~~
 93.13 ~~general fund, and \$77,000 shall be transferred for each fiscal year beginning on or after July~~
 93.14 ~~1, 2009.~~

93.15 ~~(c)~~ (a) \$145,000 is appropriated from the general fund to the commissioner of human
 93.16 services for fiscal year 2009 for the actuarial and other department costs associated with
 93.17 additional reporting requirements for health plans and county-based purchasing plans. Base
 93.18 level funding for this appropriation for fiscal years beginning on or after July 1, 2009, shall
 93.19 be \$135,000 each year.

93.20 ~~(d)~~ (b) \$96,000 is appropriated from the general fund to the commissioner of human
 93.21 services for fiscal year 2009 for the study authorized in section 11, clause (3). This
 93.22 appropriation is onetime.

93.23 **EFFECTIVE DATE.** This section is effective July 1, 2021.

93.24 Sec. 49. Laws 2019, First Special Session chapter 9, article 14, section 3, as amended by
 93.25 Laws 2019, First Special Session chapter 12, section 6, is amended to read:

93.26 Sec. 3. **COMMISSIONER OF HEALTH**

93.27				236,188,000	
93.28	Subdivision 1. Total Appropriation	\$	231,829,000	\$	<u>233,584,000</u>

93.29 Appropriations by Fund

93.30		2020	2021
93.31			126,276,000
93.32	General	124,381,000	<u>125,881,000</u>

94.1	State Government		61,367,000
94.2	Special Revenue	58,450,000	<u>59,158,000</u>
94.3	Health Care Access	37,285,000	36,832,000
94.4	Federal TANF	11,713,000	11,713,000

94.5 The amounts that may be spent for each
 94.6 purpose are specified in the following
 94.7 subdivisions.

94.8 **Subd. 2. Health Improvement**

94.9 Appropriations by Fund

94.10			96,117,000
94.11	General	94,980,000	<u>95,722,000</u>
94.12	State Government		7,558,000
94.13	Special Revenue	7,614,000	<u>6,924,000</u>
94.14	Health Care Access	37,285,000	36,832,000
94.15	Federal TANF	11,713,000	11,713,000

94.16 **(a) TANF Appropriations.** (1) \$3,579,000 in
 94.17 fiscal year 2020 and \$3,579,000 in fiscal year
 94.18 2021 are from the TANF fund for home
 94.19 visiting and nutritional services under
 94.20 Minnesota Statutes, section 145.882,
 94.21 subdivision 7, clauses (6) and (7). Funds must
 94.22 be distributed to community health boards
 94.23 according to Minnesota Statutes, section
 94.24 145A.131, subdivision 1;

94.25 (2) \$2,000,000 in fiscal year 2020 and
 94.26 \$2,000,000 in fiscal year 2021 are from the
 94.27 TANF fund for decreasing racial and ethnic
 94.28 disparities in infant mortality rates under
 94.29 Minnesota Statutes, section 145.928,
 94.30 subdivision 7;

94.31 (3) \$4,978,000 in fiscal year 2020 and
 94.32 \$4,978,000 in fiscal year 2021 are from the
 94.33 TANF fund for the family home visiting grant
 94.34 program under Minnesota Statutes, section
 94.35 145A.17. \$4,000,000 of the funding in each
 94.36 fiscal year must be distributed to community

95.1 health boards according to Minnesota Statutes,
95.2 section 145A.131, subdivision 1. \$978,000 of
95.3 the funding in each fiscal year must be
95.4 distributed to tribal governments according to
95.5 Minnesota Statutes, section 145A.14,
95.6 subdivision 2a;

95.7 (4) \$1,156,000 in fiscal year 2020 and
95.8 \$1,156,000 in fiscal year 2021 are from the
95.9 TANF fund for family planning grants under
95.10 Minnesota Statutes, section 145.925; and

95.11 (5) The commissioner may use up to 6.23
95.12 percent of the amounts appropriated from the
95.13 TANF fund each year to conduct the ongoing
95.14 evaluations required under Minnesota Statutes,
95.15 section 145A.17, subdivision 7, and training
95.16 and technical assistance as required under
95.17 Minnesota Statutes, section 145A.17,
95.18 subdivisions 4 and 5.

95.19 (b) **TANF Carryforward.** Any unexpended
95.20 balance of the TANF appropriation in the first
95.21 year of the biennium does not cancel but is
95.22 available for the second year.

95.23 (c) **Comprehensive Suicide Prevention.**
95.24 \$2,730,000 in fiscal year 2020 and \$2,730,000
95.25 in fiscal year 2021 are from the general fund
95.26 for a comprehensive, community-based suicide
95.27 prevention strategy. The funds are allocated
95.28 as follows:

95.29 (1) \$955,000 in fiscal year 2020 and \$955,000
95.30 in fiscal year 2021 are for community-based
95.31 suicide prevention grants authorized in
95.32 Minnesota Statutes, section 145.56,
95.33 subdivision 2. Specific emphasis must be
95.34 placed on those communities with the greatest

96.1 disparities. The base for this appropriation is
96.2 \$1,291,000 in fiscal year 2022 and \$1,291,000
96.3 in fiscal year 2023;

96.4 (2) \$683,000 in fiscal year 2020 and \$683,000
96.5 in fiscal year 2021 are to support
96.6 evidence-based training for educators and
96.7 school staff and purchase suicide prevention
96.8 curriculum for student use statewide, as
96.9 authorized in Minnesota Statutes, section
96.10 145.56, subdivision 2. The base for this
96.11 appropriation is \$913,000 in fiscal year 2022
96.12 and \$913,000 in fiscal year 2023;

96.13 (3) \$137,000 in fiscal year 2020 and \$137,000
96.14 in fiscal year 2021 are to implement the Zero
96.15 Suicide framework with up to 20 behavioral
96.16 and health care organizations each year to treat
96.17 individuals at risk for suicide and support
96.18 those individuals across systems of care upon
96.19 discharge. The base for this appropriation is
96.20 \$205,000 in fiscal year 2022 and \$205,000 in
96.21 fiscal year 2023;

96.22 (4) \$955,000 in fiscal year 2020 and \$955,000
96.23 in fiscal year 2021 are to develop and fund a
96.24 Minnesota-based network of National Suicide
96.25 Prevention Lifeline, providing statewide
96.26 coverage. The base for this appropriation is
96.27 \$1,321,000 in fiscal year 2022 and \$1,321,000
96.28 in fiscal year 2023; and

96.29 (5) the commissioner may retain up to 18.23
96.30 percent of the appropriation under this
96.31 paragraph to administer the comprehensive
96.32 suicide prevention strategy.

96.33 **(d) Statewide Tobacco Cessation.** \$1,598,000
96.34 in fiscal year 2020 and \$2,748,000 in fiscal

97.1 year 2021 are from the general fund for
97.2 statewide tobacco cessation services under
97.3 Minnesota Statutes, section 144.397. The base
97.4 for this appropriation is \$2,878,000 in fiscal
97.5 year 2022 and \$2,878,000 in fiscal year 2023.

97.6 **(e) Health Care Access Survey.** \$225,000 in
97.7 fiscal year 2020 and \$225,000 in fiscal year
97.8 2021 are from the health care access fund to
97.9 continue and improve the Minnesota Health
97.10 Care Access Survey. These appropriations
97.11 may be used in either year of the biennium.

97.12 **(f) Community Solutions for Healthy Child**
97.13 **Development Grant Program.** \$1,000,000
97.14 in fiscal year 2020 and \$1,000,000 in fiscal
97.15 year 2021 are for the community solutions for
97.16 healthy child development grant program to
97.17 promote health and racial equity for young
97.18 children and their families under article 11,
97.19 section 107. The commissioner may use up to
97.20 23.5 percent of the total appropriation for
97.21 administration. The base for this appropriation
97.22 is \$1,000,000 in fiscal year 2022, \$1,000,000
97.23 in fiscal year 2023, and \$0 in fiscal year 2024.

97.24 **(g) Domestic Violence and Sexual Assault**
97.25 **Prevention Program.** \$375,000 in fiscal year
97.26 2020 and \$375,000 in fiscal year 2021 are
97.27 from the general fund for the domestic
97.28 violence and sexual assault prevention
97.29 program under article 11, section 108. This is
97.30 a onetime appropriation.

97.31 **(h) Skin Lightening Products Public**
97.32 **Awareness Grant Program.** \$100,000 in
97.33 fiscal year 2020 and \$100,000 in fiscal year
97.34 2021 are from the general fund for a skin
97.35 lightening products public awareness and

98.1 education grant program. This is a onetime
 98.2 appropriation.

98.3 **(i) Cannabinoid Products Workgroup.**
 98.4 \$8,000 in fiscal year 2020 is from the state
 98.5 government special revenue fund for the
 98.6 cannabinoid products workgroup. This is a
 98.7 onetime appropriation.

98.8 **(j) Base Level Adjustments.** The general fund
 98.9 base is \$96,742,000 in fiscal year 2022 and
 98.10 \$96,742,000 in fiscal year 2023. The health
 98.11 care access fund base is \$37,432,000 in fiscal
 98.12 year 2022 and \$36,832,000 in fiscal year 2023.

98.13 **Subd. 3. Health Protection**

98.14	Appropriations by Fund		
98.15	General	18,803,000	19,774,000
98.16	State Government		53,809,000
98.17	Special Revenue	50,836,000	<u>52,234,000</u>

98.18 **(a) Public Health Laboratory Equipment.**
 98.19 \$840,000 in fiscal year 2020 and \$655,000 in
 98.20 fiscal year 2021 are from the general fund for
 98.21 equipment for the public health laboratory.
 98.22 This is a onetime appropriation and is
 98.23 available until June 30, 2023.

98.24 **(b) Base Level Adjustment.** The general fund
 98.25 base is \$19,119,000 in fiscal year 2022 and
 98.26 \$19,119,000 in fiscal year 2023. The state
 98.27 government special revenue fund base is
 98.28 \$53,782,000 in fiscal year 2022 and
 98.29 \$53,782,000 in fiscal year 2023.

98.30 **Subd. 4. Health Operations** 10,598,000 10,385,000

98.31 **Base Level Adjustment.** The general fund
 98.32 base is \$10,912,000 in fiscal year 2022 and
 98.33 \$10,912,000 in fiscal year 2023.

99.1 **EFFECTIVE DATE.** This section is effective the day following final enactment and
99.2 the reductions in subdivisions 1 to 3 are onetime reductions.

99.3 Sec. 50. Laws 2020, Seventh Special Session chapter 1, article 6, section 12, subdivision
99.4 4, is amended to read:

99.5 Subd. 4. **Housing with services establishment registration; conversion to an assisted**
99.6 **living facility license.** (a) Housing with services establishments registered under chapter
99.7 144D, providing home care services according to chapter 144A to at least one resident, and
99.8 intending to provide assisted living services on or after August 1, 2021, must submit an
99.9 application for an assisted living facility license in accordance with section 144G.12 no
99.10 later than June 1, 2021. The commissioner shall consider the application in accordance with
99.11 section ~~144G.16~~ 144G.15.

99.12 (b) Notwithstanding the housing with services contract requirements identified in section
99.13 144D.04, any existing housing with services establishment registered under chapter 144D
99.14 that does not intend to convert its registration to an assisted living facility license under this
99.15 chapter must provide written notice to its residents at least 60 days before the expiration of
99.16 its registration, or no later than May 31, 2021, whichever is earlier. The notice must:

99.17 (1) state that the housing with services establishment does not intend to convert to an
99.18 assisted living facility;

99.19 (2) include the date when the housing with services establishment will no longer provide
99.20 housing with services;

99.21 (3) include the name, e-mail address, and phone number of the individual associated
99.22 with the housing with services establishment that the recipient of home care services may
99.23 contact to discuss the notice;

99.24 (4) include the contact information consisting of the phone number, e-mail address,
99.25 mailing address, and website for the Office of Ombudsman for Long-Term Care and the
99.26 Office of Ombudsman for Mental Health and Developmental Disabilities; and

99.27 (5) for residents who receive home and community-based waiver services under section
99.28 256B.49 and chapter 256S, also be provided to the resident's case manager at the same time
99.29 that it is provided to the resident.

99.30 (c) A housing with services registrant that obtains an assisted living facility license, but
99.31 does so under a different business name as a result of reincorporation, and continues to
99.32 provide services to the recipient, is not subject to the 60-day notice required under paragraph

100.1 (b). However, the provider must otherwise provide notice to the recipient as required under
100.2 sections 144D.04 and 144D.045, as applicable, and section 144D.09.

100.3 (d) All registered housing with services establishments providing assisted living under
100.4 sections 144G.01 to 144G.07 prior to August 1, 2021, must have an assisted living facility
100.5 license under this chapter.

100.6 (e) Effective August 1, 2021, any housing with services establishment registered under
100.7 chapter 144D that has not converted its registration to an assisted living facility license
100.8 under this chapter is prohibited from providing assisted living services.

100.9 **EFFECTIVE DATE.** This section is effective retroactively from December 17, 2020.

100.10 Sec. 51. **DIRECTION TO MODIFY MARRIAGE LICENSE APPLICATIONS.**

100.11 A local registrar or a designee of the county board shall delete from the county's marriage
100.12 license application any space or other manner in which the applicant is required to specify
100.13 the applicant's race.

100.14 ARTICLE 4

100.15 HEALTH-RELATED LICENSING BOARDS

100.16 Section 1. Minnesota Statutes 2020, section 151.01, subdivision 29, is amended to read:

100.17 Subd. 29. ~~Legend Medical gas. "Legend Medical gas" means a liquid or gaseous~~
100.18 ~~substance used for medical purposes and that is required by federal law to be dispensed~~
100.19 ~~only pursuant to the prescription of a licensed practitioner~~ any gas or liquid manufactured
100.20 or stored in a liquefied, nonliquefied, or cryogenic state that:

100.21 (1) has a chemical or physical action in or on the human body or animals or is used in
100.22 conjunction with medical gas equipment; and

100.23 (2) is intended to be used for the diagnosis, cure, mitigation, treatment, or prevention of
100.24 disease.

100.25 Sec. 2. Minnesota Statutes 2020, section 151.01, is amended by adding a subdivision to
100.26 read:

100.27 Subd. 29a. **Medical gas manufacturer.** "Medical gas manufacturer" means any person:

100.28 (1) originally manufacturing a medical gas by chemical reaction, physical separation,
100.29 compression of atmospheric air, purification, or other means;

101.1 (2) filling a medical gas into a dispensing container via gas to gas, liquid to gas, or liquid
101.2 to liquid processes;

101.3 (3) combining two or more medical gases into a container to form a medically appropriate
101.4 mixture; or

101.5 (4) filling a medical gas via liquid to liquid into a final use container at the point of use.

101.6 Sec. 3. Minnesota Statutes 2020, section 151.01, is amended by adding a subdivision to
101.7 read:

101.8 Subd. 29b. **Medical gas wholesaler.** "Medical gas wholesaler" means any person who
101.9 sells a medical gas to another business or entity for the purpose of reselling or providing
101.10 that medical gas to the ultimate consumer or patient.

101.11 Sec. 4. Minnesota Statutes 2020, section 151.01, is amended by adding a subdivision to
101.12 read:

101.13 Subd. 29c. **Medical gas dispenser.** "Medical gas dispenser" means any person, other
101.14 than a licensed practitioner or pharmacy, who sells or provides a medical gas directly to the
101.15 ultimate consumer or patient via a valid prescription.

101.16 Sec. 5. [151.191] LICENSING MEDICAL GAS FACILITIES; FEES;
101.17 PROHIBITIONS.

101.18 Subdivision 1. **Medical gas manufacturers; requirements.** (a) No person shall act as
101.19 a medical gas manufacturer without first obtaining a license from the board and paying any
101.20 applicable fee specified in section 151.065.

101.21 (b) Application for a medical gas manufacturer license under this section must be made
101.22 in a manner specified by the board.

101.23 (c) A license must not be issued or renewed for a medical gas manufacturer unless the
101.24 applicant agrees to operate in a manner prescribed by federal and state law and according
101.25 to Minnesota Rules.

101.26 (d) A license must not be issued or renewed for a medical gas manufacturer that is
101.27 required to be licensed or registered by the state in which it is physically located unless the
101.28 applicant supplies the board with proof of licensure or registration. The board may establish
101.29 standards for the licensure of a medical gas manufacturer that is not required to be licensed
101.30 or registered by the state in which it is physically located.

102.1 (e) The board must require a separate license for each facility located within the state at
102.2 which medical gas manufacturing occurs and for each facility located outside of the state
102.3 at which medical gases that are shipped into the state are manufactured.

102.4 (f) Prior to the issuance of an initial or renewed license for a medical gas manufacturing
102.5 facility, the board may require the facility to pass an inspection conducted by an authorized
102.6 representative of the board. In the case of a medical gas manufacturing facility located
102.7 outside of the state, the board may require the applicant to pay the cost of the inspection,
102.8 in addition to the license fee in section 151.065, unless the applicant furnishes the board
102.9 with a report, issued by the appropriate regulatory agency of the state in which the facility
102.10 is located, of an inspection that has occurred within the 24 months immediately preceding
102.11 receipt of the license application by the board. The board may deny licensure unless the
102.12 applicant submits documentation satisfactory to the board that any deficiencies noted in an
102.13 inspection report have been corrected.

102.14 (g) A duly licensed medical gas manufacturing facility may also wholesale or dispense
102.15 any medical gas that is manufactured by the licensed facility, or manufactured or wholesaled
102.16 by another properly licensed medical gas facility, without also obtaining a medical gas
102.17 wholesaler license or medical gas dispenser registration.

102.18 (h) The filling of a medical gas into a final use container, at the point of use and by liquid
102.19 to liquid transfer, is permitted as long as the facility used as the base of operations is duly
102.20 licensed as a medical gas manufacturer.

102.21 Subd. 2. **Medical gas wholesalers; requirements.** (a) No person shall act as a medical
102.22 gas wholesaler without first obtaining a license from the board and paying any applicable
102.23 fee specified in section 151.065.

102.24 (b) Application for a medical gas wholesaler license under this section must be made in
102.25 a manner specified by the board.

102.26 (c) A license must not be issued or renewed for a medical gas wholesaler unless the
102.27 applicant agrees to operate in a manner prescribed by federal and state law and according
102.28 to Minnesota Rules.

102.29 (d) A license must not be issued or renewed for a medical gas wholesaler that is required
102.30 to be licensed or registered by the state in which it is physically located unless the applicant
102.31 supplies the board with proof of licensure or registration. The board may establish standards
102.32 for the licensure of a medical gas wholesaler that is not required to be licensed or registered
102.33 by the state in which it is physically located.

103.1 (e) The board must require a separate license for each facility located within the state at
103.2 which medical gas wholesaling occurs and for each facility located outside of the state from
103.3 which medical gases that are shipped into the state are wholesaled.

103.4 (f) Prior to the issuance of an initial or renewed license for a medical gas wholesaling
103.5 facility, the board may require the facility to pass an inspection conducted by an authorized
103.6 representative of the board. In the case of a medical gas wholesaling facility located outside
103.7 of the state, the board may require the applicant to pay the cost of the inspection, in addition
103.8 to the license fee in section 151.065, unless the applicant furnishes the board with a report,
103.9 issued by the appropriate regulatory agency of the state in which the facility is located, of
103.10 an inspection that has occurred within the 24 months immediately preceding receipt of the
103.11 license application by the board. The board may deny licensure unless the applicant submits
103.12 documentation satisfactory to the board that any deficiencies noted in an inspection report
103.13 have been corrected.

103.14 (g) A duly licensed medical gas wholesaling facility may also dispense any medical gas
103.15 that is manufactured or wholesaled by another properly licensed medical gas facility.

103.16 Subd. 3. **Medical gas dispensers; requirements.** (a) A person or establishment not
103.17 licensed as a pharmacy, practitioner, medical gas manufacturer, or medical gas dispenser
103.18 must not engage in the dispensing of medical gases without first obtaining a registration
103.19 from the board and paying the applicable fee specified in section 151.065. The registration
103.20 must be displayed in a conspicuous place in the business for which it is issued and expires
103.21 on the date set by the board.

103.22 (b) Application for a medical gas dispenser registration under this section must be made
103.23 in a manner specified by the board.

103.24 (c) A registration must not be issued or renewed for a medical gas dispenser located
103.25 within the state unless the applicant agrees to operate in a manner prescribed by federal and
103.26 state law and according to the rules adopted by the board. A license must not be issued for
103.27 a medical gas dispenser located outside of the state unless the applicant agrees to operate
103.28 in a manner prescribed by federal law and, when dispensing medical gases for residents of
103.29 this state, the laws of this state and Minnesota Rules.

103.30 (d) A registration must not be issued or renewed for a medical gas dispenser that is
103.31 required to be licensed or registered by the state in which it is physically located unless the
103.32 applicant supplies the board with proof of the licensure or registration. The board may
103.33 establish standards for the registration of a medical gas dispenser that is not required to be
103.34 licensed or registered by the state in which it is physically located.

104.1 (e) The board must require a separate registration for each medical gas dispenser located
104.2 within the state and for each facility located outside of the state from which medical gases
104.3 are dispensed to residents of this state.

104.4 (f) Prior to the issuance of an initial or renewed registration for a medical gas dispenser,
104.5 the board may require the medical gas dispenser to pass an inspection conducted by an
104.6 authorized representative of the board. In the case of a medical gas dispenser located outside
104.7 of the state, the board may require the applicant to pay the cost of the inspection, in addition
104.8 to the license fee in section 151.065, unless the applicant furnishes the board with a report,
104.9 issued by the appropriate regulatory agency of the state in which the facility is located, of
104.10 an inspection that has occurred within the 24 months immediately preceding receipt of the
104.11 license application by the board. The board may deny licensure unless the applicant submits
104.12 documentation satisfactory to the board that any deficiencies noted in an inspection report
104.13 have been corrected.

104.14 (g) A facility holding a medical gas dispenser registration must not engage in the
104.15 manufacturing or wholesaling of medical gases, except that a medical gas dispenser may
104.16 transfer medical gases from one of its duly registered facilities to other duly registered
104.17 medical gas manufacturing, wholesaling, or dispensing facilities owned or operated by that
104.18 same company, without requiring a medical gas wholesaler license.

104.19 Sec. 6. **REPEALER.**

104.20 Minnesota Statutes 2020, section 151.19, subdivision 3, is repealed.

104.21 **ARTICLE 5**
104.22 **PRESCRIPTION DRUGS**

104.23 Section 1. Minnesota Statutes 2020, section 62W.11, is amended to read:

104.24 **62W.11 GAG CLAUSE PROHIBITION.**

104.25 (a) No contract between a pharmacy benefit manager or health carrier and a pharmacy
104.26 or pharmacist shall prohibit, restrict, or penalize a pharmacy or pharmacist from disclosing
104.27 to an enrollee any health care information that the pharmacy or pharmacist deems appropriate
104.28 regarding the nature of treatment; the risks or alternatives; the availability of alternative
104.29 therapies, consultations, or tests; the decision of utilization reviewers or similar persons to
104.30 authorize or deny services; the process that is used to authorize or deny health care services
104.31 or benefits; or information on financial incentives and structures used by the health carrier
104.32 or pharmacy benefit manager.

105.1 (b) A pharmacy or pharmacist must provide to an enrollee information regarding the
105.2 enrollee's total cost for each prescription drug dispensed where part or all of the cost of the
105.3 prescription is being paid or reimbursed by the employer-sponsored plan or by a health
105.4 carrier or pharmacy benefit manager, in accordance with section 151.214, subdivision 1.

105.5 (c) A pharmacy benefit manager or health carrier must not prohibit a pharmacist or
105.6 pharmacy from discussing information regarding the total cost for pharmacy services for a
105.7 prescription drug, including the patient's co-payment amount ~~and~~, the pharmacy's own usual
105.8 and customary price ~~of for~~ for the prescription drug, the pharmacy's acquisition cost for the
105.9 prescription drug, and the amount the pharmacy is being reimbursed by the pharmacy benefit
105.10 manager or health carrier for the prescription drug.

105.11 (d) A pharmacy benefit manager must not prohibit a pharmacist or pharmacy from
105.12 discussing with a health carrier the amount the pharmacy is being paid or reimbursed for a
105.13 prescription drug by the pharmacy benefit manager or the pharmacy's acquisition cost for
105.14 a prescription drug.

105.15 ~~(d)~~ (e) A pharmacy benefit manager or health carrier must not prohibit a pharmacist or
105.16 pharmacy from discussing the availability of any therapeutically equivalent alternative
105.17 prescription drugs or alternative methods for purchasing the prescription drug, including
105.18 but not limited to paying out-of-pocket the pharmacy's usual and customary price when that
105.19 amount is less expensive to the enrollee than the amount the enrollee is required to pay for
105.20 the prescription drug under the enrollee's health plan.

105.21 Sec. 2. Minnesota Statutes 2020, section 151.555, subdivision 1, is amended to read:

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

105.24 (b) "Central repository" means a wholesale distributor that meets the requirements under
105.25 subdivision 3 and enters into a contract with the Board of Pharmacy in accordance with this
105.26 section.

105.27 (c) "Distribute" means to deliver, other than by administering or dispensing.

105.28 (d) "Donor" means:

105.29 (1) a health care facility as defined in this subdivision;

105.30 (2) a skilled nursing facility licensed under chapter 144A;

105.31 (3) an assisted living facility registered under chapter 144D where there is centralized
105.32 storage of drugs and 24-hour on-site licensed nursing coverage provided seven days a week;

106.1 (4) a pharmacy licensed under section 151.19, and located either in the state or outside
106.2 the state;

106.3 (5) a drug wholesaler licensed under section 151.47;

106.4 (6) a drug manufacturer licensed under section 151.252; or

106.5 (7) an individual at least 18 years of age, provided that the drug or medical supply that
106.6 is donated was obtained legally and meets the requirements of this section for donation.

106.7 (e) "Drug" means any prescription drug that has been approved for medical use in the
106.8 United States, is listed in the United States Pharmacopoeia or National Formulary, and
106.9 meets the criteria established under this section for donation; or any over-the-counter
106.10 medication that meets the criteria established under this section for donation. This definition
106.11 includes cancer drugs and antirejection drugs, but does not include controlled substances,
106.12 as defined in section 152.01, subdivision 4, or a prescription drug that can only be dispensed
106.13 to a patient registered with the drug's manufacturer in accordance with federal Food and
106.14 Drug Administration requirements.

106.15 (f) "Health care facility" means:

106.16 (1) a physician's office or health care clinic where licensed practitioners provide health
106.17 care to patients;

106.18 (2) a hospital licensed under section 144.50;

106.19 (3) a pharmacy licensed under section 151.19 and located in Minnesota; or

106.20 (4) a nonprofit community clinic, including a federally qualified health center; a rural
106.21 health clinic; public health clinic; or other community clinic that provides health care utilizing
106.22 a sliding fee scale to patients who are low-income, uninsured, or underinsured.

106.23 (g) "Local repository" means a health care facility that elects to accept donated drugs
106.24 and medical supplies and meets the requirements of subdivision 4.

106.25 (h) "Medical supplies" or "supplies" means any prescription and nonprescription medical
106.26 supplies needed to administer a prescription drug.

106.27 (i) "Original, sealed, unopened, tamper-evident packaging" means packaging that is
106.28 sealed, unopened, and tamper-evident, including a manufacturer's original unit dose or
106.29 unit-of-use container, a repackager's original unit dose or unit-of-use container, or unit-dose
106.30 packaging prepared by a licensed pharmacy according to the standards of Minnesota Rules,
106.31 part 6800.3750.

107.1 (j) "Practitioner" has the meaning given in section 151.01, subdivision 23, except that
107.2 it does not include a veterinarian.

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

107.4 Sec. 3. Minnesota Statutes 2020, section 151.555, subdivision 7, is amended to read:

107.5 Subd. 7. **Standards and procedures for inspecting and storing donated prescription**
107.6 **drugs and supplies.** (a) A pharmacist or authorized practitioner who is employed by or
107.7 under contract with the central repository or a local repository shall inspect all donated
107.8 prescription drugs and supplies before the drug or supply is dispensed to determine, to the
107.9 extent reasonably possible in the professional judgment of the pharmacist or practitioner,
107.10 that the drug or supply is not adulterated or misbranded, has not been tampered with, is safe
107.11 and suitable for dispensing, has not been subject to a recall, and meets the requirements for
107.12 donation. The pharmacist or practitioner who inspects the drugs or supplies shall sign an
107.13 inspection record stating that the requirements for donation have been met. If a local
107.14 repository receives drugs and supplies from the central repository, the local repository does
107.15 not need to reinspect the drugs and supplies.

107.16 (b) The central repository and local repositories shall store donated drugs and supplies
107.17 in a secure storage area under environmental conditions appropriate for the drug or supply
107.18 being stored. Donated drugs and supplies may not be stored with nondonated inventory. ~~If~~
107.19 ~~donated drugs or supplies are not inspected immediately upon receipt, a repository must~~
107.20 ~~quarantine the donated drugs or supplies separately from all dispensing stock until the~~
107.21 ~~donated drugs or supplies have been inspected and (1) approved for dispensing under the~~
107.22 ~~program; (2) disposed of pursuant to paragraph (c); or (3) returned to the donor pursuant to~~
107.23 ~~paragraph (d).~~

107.24 (c) The central repository and local repositories shall dispose of all prescription drugs
107.25 and medical supplies that are not suitable for donation in compliance with applicable federal
107.26 and state statutes, regulations, and rules concerning hazardous waste.

107.27 (d) In the event that controlled substances or prescription drugs that can only be dispensed
107.28 to a patient registered with the drug's manufacturer are shipped or delivered to a central or
107.29 local repository for donation, the shipment delivery must be documented by the repository
107.30 and returned immediately to the donor or the donor's representative that provided the drugs.

107.31 (e) Each repository must develop drug and medical supply recall policies and procedures.
107.32 If a repository receives a recall notification, the repository shall destroy all of the drug or
107.33 medical supply in its inventory that is the subject of the recall and complete a record of

108.1 destruction form in accordance with paragraph (f). If a drug or medical supply that is the
108.2 subject of a Class I or Class II recall has been dispensed, the repository shall immediately
108.3 notify the recipient of the recalled drug or medical supply. A drug that potentially is subject
108.4 to a recall need not be destroyed if its packaging bears a lot number and that lot of the drug
108.5 is not subject to the recall. If no lot number is on the drug's packaging, it must be destroyed.

108.6 (f) A record of destruction of donated drugs and supplies that are not dispensed under
108.7 subdivision 8, are subject to a recall under paragraph (e), or are not suitable for donation
108.8 shall be maintained by the repository for at least ~~five~~ two years. For each drug or supply
108.9 destroyed, the record shall include the following information:

108.10 (1) the date of destruction;

108.11 (2) the name, strength, and quantity of the drug destroyed; and

108.12 (3) the name of the person or firm that destroyed the drug.

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

108.14 Sec. 4. Minnesota Statutes 2020, section 151.555, subdivision 11, is amended to read:

108.15 Subd. 11. **Forms and record-keeping requirements.** (a) The following forms developed
108.16 for the administration of this program shall be utilized by the participants of the program
108.17 and shall be available on the board's website:

108.18 (1) intake application form described under subdivision 5;

108.19 (2) local repository participation form described under subdivision 4;

108.20 (3) local repository withdrawal form described under subdivision 4;

108.21 (4) drug repository donor form described under subdivision 6;

108.22 (5) record of destruction form described under subdivision 7; and

108.23 (6) drug repository recipient form described under subdivision 8.

108.24 (b) All records, including drug inventory, inspection, and disposal of donated prescription
108.25 drugs and medical supplies, must be maintained by a repository for a minimum of ~~five~~ two
108.26 years. Records required as part of this program must be maintained pursuant to all applicable
108.27 practice acts.

108.28 (c) Data collected by the drug repository program from all local repositories shall be
108.29 submitted quarterly or upon request to the central repository. Data collected may consist of
108.30 the information, records, and forms required to be collected under this section.

109.1 (d) The central repository shall submit reports to the board as required by the contract
109.2 or upon request of the board.

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

109.4 Sec. 5. Minnesota Statutes 2020, section 151.555, is amended by adding a subdivision to
109.5 read:

109.6 Subd. 14. **Cooperation.** The central repository, as approved by the Board of Pharmacy,
109.7 may enter into an agreement with another state that has an established drug repository or
109.8 drug donation program if the other state's program includes regulations to ensure the purity,
109.9 integrity, and safety of the drugs and supplies donated, to permit the central repository to
109.10 offer to another state program inventory that is not needed by a Minnesota resident and to
109.11 accept inventory from another state program to be distributed to local repositories and
109.12 dispensed to Minnesota residents in accordance with this program.

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

109.14 **ARTICLE 6**
109.15 **HEALTH INSURANCE**

109.16 Section 1. **[62Q.097] REQUIREMENTS FOR TIMELY PROVIDER**
109.17 **CREDENTIALING.**

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

109.19 (b) "Clean application for provider credentialing" or "clean application" means an
109.20 application for provider credentialing submitted by a health care provider to a health plan
109.21 company that is complete, is in the format required by the health plan company, and includes
109.22 all information and substantiation required by the health plan company and does not require
109.23 evaluation of any identified potential quality or safety concern.

109.24 (c) "Provider credentialing" means the process undertaken by a health plan company to
109.25 evaluate and approve a health care provider's education, training, residency, licenses,
109.26 certifications, and history of significant quality or safety concerns in order to approve the
109.27 health care provider to provide health care services to patients at a clinic or facility.

109.28 Subd. 2. **Time limit for credentialing determination.** A health plan company that
109.29 receives an application for provider credentialing must:

109.30 (1) if the application is determined to be a clean application for provider credentialing
109.31 and if the health care provider submitting the application or the clinic or facility at which

110.1 the health care provider provides services requests the information, affirm that the health
 110.2 care provider's application is a clean application and notify the health care provider or clinic
 110.3 or facility of the date by which the health plan company will make a determination on the
 110.4 health care provider's application;

110.5 (2) if the application is determined not to be a clean application, inform the health care
 110.6 provider of the application's deficiencies or missing information or substantiation within
 110.7 three business days after the health plan company determines the application is not a clean
 110.8 application; and

110.9 (3) make a determination on the health care provider's clean application within 45 days
 110.10 after receiving the clean application unless the health plan company identifies a substantive
 110.11 quality or safety concern in the course of provider credentialing that requires further
 110.12 investigation. Upon notice to the health care provider, clinic, or facility, the health plan
 110.13 company is allowed 30 additional days to investigate any quality or safety concerns.

110.14 **EFFECTIVE DATE.** This section applies to applications for provider credentialing
 110.15 submitted to a health plan company on or after January 1, 2022.

110.16 **ARTICLE 7**

110.17 **TELEHEALTH**

110.18 Section 1. Minnesota Statutes 2020, section 256J.08, subdivision 21, is amended to read:

110.19 Subd. 21. **Date of application.** "Date of application" means the date on which the county
 110.20 agency receives an applicant's ~~signed~~ application as a signed written application, an
 110.21 application submitted by telephone, or an application submitted through Internet telepresence.

110.22 Sec. 2. Minnesota Statutes 2020, section 256J.09, subdivision 3, is amended to read:

110.23 Subd. 3. **Submitting application form.** (a) A county agency must offer, in person or
 110.24 by mail, the application forms prescribed by the commissioner as soon as a person makes
 110.25 a written or oral inquiry. At that time, the county agency must:

110.26 (1) inform the person that assistance begins ~~with~~ on the date ~~that~~ the signed application
 110.27 is received by the county agency either as a signed written application; an application
 110.28 submitted by telephone; or an application submitted through Internet telepresence; or on
 110.29 the date that all eligibility criteria are met, whichever is later;

110.30 (2) inform a person that the person may submit the application by telephone or through
 110.31 Internet telepresence;

111.1 (3) inform a person that when the person submits the application by telephone or through
 111.2 Internet telepresence, the county agency must receive a signed written application within
 111.3 30 days of the date that the person submitted the application by telephone or through Internet
 111.4 telepresence;

111.5 ~~(2)~~ (4) inform the person that any delay in submitting the application will reduce the
 111.6 amount of assistance paid for the month of application;

111.7 ~~(3)~~ (5) inform a person that the person may submit the application before an interview;

111.8 ~~(4)~~ (6) explain the information that will be verified during the application process by
 111.9 the county agency as provided in section 256J.32;

111.10 ~~(5)~~ (7) inform a person about the county agency's average application processing time
 111.11 and explain how the application will be processed under subdivision 5;

111.12 ~~(6)~~ (8) explain how to contact the county agency if a person's application information
 111.13 changes and how to withdraw the application;

111.14 ~~(7)~~ (9) inform a person that the next step in the application process is an interview and
 111.15 what a person must do if the application is approved including, but not limited to, attending
 111.16 orientation under section 256J.45 and complying with employment and training services
 111.17 requirements in sections 256J.515 to 256J.57;

111.18 ~~(8)~~ (10) inform the person that ~~the an~~ an interview must be conducted. The interview may
 111.19 be conducted face-to-face in the county office or at a location mutually agreed upon, through
 111.20 Internet telepresence, or at a location mutually agreed upon by telephone;

111.21 ~~(9) inform a person who has received MFIP or DWP in the past 12 months of the option~~
 111.22 ~~to have a face-to-face, Internet telepresence, or telephone interview;~~

111.23 ~~(10)~~ (11) explain the child care and transportation services that are available under
 111.24 paragraph (c) to enable caregivers to attend the interview, screening, and orientation; and

111.25 ~~(11)~~ (12) identify any language barriers and arrange for translation assistance during
 111.26 appointments, including, but not limited to, screening under subdivision 3a, orientation
 111.27 under section 256J.45, and assessment under section 256J.521.

111.28 (b) Upon receipt of a signed application, the county agency must stamp the date of receipt
 111.29 on the face of the application. The county agency must process the application within the
 111.30 time period required under subdivision 5. An applicant may withdraw the application at
 111.31 any time by giving written or oral notice to the county agency. The county agency must
 111.32 issue a written notice confirming the withdrawal. The notice must inform the applicant of

112.1 the county agency's understanding that the applicant has withdrawn the application and no
112.2 longer wants to pursue it. When, within ten days of the date of the agency's notice, an
112.3 applicant informs a county agency, in writing, that the applicant does not wish to withdraw
112.4 the application, the county agency must reinstate the application and finish processing the
112.5 application.

112.6 (c) Upon a participant's request, the county agency must arrange for transportation and
112.7 child care or reimburse the participant for transportation and child care expenses necessary
112.8 to enable participants to attend the screening under subdivision 3a and orientation under
112.9 section 256J.45.

112.10 Sec. 3. Minnesota Statutes 2020, section 256J.45, subdivision 1, is amended to read:

112.11 Subdivision 1. **County agency to provide orientation.** A county agency must provide
112.12 ~~a face-to-face~~ an orientation to each MFIP caregiver unless the caregiver is:

112.13 (1) a single parent, or one parent in a two-parent family, employed at least 35 hours per
112.14 week; or

112.15 (2) a second parent in a two-parent family who is employed for 20 or more hours per
112.16 week provided the first parent is employed at least 35 hours per week.

112.17 The county agency must inform caregivers who are not exempt under clause (1) or (2) that
112.18 failure to attend the orientation is considered an occurrence of noncompliance with program
112.19 requirements, and will result in the imposition of a sanction under section 256J.46. If the
112.20 client complies with the orientation requirement prior to the first day of the month in which
112.21 the grant reduction is proposed to occur, the orientation sanction shall be lifted.

112.22 Sec. 4. Minnesota Statutes 2020, section 256J.95, subdivision 5, is amended to read:

112.23 Subd. 5. **Submitting application form.** The eligibility date for the diversionary work
112.24 program begins ~~with~~ on the date ~~that~~ the signed combined application form (CAF) is received
112.25 by the county agency either as a signed written application; an application submitted by
112.26 telephone; or an application submitted through Internet telepresence; or on the date that
112.27 diversionary work program eligibility criteria are met, whichever is later. The county agency
112.28 must inform an applicant that when the applicant submits the application by telephone or
112.29 through Internet telepresence, the county agency must receive a signed written application
112.30 within 30 days of the date that the applicant submitted the application by telephone or
112.31 through Internet telepresence. The county agency must inform the applicant that any delay
112.32 in submitting the application will reduce the benefits paid for the month of application. The

113.1 county agency must inform a person that an application may be submitted before the person
113.2 has an interview appointment. Upon receipt of a signed application, the county agency must
113.3 stamp the date of receipt on the face of the application. The applicant may withdraw the
113.4 application at any time prior to approval by giving written or oral notice to the county
113.5 agency. The county agency must follow the notice requirements in section 256J.09,
113.6 subdivision 3, when issuing a notice confirming the withdrawal.

113.7 ARTICLE 8

113.8 ECONOMIC SUPPORTS

113.9 Section 1. Minnesota Statutes 2020, section 256E.34, subdivision 1, is amended to read:

113.10 Subdivision 1. **Distribution of appropriation.** The commissioner must distribute funds
113.11 appropriated to the commissioner by law for that purpose to Hunger Solutions, a statewide
113.12 association of food shelves organized as a nonprofit corporation as defined under section
113.13 501(c)(3) of the Internal Revenue Code of 1986, to distribute to qualifying food shelves. A
113.14 food shelf qualifies under this section if:

113.15 (1) it is a nonprofit corporation, or is affiliated with a nonprofit corporation, as defined
113.16 in section 501(c)(3) of the Internal Revenue Code of 1986 or a federally recognized Tribal
113.17 nation;

113.18 (2) it distributes standard food orders without charge to needy individuals. The standard
113.19 food order must consist of at least a two-day supply or six pounds per person of nutritionally
113.20 balanced food items;

113.21 (3) it does not limit food distributions to individuals of a particular religious affiliation,
113.22 race, or other criteria unrelated to need or to requirements necessary to administration of a
113.23 fair and orderly distribution system;

113.24 (4) it does not use the money received or the food distribution program to foster or
113.25 advance religious or political views; and

113.26 (5) it has a stable address and directly serves individuals.

113.27 **EFFECTIVE DATE.** This section is effective July 1, 2021.

113.28 Sec. 2. Minnesota Statutes 2020, section 256J.30, subdivision 8, is amended to read:

113.29 Subd. 8. **Late MFIP household report forms.** (a) Paragraphs (b) to (e) apply to the
113.30 reporting requirements in subdivision 7.

114.1 (b) When the county agency receives an incomplete MFIP household report form, the
114.2 county agency must immediately ~~return the incomplete form and clearly state what the~~
114.3 ~~caregiver must do for the form to be complete~~ contact the caregiver by phone or in writing
114.4 to acquire the necessary information to complete the form.

114.5 (c) The automated eligibility system must send a notice of proposed termination of
114.6 assistance to the assistance unit if a complete MFIP household report form is not received
114.7 by a county agency. The automated notice must be mailed to the caregiver by approximately
114.8 the 16th of the month. When a caregiver submits an incomplete form on or after the date a
114.9 notice of proposed termination has been sent, the termination is valid unless the caregiver
114.10 submits a complete form before the end of the month.

114.11 (d) An assistance unit required to submit an MFIP household report form is considered
114.12 to have continued its application for assistance if a complete MFIP household report form
114.13 is received within a calendar month after the month in which the form was due and assistance
114.14 shall be paid for the period beginning with the first day of that calendar month.

114.15 (e) A county agency must allow good cause exemptions from the reporting requirements
114.16 under subdivision 5 when any of the following factors cause a caregiver to fail to provide
114.17 the county agency with a completed MFIP household report form before the end of the
114.18 month in which the form is due:

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

114.20 (2) a county agency does not help a caregiver complete the MFIP household report form
114.21 when the caregiver asks for help;

114.22 (3) a caregiver does not receive an MFIP household report form due to mistake on the
114.23 part of the department or the county agency or due to a reported change in address;

114.24 (4) a caregiver is ill, or physically or mentally incapacitated; or

114.25 (5) some other circumstance occurs that a caregiver could not avoid with reasonable
114.26 care which prevents the caregiver from providing a completed MFIP household report form
114.27 before the end of the month in which the form is due.

114.28 **EFFECTIVE DATE.** This section is effective July 1, 2021.

114.29 Sec. 3. Minnesota Statutes 2020, section 256J.626, subdivision 1, is amended to read:

114.30 Subdivision 1. **Consolidated fund.** The consolidated fund is established to support
114.31 counties and tribes in meeting their duties under this chapter. Counties and tribes must use
114.32 funds from the consolidated fund to develop programs and services that are designed to

115.1 improve participant outcomes as measured in section 256J.751, subdivision 2. Counties and
115.2 tribes that administer MFIP eligibility may use the funds for any allowable expenditures
115.3 under subdivision 2, including case management. Tribes that do not administer MFIP
115.4 eligibility may use the funds for any allowable expenditures under subdivision 2, including
115.5 case management, except those in subdivision 2, paragraph (a), clauses (1) and (6). All
115.6 payments made through the MFIP consolidated fund to support a caregiver's pursuit of
115.7 greater economic stability does not count when determining a family's available income.

115.8 **EFFECTIVE DATE.** This section is effective July 1, 2021.

115.9 **ARTICLE 9**
115.10 **CHILD PROTECTION**

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

115.12 Subd. 16. **Permanent legal and physical custody.** "Permanent legal and physical
115.13 custody" means: (1) a full transfer of permanent legal and physical custody of a child ordered
115.14 by a Minnesota juvenile court under section 260C.515, subdivision 4, to a relative ~~ordered~~
115.15 by a Minnesota juvenile court under section 260C.515, subdivision 4, who is not the child's
115.16 parent as defined in section 260C.007, subdivision 25; or (2) for a child under jurisdiction
115.17 of a tribal court, a judicial determination under a similar provision in tribal code which
115.18 means that a relative will assume the duty and authority to provide care, control, and
115.19 protection of a child who is residing in foster care, and to make decisions regarding the
115.20 child's education, health care, and general welfare until adulthood. To establish eligibility
115.21 for Northstar kinship assistance, permanent legal and physical custody does not include
115.22 joint legal custody, joint physical custody, or joint legal and joint physical custody of a child
115.23 shared by the child's parent and relative custodian.

115.24 Sec. 2. Minnesota Statutes 2020, section 256N.02, subdivision 17, is amended to read:

115.25 Subd. 17. **Reassessment.** "Reassessment" means an update of a previous assessment
115.26 through the process under section 256N.24 for a child who has been continuously eligible
115.27 for Northstar Care for Children, or when a child identified as an at-risk child (Level A)
115.28 under ~~guardianship~~ or adoption assistance has manifested the disability upon which eligibility
115.29 for the agreement was based according to section 256N.25, subdivision 3, paragraph (b).
115.30 A reassessment may be used to update an initial assessment, a special assessment, or a
115.31 previous reassessment.

116.1 Sec. 3. Minnesota Statutes 2020, section 256N.22, subdivision 1, is amended to read:

116.2 Subdivision 1. **General eligibility requirements.** (a) To be eligible for Northstar kinship
116.3 assistance under this section, there must be a judicial determination under section 260C.515,
116.4 subdivision 4, that a transfer of permanent legal and physical custody to a relative who is
116.5 not the child's parent is in the child's best interest. For a child under jurisdiction of a tribal
116.6 court, a judicial determination under a similar provision in tribal code indicating that a
116.7 relative will assume the duty and authority to provide care, control, and protection of a child
116.8 who is residing in foster care, and to make decisions regarding the child's education, health
116.9 care, and general welfare until adulthood, and that this is in the child's best interest is
116.10 considered equivalent. A child whose parent shares legal, physical, or legal and physical
116.11 custody of the child with a relative custodian is not eligible for Northstar kinship assistance.

116.12 Additionally, a child must:

116.13 (1) have been removed from the child's home pursuant to a voluntary placement
116.14 agreement or court order;

116.15 (2)(i) have resided with the prospective relative custodian who has been a licensed child
116.16 foster parent for at least six consecutive months; or

116.17 (ii) have received from the commissioner an exemption from the requirement in item

116.18 (i) that the prospective relative custodian has been a licensed child foster parent for at least
116.19 six consecutive months, based on a determination that:

116.20 (A) an expedited move to permanency is in the child's best interest;

116.21 (B) expedited permanency cannot be completed without provision of Northstar kinship
116.22 assistance;

116.23 (C) the prospective relative custodian is uniquely qualified to meet the child's needs, as
116.24 defined in section 260C.212, subdivision 2, on a permanent basis;

116.25 (D) the child and prospective relative custodian meet the eligibility requirements of this
116.26 section; and

116.27 (E) efforts were made by the legally responsible agency to place the child with the
116.28 prospective relative custodian as a licensed child foster parent for six consecutive months
116.29 before permanency, or an explanation why these efforts were not in the child's best interests;

116.30 (3) meet the agency determinations regarding permanency requirements in subdivision
116.31 2;

116.32 (4) meet the applicable citizenship and immigration requirements in subdivision 3;

117.1 (5) have been consulted regarding the proposed transfer of permanent legal and physical
117.2 custody to a relative, if the child is at least 14 years of age or is expected to attain 14 years
117.3 of age prior to the transfer of permanent legal and physical custody; and

117.4 (6) have a written, binding agreement under section 256N.25 among the caregiver or
117.5 caregivers, the financially responsible agency, and the commissioner established prior to
117.6 transfer of permanent legal and physical custody.

117.7 (b) In addition to the requirements in paragraph (a), the child's prospective relative
117.8 custodian or custodians must meet the applicable background study requirements in
117.9 subdivision 4.

117.10 (c) To be eligible for title IV-E Northstar kinship assistance, a child must also meet any
117.11 additional criteria in section 473(d) of the Social Security Act. The sibling of a child who
117.12 meets the criteria for title IV-E Northstar kinship assistance in section 473(d) of the Social
117.13 Security Act is eligible for title IV-E Northstar kinship assistance if the child and sibling
117.14 are placed with the same prospective relative custodian or custodians, and the legally
117.15 responsible agency, relatives, and commissioner agree on the appropriateness of the
117.16 arrangement for the sibling. A child who meets all eligibility criteria except those specific
117.17 to title IV-E Northstar kinship assistance is entitled to Northstar kinship assistance paid
117.18 through funds other than title IV-E.

117.19 Sec. 4. Minnesota Statutes 2020, section 256N.23, subdivision 2, is amended to read:

117.20 Subd. 2. **Special needs determination.** (a) A child is considered a child with special
117.21 needs under this section if the requirements in paragraphs (b) to (g) are met.

117.22 (b) There must be a determination that the child must not or should not be returned to
117.23 the home of the child's parents as evidenced by:

117.24 (1) a court-ordered termination of parental rights;

117.25 (2) a petition to terminate parental rights;

117.26 (3) consent of the child's parent to adoption accepted by the court under chapter 260C
117.27 or, in the case of a child receiving Northstar kinship assistance payments under section
117.28 256N.22, consent of the child's parent to the child's adoption executed under chapter 259;

117.29 (4) in circumstances when tribal law permits the child to be adopted without a termination
117.30 of parental rights, a judicial determination by a tribal court indicating the valid reason why
117.31 the child cannot or should not return home;

118.1 (5) a voluntary relinquishment under section 259.25 ~~or 259.47~~ or, if relinquishment
118.2 occurred in another state, the applicable laws in that state; or

118.3 (6) the death of the legal parent or parents if the child has two legal parents.

118.4 (c) There exists a specific factor or condition of which it is reasonable to conclude that
118.5 the child cannot be placed with adoptive parents without providing adoption assistance as
118.6 evidenced by:

118.7 (1) a determination by the Social Security Administration that the child meets all medical
118.8 or disability requirements of title XVI of the Social Security Act with respect to eligibility
118.9 for Supplemental Security Income benefits;

118.10 (2) a documented physical, mental, emotional, or behavioral disability not covered under
118.11 clause (1);

118.12 (3) a member of a sibling group being adopted at the same time by the same parent;

118.13 (4) an adoptive placement in the home of a parent who previously adopted a sibling for
118.14 whom they receive adoption assistance; or

118.15 (5) documentation that the child is an at-risk child.

118.16 (d) A reasonable but unsuccessful effort must have been made to place the child with
118.17 adoptive parents without providing adoption assistance as evidenced by:

118.18 (1) a documented search for an appropriate adoptive placement; or

118.19 (2) a determination by the commissioner that a search under clause (1) is not in the best
118.20 interests of the child.

118.21 (e) The requirement for a documented search for an appropriate adoptive placement
118.22 under paragraph (d), including the registration of the child with the state adoption exchange
118.23 and other recruitment methods under paragraph (f), must be waived if:

118.24 (1) the child is being adopted by a relative and it is determined by the child-placing
118.25 agency that adoption by the relative is in the best interests of the child;

118.26 (2) the child is being adopted by a foster parent with whom the child has developed
118.27 significant emotional ties while in the foster parent's care as a foster child and it is determined
118.28 by the child-placing agency that adoption by the foster parent is in the best interests of the
118.29 child; or

119.1 (3) the child is being adopted by a parent that previously adopted a sibling of the child,
119.2 and it is determined by the child-placing agency that adoption by this parent is in the best
119.3 interests of the child.

119.4 For an Indian child covered by the Indian Child Welfare Act, a waiver must not be
119.5 granted unless the child-placing agency has complied with the placement preferences required
119.6 by the Indian Child Welfare Act, United States Code, title 25, section 1915(a).

119.7 (f) To meet the requirement of a documented search for an appropriate adoptive placement
119.8 under paragraph (d), clause (1), the child-placing agency minimally must:

119.9 (1) conduct a relative search as required by section 260C.221 and give consideration to
119.10 placement with a relative, as required by section 260C.212, subdivision 2;

119.11 (2) comply with the placement preferences required by the Indian Child Welfare Act
119.12 when the Indian Child Welfare Act, United States Code, title 25, section 1915(a), applies;

119.13 (3) locate prospective adoptive families by registering the child on the state adoption
119.14 exchange, as required under section 259.75; and

119.15 (4) if registration with the state adoption exchange does not result in the identification
119.16 of an appropriate adoptive placement, the agency must employ additional recruitment
119.17 methods prescribed by the commissioner.

119.18 (g) Once the legally responsible agency has determined that placement with an identified
119.19 parent is in the child's best interests and made full written disclosure about the child's social
119.20 and medical history, the agency must ask the prospective adoptive parent if the prospective
119.21 adoptive parent is willing to adopt the child without receiving adoption assistance under
119.22 this section. If the identified parent is either unwilling or unable to adopt the child without
119.23 adoption assistance, the legally responsible agency must provide documentation as prescribed
119.24 by the commissioner to fulfill the requirement to make a reasonable effort to place the child
119.25 without adoption assistance. If the identified parent is willing to adopt the child without
119.26 adoption assistance, the parent must provide a written statement to this effect to the legally
119.27 responsible agency and the statement must be maintained in the permanent adoption record
119.28 of the legally responsible agency. For children under guardianship of the commissioner,
119.29 the legally responsible agency shall submit a copy of this statement to the commissioner to
119.30 be maintained in the permanent adoption record.

119.31 Sec. 5. Minnesota Statutes 2020, section 256N.23, subdivision 6, is amended to read:

119.32 Subd. 6. **Exclusions.** The commissioner must not enter into an adoption assistance
119.33 agreement with the following individuals:

- 120.1 (1) a child's biological parent or stepparent;
- 120.2 (2) a child's relative under section 260C.007, subdivision 26b or 27, with whom the
120.3 child resided immediately prior to child welfare involvement unless:
- 120.4 (i) the child was in the custody of a Minnesota county or tribal agency pursuant to an
120.5 order under chapter 260C or equivalent provisions of tribal code and the agency had
120.6 placement and care responsibility for permanency planning for the child; and
- 120.7 (ii) the child is under guardianship of the commissioner of human services according to
120.8 the requirements of section 260C.325, subdivision 1 or 3, or is a ward of a Minnesota tribal
120.9 court after termination of parental rights, suspension of parental rights, or a finding by the
120.10 tribal court that the child cannot safely return to the care of the parent;
- 120.11 (3) an individual adopting a child who is the subject of a direct adoptive placement under
120.12 section 259.47 or the equivalent in tribal code;
- 120.13 (4) a child's legal custodian or guardian who is now adopting the child, except for a
120.14 relative custodian as defined in section 256N.02, subdivision 19, who is currently receiving
120.15 Northstar kinship assistance benefits on behalf of the child; or
- 120.16 (5) an individual who is adopting a child who is not a citizen or resident of the United
120.17 States and was either adopted in another country or brought to the United States for the
120.18 purposes of adoption.

120.19 Sec. 6. Minnesota Statutes 2020, section 256N.24, subdivision 1, is amended to read:

120.20 Subdivision 1. **Assessment.** (a) Each child eligible under sections 256N.21, 256N.22,
120.21 and 256N.23, must be assessed to determine the benefits the child may receive under section
120.22 256N.26, in accordance with the assessment tool, process, and requirements specified in
120.23 subdivision 2.

120.24 (b) If an agency applies the emergency foster care rate for initial placement under section
120.25 256N.26, the agency may wait up to 30 days to complete the initial assessment.

120.26 (c) Unless otherwise specified in paragraph (d), a child must be assessed at the basic
120.27 level, level B, or one of ten supplemental difficulty of care levels, levels C to L.

120.28 (d) An assessment must not be completed for:

120.29 (1) a child eligible for Northstar kinship assistance ~~under section 256N.22~~ or adoption
120.30 assistance under section 256N.23 who is determined to be an at-risk child. A child under
120.31 this clause must be assigned level A under section 256N.26, subdivision 1; and

121.1 (2) a child transitioning into Northstar Care for Children under section 256N.28,
121.2 subdivision 7, unless the commissioner determines an assessment is appropriate.

121.3 Sec. 7. Minnesota Statutes 2020, section 256N.24, subdivision 8, is amended to read:

121.4 Subd. 8. **Completing the special assessment.** (a) The special assessment must be
121.5 completed in consultation with the child's caregiver. Face-to-face contact with the caregiver
121.6 is not required to complete the special assessment.

121.7 (b) If a new special assessment is required prior to the effective date of the Northstar
121.8 kinship assistance agreement, it must be completed by the financially responsible agency,
121.9 in consultation with the legally responsible agency if different. If the prospective relative
121.10 custodian is unable or unwilling to cooperate with the special assessment process, the child
121.11 shall be assigned the basic level, level B under section 256N.26, subdivision 3, ~~unless the~~
121.12 ~~child is known to be an at-risk child, in which case, the child shall be assigned level A under~~
121.13 ~~section 256N.26, subdivision 1.~~

121.14 (c) If a special assessment is required prior to the effective date of the adoption assistance
121.15 agreement, it must be completed by the financially responsible agency, in consultation with
121.16 the legally responsible agency if different. If there is no financially responsible agency, the
121.17 special assessment must be completed by the agency designated by the commissioner. If
121.18 the prospective adoptive parent is unable or unwilling to cooperate with the special
121.19 assessment process, the child must be assigned the basic level, level B under section 256N.26,
121.20 subdivision 3, unless the child is known to be an at-risk child, in which case, the child shall
121.21 be assigned level A under section 256N.26, subdivision 1.

121.22 (d) Notice to the prospective relative custodians or prospective adoptive parents must
121.23 be provided as specified in subdivision 13.

121.24 Sec. 8. Minnesota Statutes 2020, section 256N.24, subdivision 11, is amended to read:

121.25 Subd. 11. **Completion of reassessment.** (a) The reassessment must be completed in
121.26 consultation with the child's caregiver. Face-to-face contact with the caregiver is not required
121.27 to complete the reassessment.

121.28 (b) For foster children eligible under section 256N.21, reassessments must be completed
121.29 by the financially responsible agency, in consultation with the legally responsible agency
121.30 if different.

121.31 (c) If reassessment is required after the effective date of the Northstar kinship assistance
121.32 agreement, the reassessment must be completed by the financially responsible agency.

122.1 (d) If a reassessment is required after the effective date of the adoption assistance
122.2 agreement, it must be completed by the financially responsible agency or, if there is no
122.3 financially responsible agency, the agency designated by the commissioner.

122.4 (e) If the child's caregiver is unable or unwilling to cooperate with the reassessment, the
122.5 child must be assessed at level B under section 256N.26, subdivision 3, unless the child has
122.6 ~~an a Northstar adoption assistance or Northstar kinship assistance agreement in place~~ and
122.7 is known to be an at-risk child, in which case the child must be assessed at level A under
122.8 section 256N.26, subdivision 1.

122.9 Sec. 9. Minnesota Statutes 2020, section 256N.24, subdivision 12, is amended to read:

122.10 Subd. 12. **Approval of initial assessments, special assessments, and reassessments.** (a)
122.11 Any agency completing initial assessments, special assessments, or reassessments must
122.12 designate one or more supervisors or other staff to examine and approve assessments
122.13 completed by others in the agency under subdivision 2. The person approving an assessment
122.14 must not be the case manager or staff member completing that assessment.

122.15 (b) In cases where a special assessment or reassessment for ~~guardian~~ Northstar kinship
122.16 assistance and adoption assistance is required under subdivision 8 or 11, the commissioner
122.17 shall review and approve the assessment as part of the eligibility determination process
122.18 outlined in section 256N.22, subdivision 7, for Northstar kinship assistance, or section
122.19 256N.23, subdivision 7, for adoption assistance. The assessment determines the maximum
122.20 ~~for~~ of the negotiated agreement amount under section 256N.25.

122.21 (c) The new rate is effective the calendar month that the assessment is approved, or the
122.22 effective date of the agreement, whichever is later.

122.23 Sec. 10. Minnesota Statutes 2020, section 256N.24, subdivision 14, is amended to read:

122.24 Subd. 14. **Assessment tool determines rate of benefits.** The assessment tool established
122.25 by the commissioner in subdivision 2 determines the monthly benefit level for children in
122.26 foster care. The monthly payment for ~~guardian~~ Northstar kinship assistance or adoption
122.27 assistance may be negotiated up to the monthly benefit level under foster care for those
122.28 children eligible for a payment under section 256N.26, subdivision 1.

122.29 Sec. 11. Minnesota Statutes 2020, section 256N.25, subdivision 1, is amended to read:

122.30 Subdivision 1. **Agreement; Northstar kinship assistance; adoption assistance.** (a) In
122.31 order to receive Northstar kinship assistance or adoption assistance benefits on behalf of
122.32 an eligible child, a written, binding agreement between the caregiver or caregivers, the

123.1 financially responsible agency, or, if there is no financially responsible agency, the agency
123.2 designated by the commissioner, and the commissioner must be established prior to
123.3 finalization of the adoption or a transfer of permanent legal and physical custody. The
123.4 agreement must be negotiated with the caregiver or caregivers under subdivision 2 and
123.5 renegotiated under subdivision 3, if applicable.

123.6 (b) The agreement must be on a form approved by the commissioner and must specify
123.7 the following:

123.8 (1) duration of the agreement;

123.9 (2) the nature and amount of any payment, services, and assistance to be provided under
123.10 such agreement;

123.11 (3) the child's eligibility for Medicaid services;

123.12 (4) the terms of the payment, including any child care portion as specified in section
123.13 256N.24, subdivision 3;

123.14 (5) eligibility for reimbursement of nonrecurring expenses associated with adopting or
123.15 obtaining permanent legal and physical custody of the child, to the extent that the total cost
123.16 does not exceed \$2,000 per child pursuant to subdivision 1a;

123.17 (6) that the agreement must remain in effect regardless of the state of which the adoptive
123.18 parents or relative custodians are residents at any given time;

123.19 (7) provisions for modification of the terms of the agreement, including renegotiation
123.20 of the agreement;

123.21 (8) the effective date of the agreement; and

123.22 (9) the successor relative custodian or custodians for Northstar kinship assistance, when
123.23 applicable. The successor relative custodian or custodians may be added or changed by
123.24 mutual agreement under subdivision 3.

123.25 (c) The caregivers, the commissioner, and the financially responsible agency, or, if there
123.26 is no financially responsible agency, the agency designated by the commissioner, must sign
123.27 the agreement. A copy of the signed agreement must be given to each party. Once signed
123.28 by all parties, the commissioner shall maintain the official record of the agreement.

123.29 (d) The effective date of the Northstar kinship assistance agreement must be the date of
123.30 the court order that transfers permanent legal and physical custody to the relative. The
123.31 effective date of the adoption assistance agreement is the date of the finalized adoption
123.32 decree.

124.1 (e) Termination or disruption of the preadoptive placement or the foster care placement
124.2 prior to assignment of custody makes the agreement with that caregiver void.

124.3 **EFFECTIVE DATE.** This section is effective August 1, 2021.

124.4 Sec. 12. Minnesota Statutes 2020, section 256N.25, is amended by adding a subdivision
124.5 to read:

124.6 Subd. 1a. **Reimbursement of nonrecurring expenses.** (a) The commissioner of human
124.7 services must reimburse a relative custodian with a fully executed Northstar kinship assistance
124.8 benefit agreement for costs that the relative custodian incurs while seeking permanent legal
124.9 and physical custody of a child who is the subject of a Northstar kinship assistance benefit
124.10 agreement. The commissioner must reimburse a relative custodian for expenses that are
124.11 reasonable and necessary that the relative incurs during the transfer of permanent legal and
124.12 physical custody of a child to the relative custodian, subject to a maximum of \$2,000. To
124.13 be eligible for reimbursement, the expenses must directly relate to the legal transfer of
124.14 permanent legal and physical custody of the child to the relative custodian, must not have
124.15 been incurred by the relative custodian in violation of state or federal law, and must not
124.16 have been reimbursed from other sources or funds. The relative custodian must submit
124.17 reimbursement requests to the commissioner within 21 months of the date of the child's
124.18 finalized transfer of permanent legal and physical custody, and the relative custodian must
124.19 follow all requirements and procedures that the commissioner prescribes.

124.20 (b) The commissioner of human services must reimburse an adoptive parent for costs
124.21 that the adoptive parent incurs in an adoption of a child with special needs according to
124.22 section 256N.23, subdivision 2. The commissioner must reimburse an adoptive parent for
124.23 expenses that are reasonable and necessary for the adoption of the child to occur, subject
124.24 to a maximum of \$2,000. To be eligible for reimbursement, the expenses must directly relate
124.25 to the legal adoption of the child, must not have been incurred by the adoptive parent in
124.26 violation of state or federal law, and must not have been reimbursed from other sources or
124.27 funds.

124.28 (1) Children who have special needs but who are not citizens or residents of the United
124.29 States and were either adopted in another country or brought to this country for the purposes
124.30 of adoption are categorically ineligible for the reimbursement program in this section, except
124.31 when the child meets the eligibility criteria in this section after the dissolution of the child's
124.32 international adoption.

124.33 (2) An adoptive parent, in consultation with the responsible child-placing agency, may
124.34 request reimbursement of nonrecurring adoption expenses by submitting a complete

125.1 application to the commissioner that follows the commissioner's requirements and procedures
125.2 on forms that the commissioner prescribes.

125.3 (3) The commissioner must determine a child's eligibility for adoption expense
125.4 reimbursement under title IV-E of the Social Security Act, United States Code, title 42,
125.5 sections 670 to 679c. If the commissioner determines that a child is eligible, the commissioner
125.6 of human services must fully execute the agreement for nonrecurring adoption expense
125.7 reimbursement by signing the agreement. For a child to be eligible, the commissioner must
125.8 have fully executed the agreement for nonrecurring adoption expense reimbursement prior
125.9 to finalizing a child's adoption.

125.10 (4) An adoptive parent who has a fully executed Northstar adoption assistance agreement
125.11 is not required to submit a separate application for reimbursement of nonrecurring adoption
125.12 expenses for the child who is the subject of the Northstar adoption assistance agreement.

125.13 (5) If the commissioner has determined the child to be eligible, the adoptive parent must
125.14 submit reimbursement requests to the commissioner within 21 months of the date of the
125.15 child's adoption decree, and the adoptive parent must follow requirements and procedures
125.16 that the commissioner prescribes.

125.17 **EFFECTIVE DATE.** This section is effective August 1, 2021.

125.18 Sec. 13. Minnesota Statutes 2020, section 259.22, subdivision 4, is amended to read:

125.19 Subd. 4. **Time for filing petition.** A petition shall be filed not later than 12 months after
125.20 a child is placed in a prospective adoptive home. If a petition is not filed by that time, the
125.21 agency that placed the child, or, in a direct adoptive placement, the agency that is supervising
125.22 the placement shall file with the district court in the county where the prospective adoptive
125.23 parent resides a motion for an order and a report recommending one of the following:

125.24 (1) that the time for filing a petition be extended because of the child's special needs as
125.25 defined under title IV-E of the Social Security Act, United States Code, title 42, section
125.26 673;

125.27 (2) that, based on a written plan for completing filing of the petition, including a specific
125.28 timeline, to which the prospective adoptive parents have agreed, the time for filing a petition
125.29 be extended long enough to complete the plan because such an extension is in the best
125.30 interests of the child and additional time is needed for the child to adjust to the adoptive
125.31 home; or

125.32 (3) that the child be removed from the prospective adoptive home.

126.1 The prospective adoptive parent must reimburse an agency for the cost of preparing and
126.2 filing the motion and report under this section, unless the costs are reimbursed by the
126.3 commissioner under section 259.73 or ~~259A.70~~ 256N.25, subdivision 1a.

126.4 **EFFECTIVE DATE.** This section is effective August 1, 2021.

126.5 Sec. 14. Minnesota Statutes 2020, section 259.35, subdivision 1, is amended to read:

126.6 Subdivision 1. **Parental responsibilities.** Prior to commencing an investigation of the
126.7 suitability of proposed adoptive parents, a child-placing agency shall give the individuals
126.8 the following written notice in all capital letters at least one-eighth inch high:

126.9 "Minnesota Statutes, section 259.59, provides that upon legally adopting a child, adoptive
126.10 parents assume all the rights and responsibilities of birth parents. The responsibilities include
126.11 providing for the child's financial support and caring for health, emotional, and behavioral
126.12 problems. Except for subsidized adoptions under Minnesota Statutes, chapter ~~259A~~ 256N,
126.13 or any other provisions of law that expressly apply to adoptive parents and children, adoptive
126.14 parents are not eligible for state or federal financial subsidies besides those that a birth
126.15 parent would be eligible to receive for a child. Adoptive parents may not terminate their
126.16 parental rights to a legally adopted child for a reason that would not apply to a birth parent
126.17 seeking to terminate rights to a child. An individual who takes guardianship of a child for
126.18 the purpose of adopting the child shall, upon taking guardianship from the child's country
126.19 of origin, assume all the rights and responsibilities of birth and adoptive parents as stated
126.20 in this paragraph."

126.21 Sec. 15. Minnesota Statutes 2020, section 259.73, is amended to read:

126.22 **259.73 REIMBURSEMENT OF NONRECURRING ADOPTION EXPENSES.**

126.23 An individual may apply for reimbursement for costs incurred in an adoption of a child
126.24 with special needs under section ~~259A.70~~ 256N.25, subdivision 1a.

126.25 **EFFECTIVE DATE.** This section is effective August 1, 2021.

126.26

ARTICLE 10

126.27

CHILD PROTECTION POLICY

126.28 Section 1. Minnesota Statutes 2020, section 245.4885, subdivision 1, is amended to read:

126.29 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
126.30 case of an emergency, all children referred for treatment of severe emotional disturbance
126.31 in a treatment foster care setting, residential treatment facility, or informally admitted to a

127.1 regional treatment center shall undergo an assessment to determine the appropriate level of
127.2 care if public funds are used to pay for the child's services.

127.3 (b) The responsible social services agency shall determine the appropriate level of care
127.4 for a child when county-controlled funds are used to pay for the child's services or placement
127.5 in a qualified residential treatment facility under chapter 260C and licensed by the
127.6 commissioner under chapter 245A. In accordance with section 260C.157, a juvenile treatment
127.7 screening team shall conduct a screening of a child before the team may recommend whether
127.8 to place a child in a qualified residential treatment program as defined in section 260C.007,
127.9 subdivision 26d. When a social services agency does not have responsibility for a child's
127.10 placement and the child is enrolled in a prepaid health program under section 256B.69, the
127.11 enrolled child's contracted health plan must determine the appropriate level of care for the
127.12 child. When Indian Health Services funds or funds of a tribally owned facility funded under
127.13 the Indian Self-Determination and Education Assistance Act, Public Law 93-638, are to be
127.14 used for a child, the Indian Health Services or 638 tribal health facility must determine the
127.15 appropriate level of care for the child. When more than one entity bears responsibility for
127.16 a child's coverage, the entities shall coordinate level of care determination activities for the
127.17 child to the extent possible.

127.18 (c) The responsible social services agency must make the child's level of care
127.19 determination available to the child's juvenile treatment screening team, as permitted under
127.20 chapter 13. The level of care determination shall inform the juvenile treatment screening
127.21 team process and the assessment in section 260C.704 when considering whether to place
127.22 the child in a qualified residential treatment program. When the responsible social services
127.23 agency is not involved in determining a child's placement, the child's level of care
127.24 determination shall determine whether the proposed treatment:

127.25 (1) is necessary;

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

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

127.28 (4) provides a length of stay as short as possible consistent with the individual child's
127.29 ~~need~~ needs.

127.30 (d) When a level of care determination is conducted, the responsible social services
127.31 agency or other entity may not determine that a screening of a child under section 260C.157
127.32 or referral or admission to a treatment foster care setting or residential treatment facility is
127.33 not appropriate solely because services were not first provided to the child in a less restrictive
127.34 setting and the child failed to make progress toward or meet treatment goals in the less

128.1 restrictive setting. The level of care determination must be based on a diagnostic assessment
128.2 of a child that includes a functional assessment which evaluates the child's family, school,
128.3 and community living situations; and an assessment of the child's need for care out of the
128.4 home using a validated tool which assesses a child's functional status and assigns an
128.5 appropriate level of care to the child. The validated tool must be approved by the
128.6 commissioner of human services and may be the validated tool approved for the child's
128.7 assessment under section 260C.704 if the juvenile treatment screening team recommended
128.8 placement of the child in a qualified residential treatment program. If a diagnostic assessment
128.9 including a functional assessment has been completed by a mental health professional within
128.10 the past 180 days, a new diagnostic assessment need not be completed unless in the opinion
128.11 of the current treating mental health professional the child's mental health status has changed
128.12 markedly since the assessment was completed. The child's parent shall be notified if an
128.13 assessment will not be completed and of the reasons. A copy of the notice shall be placed
128.14 in the child's file. Recommendations developed as part of the level of care determination
128.15 process shall include specific community services needed by the child and, if appropriate,
128.16 the child's family, and shall indicate whether ~~or not~~ these services are available and accessible
128.17 to the child and the child's family.

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

128.22 (f) When the responsible social services agency has authority, the agency must engage
128.23 the child's parents in case planning under sections 260C.212 and 260C.708 and chapter
128.24 260D unless a court terminates the parent's rights or court orders restrict the parent from
128.25 participating in case planning, visitation, or parental responsibilities.

128.26 (g) The level of care determination, ~~and~~ placement decision, and recommendations for
128.27 mental health services must be documented in the child's record, as required in ~~chapter~~
128.28 chapters 260C and 260D.

128.29 **EFFECTIVE DATE.** This section is effective September 30, 2021.

128.30 Sec. 2. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
128.31 read:

128.32 **Subd. 3c. At risk of becoming a victim of sex trafficking or commercial sexual**
128.33 **exploitation.** For the purposes of section 245A.25, a youth who is "at risk of becoming a

129.1 victim of sex trafficking or commercial sexual exploitation" means a youth who meets the
129.2 criteria established by the commissioner of human services for this purpose.

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

129.4 Sec. 3. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
129.5 read:

129.6 Subd. 4a. **Children's residential facility.** "Children's residential facility" means a
129.7 residential program licensed under this chapter or chapter 241 according to the applicable
129.8 standards in Minnesota Rules, parts 2960.0010 to 2960.0710.

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

129.10 Sec. 4. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
129.11 read:

129.12 Subd. 6d. **Foster family setting.** "Foster family setting" has the meaning given in
129.13 Minnesota Rules, part 2960.3010, subpart 23, and includes settings licensed by the
129.14 commissioner of human services or the commissioner of corrections.

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

129.16 Sec. 5. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
129.17 read:

129.18 Subd. 6e. **Foster residence setting.** "Foster residence setting" has the meaning given
129.19 in Minnesota Rules, part 2960.3010, subpart 26, and includes settings licensed by the
129.20 commissioner of human services or the commissioner of corrections.

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

129.22 Sec. 6. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
129.23 read:

129.24 Subd. 18a. **Trauma.** For the purposes of section 245A.25, "trauma" means an event,
129.25 series of events, or set of circumstances experienced by an individual as physically or
129.26 emotionally harmful or life-threatening and has lasting adverse effects on the individual's
129.27 functioning and mental, physical, social, emotional, or spiritual well-being. Trauma includes
129.28 the cumulative emotional or psychological harm of group traumatic experiences transmitted
129.29 across generations within a community that are often associated with racial and ethnic
129.30 population groups that have suffered major intergenerational losses.

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

130.2 Sec. 7. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
130.3 read:

130.4 Subd. 23. **Victim of sex trafficking or commercial sexual exploitation.** For the purposes
130.5 of section 245A.25, "victim of sex trafficking or commercial sexual exploitation" means a
130.6 person who meets the definitions in section 260C.007, subdivision 31, clauses (4) and (5).

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

130.8 Sec. 8. Minnesota Statutes 2020, section 245A.02, is amended by adding a subdivision to
130.9 read:

130.10 Subd. 24. **Youth.** For the purposes of section 245A.25, "youth" means a child as defined
130.11 in section 260C.007, subdivision 4, and includes individuals under 21 years of age who are
130.12 in foster care pursuant to section 260C.451.

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

130.14 Sec. 9. Minnesota Statutes 2020, section 245A.041, is amended by adding a subdivision
130.15 to read:

130.16 Subd. 5. **First date of working in a facility or setting; documentation**
130.17 **requirements.** Children's residential facility and foster residence setting license holders
130.18 must document the first date that a person who is a background study subject begins working
130.19 in the license holder's facility or setting. If the license holder does not maintain documentation
130.20 of each background study subject's first date of working in the facility or setting in the
130.21 license holder's personnel files, the license holder must provide documentation to the
130.22 commissioner that contains the first date that each background study subject began working
130.23 in the license holder's program upon the commissioner's request.

130.24 **EFFECTIVE DATE.** This section is effective August 1, 2021.

130.25 Sec. 10. **[245A.25] RESIDENTIAL PROGRAM CERTIFICATIONS FOR**
130.26 **COMPLIANCE WITH THE FAMILY FIRST PREVENTION SERVICES ACT.**

130.27 Subdivision 1. **Certification scope and applicability.** (a) This section establishes the
130.28 requirements that a children's residential facility or child foster residence setting must meet
130.29 to be certified for the purposes of Title IV-E funding requirements as:

130.30 (1) a qualified residential treatment program;

131.1 (2) a residential setting specializing in providing care and supportive services for youth
131.2 who have been or are at risk of becoming victims of sex trafficking or commercial sexual
131.3 exploitation;

131.4 (3) a residential setting specializing in providing prenatal, postpartum, or parenting
131.5 support for youth; or

131.6 (4) a supervised independent living setting for youth who are 18 years of age or older.

131.7 (b) This section does not apply to a foster family setting in which the license holder
131.8 resides in the foster home.

131.9 (c) Children's residential facilities licensed as detention settings according to Minnesota
131.10 Rules, parts 2960.0230 to 2960.0290, or secure programs according to Minnesota Rules,
131.11 parts 2960.0300 to 2960.0420, may not be certified under this section.

131.12 (d) For purposes of this section, "license holder" means an individual, organization, or
131.13 government entity that was issued a children's residential facility or foster residence setting
131.14 license by the commissioner of human services under this chapter or by the commissioner
131.15 of corrections under chapter 241.

131.16 (e) Certifications issued under this section for foster residence settings may only be
131.17 issued by the commissioner of human services and are not delegated to county or private
131.18 licensing agencies under section 245A.16.

131.19 **Subd. 2. Program certification types and requests for certification.** (a) By July 1,
131.20 2021, the commissioner of human services must offer certifications to license holders for
131.21 the following types of programs:

131.22 (1) qualified residential treatment programs;

131.23 (2) residential settings specializing in providing care and supportive services for youth
131.24 who have been or are at risk of becoming victims of sex trafficking or commercial sexual
131.25 exploitation;

131.26 (3) residential settings specializing in providing prenatal, postpartum, or parenting
131.27 support for youth; and

131.28 (4) supervised independent living settings for youth who are 18 years of age or older.

131.29 (b) An applicant or license holder must submit a request for certification under this
131.30 section on a form and in a manner prescribed by the commissioner of human services. The
131.31 decision of the commissioner of human services to grant or deny a certification request is
131.32 final and not subject to appeal under chapter 14.

132.1 Subd. 3. Trauma-informed care. (a) Programs certified under subdivision 4 or 5 must
132.2 provide services to a person according to a trauma-informed model of care that meets the
132.3 requirements of this subdivision, except that programs certified under subdivision 5 are not
132.4 required to meet the requirements of paragraph (e).

132.5 (b) For the purposes of this section, "trauma-informed care" means care that:

132.6 (1) acknowledges the effects of trauma on a person receiving services and on the person's
132.7 family;

132.8 (2) modifies services to respond to the effects of trauma on the person receiving services;

132.9 (3) emphasizes skill and strength-building rather than symptom management; and

132.10 (4) focuses on the physical and psychological safety of the person receiving services
132.11 and the person's family.

132.12 (c) The license holder must have a process for identifying the signs and symptoms of
132.13 trauma in a youth and must address the youth's needs related to trauma. This process must
132.14 include:

132.15 (1) screening for trauma by completing a trauma-specific screening tool with each youth
132.16 upon the youth's admission or obtaining the results of a trauma-specific screening tool that
132.17 was completed with the youth within 30 days prior to the youth's admission to the program;
132.18 and

132.19 (2) ensuring that trauma-based interventions targeting specific trauma-related symptoms
132.20 are available to each youth when needed to assist the youth in obtaining services. For
132.21 qualified residential treatment programs, this must include the provision of services in
132.22 paragraph (e).

132.23 (d) The license holder must develop and provide services to each youth according to the
132.24 principles of trauma-informed care including:

132.25 (1) recognizing the impact of trauma on a youth when determining the youth's service
132.26 needs and providing services to the youth;

132.27 (2) allowing each youth to participate in reviewing and developing the youth's
132.28 individualized treatment or service plan;

132.29 (3) providing services to each youth that are person-centered and culturally responsive;
132.30 and

132.31 (4) adjusting services for each youth to address additional needs of the youth.

133.1 (e) In addition to the other requirements of this subdivision, qualified residential treatment
133.2 programs must use a trauma-based treatment model that includes:

133.3 (1) assessing each youth to determine if the youth needs trauma-specific treatment
133.4 interventions;

133.5 (2) identifying in each youth's treatment plan how the program will provide
133.6 trauma-specific treatment interventions to the youth;

133.7 (3) providing trauma-specific treatment interventions to a youth that target the youth's
133.8 specific trauma-related symptoms; and

133.9 (4) training all clinical staff of the program on trauma-specific treatment interventions.

133.10 (f) At the license holder's program, the license holder must provide a physical, social,
133.11 and emotional environment that:

133.12 (1) promotes the physical and psychological safety of each youth;

133.13 (2) avoids aspects that may be retraumatizing;

133.14 (3) responds to trauma experienced by each youth and the youth's other needs; and

133.15 (4) includes designated spaces that are available to each youth for engaging in sensory
133.16 and self-soothing activities.

133.17 (g) The license holder must base the program's policies and procedures on
133.18 trauma-informed principles. In the program's policies and procedures, the license holder
133.19 must:

133.20 (1) describe how the program provides services according to a trauma-informed model
133.21 of care;

133.22 (2) describe how the program's environment fulfills the requirements of paragraph (f);

133.23 (3) prohibit the use of aversive consequences for a youth's violation of program rules
133.24 or any other reason;

133.25 (4) describe the process for how the license holder incorporates trauma-informed
133.26 principles and practices into the organizational culture of the license holder's program; and

133.27 (5) if the program is certified to use restrictive procedures under Minnesota Rules, part
133.28 2960.0710, describe how the program uses restrictive procedures only when necessary for
133.29 a youth in a manner that addresses the youth's history of trauma and avoids causing the
133.30 youth additional trauma.

134.1 (h) Prior to allowing a staff person to have direct contact, as defined in section 245C.02,
134.2 subdivision 11, with a youth and annually thereafter, the license holder must train each staff
134.3 person about:

134.4 (1) concepts of trauma-informed care and how to provide services to each youth according
134.5 to these concepts; and

134.6 (2) impacts of each youth's culture, race, gender, and sexual orientation on the youth's
134.7 behavioral health and traumatic experiences.

134.8 **Subd. 4. Qualified residential treatment programs; certification requirements. (a)**

134.9 To be certified as a qualified residential treatment program, a license holder must meet:

134.10 (1) the definition of a qualified residential treatment program in section 260C.007,
134.11 subdivision 26d;

134.12 (2) the requirements for providing trauma-informed care and using a trauma-based
134.13 treatment model in subdivision 3; and

134.14 (3) the requirements of this subdivision.

134.15 (b) For each youth placed in the license holder's program, the license holder must
134.16 collaborate with the responsible social services agency and other appropriate parties to
134.17 implement the youth's out-of-home placement plan and the youth's short-term and long-term
134.18 mental health and behavioral health goals in the assessment required by sections 260C.212,
134.19 subdivision 1; 260C.704; and 260C.708.

134.20 (c) A qualified residential treatment program must use a trauma-based treatment model
134.21 that meets all of the requirements of subdivision 3 that is designed to address the needs,
134.22 including clinical needs, of youth with serious emotional or behavioral disorders or
134.23 disturbances. The license holder must develop, document, and review a treatment plan for
134.24 each youth according to the requirements of Minnesota Rules, parts 2960.0180, subpart 2,
134.25 item B; and 2960.0190, subpart 2.

134.26 (d) The following types of staff must be on-site according to the program's treatment
134.27 model and must be available 24 hours a day and seven days a week to provide care within
134.28 the scope of their practice:

134.29 (1) a registered nurse or licensed practical nurse licensed by the Minnesota Board of
134.30 Nursing to practice professional nursing or practical nursing as defined in section 148.171,
134.31 subdivisions 14 and 15; and

134.32 (2) other licensed clinical staff to meet each youth's clinical needs.

135.1 (e) A qualified residential treatment program must be accredited by one of the following
135.2 independent, not-for-profit organizations:

135.3 (1) the Commission on Accreditation of Rehabilitation Facilities (CARF);

135.4 (2) the Joint Commission;

135.5 (3) the Council on Accreditation (COA); or

135.6 (4) another independent, not-for-profit accrediting organization approved by the Secretary
135.7 of the United States Department of Health and Human Services.

135.8 (f) The license holder must facilitate participation of a youth's family members in the
135.9 youth's treatment program, consistent with the youth's best interests and according to the
135.10 youth's out-of-home placement plan required by sections 260C.212, subdivision 1; and
135.11 260C.708.

135.12 (g) The license holder must contact and facilitate outreach to each youth's family
135.13 members, including the youth's siblings, and must document outreach to the youth's family
135.14 members in the youth's file, including the contact method and each family member's contact
135.15 information. In the youth's file, the license holder must record and maintain the contact
135.16 information for all known biological family members and fictive kin of the youth.

135.17 (h) The license holder must document in the youth's file how the program integrates
135.18 family members into the treatment process for the youth, including after the youth's discharge
135.19 from the program, and how the program maintains the youth's connections to the youth's
135.20 siblings.

135.21 (i) The program must provide discharge planning and family-based aftercare support to
135.22 each youth for at least six months after the youth's discharge from the program. When
135.23 providing aftercare to a youth, the program must have monthly contact with the youth and
135.24 the youth's caregivers to promote the youth's engagement in aftercare services and to regularly
135.25 evaluate the family's needs. The program's monthly contact with the youth may be
135.26 face-to-face, by telephone, or virtual.

135.27 (j) The license holder must maintain a service delivery plan that describes how the
135.28 program provides services according to the requirements in paragraphs (b) to (i).

135.29 **Subd. 5. Residential settings specializing in providing care and supportive services**
135.30 **for youth who have been or are at risk of becoming victims of sex trafficking or**
135.31 **commercial sexual exploitation; certification requirements.** (a) To be certified as a
135.32 residential setting specializing in providing care and supportive services for youth who have

136.1 been or are at risk of becoming victims of sex trafficking or commercial sexual exploitation,
136.2 a license holder must meet the requirements of this subdivision.

136.3 (b) Settings certified according to this subdivision are exempt from the requirements of
136.4 section 245A.04, subdivision 11, paragraph (b).

136.5 (c) The program must use a trauma-informed model of care that meets all of the applicable
136.6 requirements of subdivision 3, and that is designed to address the needs, including emotional
136.7 and mental health needs, of youth who have been or are at risk of becoming victims of sex
136.8 trafficking or commercial sexual exploitation.

136.9 (d) The program must provide high-quality care and supportive services for youth who
136.10 have been or are at risk of becoming victims of sex trafficking or commercial sexual
136.11 exploitation and must:

136.12 (1) offer a safe setting to each youth designed to prevent ongoing and future trafficking
136.13 of the youth;

136.14 (2) provide equitable, culturally responsive, and individualized services to each youth;

136.15 (3) assist each youth with accessing medical, mental health, legal, advocacy, and family
136.16 services based on the youth's individual needs;

136.17 (4) provide each youth with relevant educational, life skills, and employment supports
136.18 based on the youth's individual needs;

136.19 (5) offer a trafficking prevention education curriculum and provide support for each
136.20 youth at risk of future sex trafficking or commercial sexual exploitation; and

136.21 (6) engage with the discharge planning process for each youth and the youth's family.

136.22 (e) The license holder must maintain a service delivery plan that describes how the
136.23 program provides services according to the requirements in paragraphs (c) and (d).

136.24 (f) The license holder must ensure that each staff person who has direct contact, as
136.25 defined in section 245C.02, subdivision 11, with a youth served by the license holder's
136.26 program completes a human trafficking training approved by the Department of Human
136.27 Services' Children and Family Services Administration before the staff person has direct
136.28 contact with a youth served by the program and annually thereafter. For programs certified
136.29 prior to January 1, 2022, the license holder must ensure that each staff person at the license
136.30 holder's program completes the initial training by January 1, 2022.

136.31 Subd. 6. Residential settings specializing in providing prenatal, postpartum, or
136.32 parenting supports for youth; certification requirements. (a) To be certified as a

137.1 residential setting specializing in providing prenatal, postpartum, or parenting supports for
137.2 youth, a license holder must meet the requirements of this subdivision.

137.3 (b) The license holder must collaborate with the responsible social services agency and
137.4 other appropriate parties to implement each youth's out-of-home placement plan required
137.5 by section 260C.212, subdivision 1.

137.6 (c) The license holder must specialize in providing prenatal, postpartum, or parenting
137.7 supports for youth and must:

137.8 (1) provide equitable, culturally responsive, and individualized services to each youth;

137.9 (2) assist each youth with accessing postpartum services during the same period of time
137.10 that a woman is considered pregnant for the purposes of medical assistance eligibility under
137.11 section 256B.055, subdivision 6, including providing each youth with:

137.12 (i) sexual and reproductive health services and education; and

137.13 (ii) a postpartum mental health assessment and follow-up services; and

137.14 (3) discharge planning that includes the youth and the youth's family.

137.15 (d) On or before the date of a child's initial physical presence at the facility, the license
137.16 holder must provide education to the child's parent related to safe bathing and reducing the
137.17 risk of sudden unexpected infant death and abusive head trauma from shaking infants and
137.18 young children. The license holder must use the educational material developed by the
137.19 commissioner of human services to comply with this requirement. At a minimum, the
137.20 education must address:

137.21 (1) instruction that: (i) a child or infant should never be left unattended around water;

137.22 (ii) a tub should be filled with only two to four inches of water for infants; and (iii) an infant
137.23 should never be put into a tub when the water is running; and

137.24 (2) the risk factors related to sudden unexpected infant death and abusive head trauma
137.25 from shaking infants and young children and means of reducing the risks, including the
137.26 safety precautions identified in section 245A.1435 and the risks of co-sleeping.

137.27 The license holder must document the parent's receipt of the education and keep the
137.28 documentation in the parent's file. The documentation must indicate whether the parent
137.29 agrees to comply with the safeguards described in this paragraph. If the parent refuses to
137.30 comply, program staff must provide additional education to the parent as described in the
137.31 parental supervision plan. The parental supervision plan must include the intervention,

138.1 frequency, and staff responsible for the duration of the parent's participation in the program
138.2 or until the parent agrees to comply with the safeguards described in this paragraph.

138.3 (e) On or before the date of a child's initial physical presence at the facility, the license
138.4 holder must document the parent's capacity to meet the health and safety needs of the child
138.5 while on the facility premises considering the following factors:

138.6 (1) the parent's physical and mental health;

138.7 (2) the parent being under the influence of drugs, alcohol, medications, or other chemicals;

138.8 (3) the child's physical and mental health; and

138.9 (4) any other information available to the license holder indicating that the parent may
138.10 not be able to adequately care for the child.

138.11 (f) The license holder must have written procedures specifying the actions that staff shall
138.12 take if a parent is or becomes unable to adequately care for the parent's child.

138.13 (g) If the parent refuses to comply with the safeguards described in paragraph (d) or is
138.14 unable to adequately care for the child, the license holder must develop a parental supervision
138.15 plan in conjunction with the parent. The plan must account for any factors in paragraph (e)
138.16 that contribute to the parent's inability to adequately care for the child. The plan must be
138.17 dated and signed by the staff person who completed the plan.

138.18 (h) The license holder must have written procedures addressing whether the program
138.19 permits a parent to arrange for supervision of the parent's child by another youth in the
138.20 program. If permitted, the facility must have a procedure that requires staff approval of the
138.21 supervision arrangement before the supervision by the nonparental youth occurs. The
138.22 procedure for approval must include an assessment of the nonparental youth's capacity to
138.23 assume the supervisory responsibilities using the criteria in paragraph (e). The license holder
138.24 must document the license holder's approval of the supervisory arrangement and the
138.25 assessment of the nonparental youth's capacity to supervise the child and must keep this
138.26 documentation in the file of the parent whose child is being supervised by the nonparental
138.27 youth.

138.28 (i) The license holder must maintain a service delivery plan that describes how the
138.29 program provides services according to paragraphs (b) to (h).

138.30 **Subd. 7. Supervised independent living settings for youth 18 years of age or older;**
138.31 **certification requirements.** (a) To be certified as a supervised independent living setting
138.32 for youth who are 18 years of age or older, a license holder must meet the requirements of
138.33 this subdivision.

139.1 (b) A license holder must provide training, counseling, instruction, supervision, and
139.2 assistance for independent living, according to the needs of the youth being served.

139.3 (c) A license holder may provide services to assist the youth with locating housing,
139.4 money management, meal preparation, shopping, health care, transportation, and any other
139.5 support services necessary to meet the youth's needs and improve the youth's ability to
139.6 conduct such tasks independently.

139.7 (d) The service plan for the youth must contain an objective of independent living skills.

139.8 (e) The license holder must maintain a service delivery plan that describes how the
139.9 program provides services according to paragraphs (b) to (d).

139.10 Subd. 8. **Monitoring and inspections.** (a) For a program licensed by the commissioner
139.11 of human services, the commissioner of human services may review a program's compliance
139.12 with certification requirements by conducting an inspection, a licensing review, or an
139.13 investigation of the program. The commissioner may issue a correction order to the license
139.14 holder for a program's noncompliance with the certification requirements of this section.
139.15 For a program licensed by the commissioner of human services, a license holder must make
139.16 a request for reconsideration of a correction order according to section 245A.06, subdivision
139.17 2.

139.18 (b) For a program licensed by the commissioner of corrections, the commissioner of
139.19 human services may review the program's compliance with the requirements for a certification
139.20 issued under this section biennially and may issue a correction order identifying the program's
139.21 noncompliance with the requirements of this section. The correction order must state the
139.22 following:

139.23 (1) the conditions that constitute a violation of a law or rule;

139.24 (2) the specific law or rule violated; and

139.25 (3) the time allowed for the program to correct each violation.

139.26 (c) For a program licensed by the commissioner of corrections, if a license holder believes
139.27 that there are errors in the correction order of the commissioner of human services, the
139.28 license holder may ask the Department of Human Services to reconsider the parts of the
139.29 correction order that the license holder alleges are in error. To submit a request for
139.30 reconsideration, the license holder must send a written request for reconsideration by United
139.31 States mail to the commissioner of human services. The request for reconsideration must
139.32 be postmarked within 20 calendar days of the date that the correction order was received
139.33 by the license holder and must:

140.1 (1) specify the parts of the correction order that are alleged to be in error;

140.2 (2) explain why the parts of the correction order are in error; and

140.3 (3) include documentation to support the allegation of error.

140.4 A request for reconsideration does not stay any provisions or requirements of the correction
140.5 order. The commissioner of human services' disposition of a request for reconsideration is
140.6 final and not subject to appeal under chapter 14.

140.7 (d) Nothing in this subdivision prohibits the commissioner of human services from
140.8 decertifying a license holder according to subdivision 9 prior to issuing a correction order.

140.9 Subd. 9. **Decertification.** (a) The commissioner of human services may rescind a
140.10 certification issued under this section if a license holder fails to comply with the certification
140.11 requirements in this section.

140.12 (b) The license holder may request reconsideration of a decertification by notifying the
140.13 commissioner of human services by certified mail or personal service. The license holder
140.14 must request reconsideration of a decertification in writing. If the license holder sends the
140.15 request for reconsideration of a decertification by certified mail, the license holder must
140.16 send the request by United States mail to the commissioner of human services and the
140.17 request must be postmarked within 20 calendar days after the license holder received the
140.18 notice of decertification. If the license holder requests reconsideration of a decertification
140.19 by personal service, the request for reconsideration must be received by the commissioner
140.20 of human services within 20 calendar days after the license holder received the notice of
140.21 decertification. When submitting a request for reconsideration of a decertification, the license
140.22 holder must submit a written argument or evidence in support of the request for
140.23 reconsideration.

140.24 (c) The commissioner of human services' disposition of a request for reconsideration is
140.25 final and not subject to appeal under chapter 14.

140.26 Subd. 10. **Variances.** The commissioner of human services may grant variances to the
140.27 requirements in this section that do not affect a youth's health or safety or compliance with
140.28 federal requirements for Title IV-E funding if the conditions in section 245A.04, subdivision
140.29 9, are met.

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

141.1 Sec. 11. Minnesota Statutes 2020, section 256.01, subdivision 14b, is amended to read:

141.2 Subd. 14b. **American Indian child welfare projects.** (a) The commissioner of human
141.3 services may authorize projects to initiate tribal delivery of child welfare services to American
141.4 Indian children and their parents and custodians living on the reservation. The commissioner
141.5 has authority to solicit and determine which tribes may participate in a project. Grants may
141.6 be issued to Minnesota Indian tribes to support the projects. The commissioner may waive
141.7 existing state rules as needed to accomplish the projects. The commissioner may authorize
141.8 projects to use alternative methods of (1) screening, investigating, and assessing reports of
141.9 child maltreatment, and (2) administrative reconsideration, administrative appeal, and
141.10 judicial appeal of maltreatment determinations, provided the alternative methods used by
141.11 the projects comply with the provisions of section 256.045 and chapter 260E that deal with
141.12 the rights of individuals who are the subjects of reports or investigations, including notice
141.13 and appeal rights and data practices requirements. The commissioner shall only authorize
141.14 alternative methods that comply with the public policy under section 260E.01. The
141.15 commissioner may seek any federal approval necessary to carry out the projects as well as
141.16 seek and use any funds available to the commissioner, including use of federal funds,
141.17 foundation funds, existing grant funds, and other funds. The commissioner is authorized to
141.18 advance state funds as necessary to operate the projects. Federal reimbursement applicable
141.19 to the projects is appropriated to the commissioner for the purposes of the projects. The
141.20 projects must be required to address responsibility for safety, permanency, and well-being
141.21 of children.

141.22 (b) For the purposes of this section, "American Indian child" means a person under 21
141.23 years old and who is a tribal member or eligible for membership in one of the tribes chosen
141.24 for a project under this subdivision and who is residing on the reservation of that tribe.

141.25 (c) In order to qualify for an American Indian child welfare project, a tribe must:

141.26 (1) be one of the existing tribes with reservation land in Minnesota;

141.27 (2) have a tribal court with jurisdiction over child custody proceedings;

141.28 (3) have a substantial number of children for whom determinations of maltreatment have
141.29 occurred;

141.30 (4)(i) have capacity to respond to reports of abuse and neglect under chapter 260E; or

141.31 (ii) have codified the tribe's screening, investigation, and assessment of reports of child
141.32 maltreatment procedures, if authorized to use an alternative method by the commissioner
141.33 under paragraph (a);

142.1 (5) provide a wide range of services to families in need of child welfare services; ~~and~~

142.2 (6) have a tribal-state title IV-E agreement in effect; and

142.3 (7) enter into host Tribal contracts pursuant to section 256.0112, subdivision 6.

142.4 (d) Grants awarded under this section may be used for the nonfederal costs of providing
142.5 child welfare services to American Indian children on the tribe's reservation, including costs
142.6 associated with:

142.7 (1) assessment and prevention of child abuse and neglect;

142.8 (2) family preservation;

142.9 (3) facilitative, supportive, and reunification services;

142.10 (4) out-of-home placement for children removed from the home for child protective
142.11 purposes; and

142.12 (5) other activities and services approved by the commissioner that further the goals of
142.13 providing safety, permanency, and well-being of American Indian children.

142.14 (e) When a tribe has initiated a project and has been approved by the commissioner to
142.15 assume child welfare responsibilities for American Indian children of that tribe under this
142.16 section, the affected county social service agency is relieved of responsibility for responding
142.17 to reports of abuse and neglect under chapter 260E for those children during the time within
142.18 which the tribal project is in effect and funded. The commissioner shall work with tribes
142.19 and affected counties to develop procedures for data collection, evaluation, and clarification
142.20 of ongoing role and financial responsibilities of the county and tribe for child welfare services
142.21 prior to initiation of the project. Children who have not been identified by the tribe as
142.22 participating in the project shall remain the responsibility of the county. Nothing in this
142.23 section shall alter responsibilities of the county for law enforcement or court services.

142.24 (f) Participating tribes may conduct children's mental health screenings under section
142.25 245.4874, subdivision 1, paragraph (a), clause (12), for children who are eligible for the
142.26 initiative and living on the reservation and who meet one of the following criteria:

142.27 (1) the child must be receiving child protective services;

142.28 (2) the child must be in foster care; or

142.29 (3) the child's parents must have had parental rights suspended or terminated.

143.1 Tribes may access reimbursement from available state funds for conducting the screenings.
143.2 Nothing in this section shall alter responsibilities of the county for providing services under
143.3 section 245.487.

143.4 (g) Participating tribes may establish a local child mortality review panel. In establishing
143.5 a local child mortality review panel, the tribe agrees to conduct local child mortality reviews
143.6 for child deaths or near-fatalities occurring on the reservation under subdivision 12. Tribes
143.7 with established child mortality review panels shall have access to nonpublic data and shall
143.8 protect nonpublic data under subdivision 12, paragraphs (c) to (e). The tribe shall provide
143.9 written notice to the commissioner and affected counties when a local child mortality review
143.10 panel has been established and shall provide data upon request of the commissioner for
143.11 purposes of sharing nonpublic data with members of the state child mortality review panel
143.12 in connection to an individual case.

143.13 (h) The commissioner shall collect information on outcomes relating to child safety,
143.14 permanency, and well-being of American Indian children who are served in the projects.
143.15 Participating tribes must provide information to the state in a format and completeness
143.16 deemed acceptable by the state to meet state and federal reporting requirements.

143.17 (i) In consultation with the White Earth Band, the commissioner shall develop and submit
143.18 to the chairs and ranking minority members of the legislative committees with jurisdiction
143.19 over health and human services a plan to transfer legal responsibility for providing child
143.20 protective services to White Earth Band member children residing in Hennepin County to
143.21 the White Earth Band. The plan shall include a financing proposal, definitions of key terms,
143.22 statutory amendments required, and other provisions required to implement the plan. The
143.23 commissioner shall submit the plan by January 15, 2012.

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

143.25 Sec. 12. Minnesota Statutes 2020, section 256.0112, subdivision 6, is amended to read:

143.26 Subd. 6. **Contracting within and across county lines; lead county contracts; lead**
143.27 **Tribal contracts.** Paragraphs (a) to (e) govern contracting within and across county lines
143.28 and lead county contracts. Paragraphs (a) to (e) govern contracting within and across
143.29 reservation boundaries and lead Tribal contracts for initiative tribes under section 256.01,
143.30 subdivision 14b. For purposes of this subdivision, "local agency" includes a tribe or a county
143.31 agency.

143.32 (a) Once a local agency and an approved vendor execute a contract that meets the
143.33 requirements of this subdivision, the contract governs all other purchases of service from

144.1 the vendor by all other local agencies for the term of the contract. The local agency that
144.2 negotiated and entered into the contract becomes the lead tribe or county for the contract.

144.3 (b) When the local agency in the county or reservation where a vendor is located wants
144.4 to purchase services from that vendor and the vendor has no contract with the local agency
144.5 or any other tribe or county, the local agency must negotiate and execute a contract with
144.6 the vendor.

144.7 (c) When a local agency ~~in one county~~ wants to purchase services from a vendor located
144.8 in another county or reservation, it must notify the local agency in the county or reservation
144.9 where the vendor is located. Within 30 days of being notified, the local agency in the vendor's
144.10 county or reservation must:

144.11 (1) if it has a contract with the vendor, send a copy to the inquiring local agency;

144.12 (2) if there is a contract with the vendor for which another local agency is the lead tribe
144.13 or county, identify the lead tribe or county to the inquiring agency; or

144.14 (3) if no local agency has a contract with the vendor, inform the inquiring agency whether
144.15 it will negotiate a contract and become the lead tribe or county. If the agency where the
144.16 vendor is located will not negotiate a contract with the vendor because of concerns related
144.17 to clients' health and safety, the agency must share those concerns with the inquiring local
144.18 agency.

144.19 (d) If the local agency in the county where the vendor is located declines to negotiate a
144.20 contract with the vendor or fails to respond within 30 days of receiving the notification
144.21 under paragraph (c), the inquiring agency is authorized to negotiate a contract and must
144.22 notify the local agency that declined or failed to respond.

144.23 (e) When the inquiring ~~county~~ local agency under paragraph (d) becomes the lead tribe
144.24 or county for a contract and the contract expires and needs to be renegotiated, that tribe or
144.25 county must again follow the requirements under paragraph (c) and notify the local agency
144.26 where the vendor is located. The local agency where the vendor is located has the option
144.27 of becoming the lead tribe or county for the new contract. If the local agency does not
144.28 exercise the option, paragraph (d) applies.

144.29 (f) This subdivision does not affect the requirement to seek county concurrence under
144.30 section 256B.092, subdivision 8a, when the services are to be purchased for a person with
144.31 a developmental disability or under section 245.4711, subdivision 3, when the services to
144.32 be purchased are for an adult with serious and persistent mental illness.

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

145.1 Sec. 13. Minnesota Statutes 2020, section 256.741, is amended by adding a subdivision
145.2 to read:

145.3 Subd. 12a. Appeals of good cause determinations. According to section 256.045, an
145.4 individual may appeal the determination or redetermination of good cause under this section.
145.5 To initiate an appeal of a good cause determination or redetermination, the individual must
145.6 make a request for a state agency hearing in writing within 30 calendar days after the date
145.7 that a notice of denial for good cause is mailed or otherwise transmitted to the individual.
145.8 Until a human services judge issues a decision under section 256.0451, subdivision 22, the
145.9 child support agency shall cease all child support enforcement efforts and shall not report
145.10 the individual's noncooperation to public assistance agencies.

145.11 Sec. 14. Minnesota Statutes 2020, section 256.741, is amended by adding a subdivision
145.12 to read:

145.13 Subd. 12b. Reporting noncooperation. The public authority may issue a notice of the
145.14 individual's noncooperation to each public assistance agency providing public assistance
145.15 to the individual if:

145.16 (1) 30 calendar days have passed since the later of the initial county denial or the date
145.17 of the denial following the state agency hearing; or

145.18 (2) the individual has not cooperated with the child support agency as required in
145.19 subdivision 5.

145.20 Sec. 15. Minnesota Statutes 2020, section 259.241, is amended to read:

145.21 **259.241 ADULT ADOPTION.**

145.22 (a) Any adult person may be adopted, regardless of the adult person's residence. A
145.23 resident of Minnesota may petition the court of record having jurisdiction of adoption
145.24 proceedings to adopt an individual who has reached the age of 18 years or older.

145.25 (b) The consent of the person to be adopted shall be the only consent necessary, according
145.26 to section 259.24. The consent of an adult in the adult person's own adoption is invalid if
145.27 the adult is considered to be a vulnerable adult under section 626.5572, subdivision 21, or
145.28 if the person consenting to the adoption is determined not competent to give consent.

145.29 (c) Notwithstanding paragraph (b), a person in extended foster care under section
145.30 260C.451 may consent to the person's own adoption as long as the court with jurisdiction
145.31 finds the person competent to give consent.

146.1 ~~(e)~~ (d) The decree of adoption establishes a parent-child relationship between the adopting
146.2 parent or parents and the person adopted, including the right to inherit, and also terminates
146.3 the parental rights ~~and sibling relationship~~ between the adopted person and the adopted
146.4 person's birth parents ~~and siblings~~ according to section 259.59.

146.5 ~~(d)~~ (e) If the adopted person requests a change of name, the adoption decree shall order
146.6 the name change.

146.7 Sec. 16. Minnesota Statutes 2020, section 259.53, subdivision 4, is amended to read:

146.8 Subd. 4. **Preadoption residence.** No petition shall be granted under this chapter until
146.9 the child ~~shall have~~ has lived for three months in the proposed adoptive home, subject to a
146.10 right of visitation by the commissioner or an agency or their authorized representatives.

146.11 Sec. 17. Minnesota Statutes 2020, section 259.75, subdivision 5, is amended to read:

146.12 Subd. 5. **Withdrawal of registration.** A child's registration shall be withdrawn when
146.13 the exchange service has been notified in writing by the local social service agency or the
146.14 licensed child-placing agency that the child has been placed in an adoptive home ~~or~~, has
146.15 died, or is no longer under the guardianship of the commissioner and is no longer seeking
146.16 an adoptive home.

146.17 Sec. 18. Minnesota Statutes 2020, section 259.75, subdivision 6, is amended to read:

146.18 Subd. 6. **Periodic review of status.** (a) The exchange service commissioner shall
146.19 semiannually check review the state adoption exchange status of listed children for whom
146.20 inquiries have been received identified under subdivision 2, including a child whose
146.21 registration was withdrawn pursuant to subdivision 5. The commissioner may determine
146.22 that a child who is unregistered, or whose registration has been deferred, must be registered
146.23 and require the authorized child-placing agency to register the child with the state adoption
146.24 exchange within ten working days of the commissioner's determination.

146.25 (b) Periodic checks reviews shall be made by the service commissioner to determine the
146.26 progress toward adoption of those children and the status of children registered but never
146.27 listed in the exchange book because of placement in an adoptive home prior to or at the
146.28 time of registration state adoption exchange.

147.1 Sec. 19. Minnesota Statutes 2020, section 259.75, subdivision 9, is amended to read:

147.2 Subd. 9. **Rules; staff.** The commissioner of human services shall make rules as necessary
147.3 to administer this section and shall employ necessary staff to carry out the purposes of this
147.4 section. The commissioner may contract for services to carry out the purposes of this section.

147.5 Sec. 20. Minnesota Statutes 2020, section 259.83, subdivision 1a, is amended to read:

147.6 Subd. 1a. **Social and medical history.** (a) If a person aged 19 years and over who was
147.7 adopted on or after August 1, 1994, or the adoptive parent requests the detailed nonidentifying
147.8 social and medical history of the adopted person's birth family that was provided at the time
147.9 of the adoption, agencies must provide the information to the adopted person or adoptive
147.10 parent on the applicable form required under ~~section~~ sections 259.43 and 260C.212,
147.11 subdivision 15.

147.12 (b) If an adopted person aged 19 years and over or the adoptive parent requests the
147.13 agency to contact the adopted person's birth parents to request current nonidentifying social
147.14 and medical history of the adopted person's birth family, agencies must use the applicable
147.15 form required under ~~section~~ sections 259.43 and 260C.212, subdivision 15, when obtaining
147.16 the information for the adopted person or adoptive parent.

147.17 Sec. 21. Minnesota Statutes 2020, section 259A.75, subdivision 1, is amended to read:

147.18 Subdivision 1. **General information.** (a) Subject to the procedures required by the
147.19 commissioner and the provisions of this section, a Minnesota county or Tribal agency shall
147.20 receive a reimbursement from the commissioner equal to 100 percent of the reasonable and
147.21 appropriate cost for contracted adoption placement services identified for a specific child
147.22 that are not reimbursed under other federal or state funding sources.

147.23 (b) The commissioner may spend up to \$16,000 for each purchase of service contract.
147.24 Only one contract per child per adoptive placement is permitted. Funds encumbered and
147.25 obligated under the contract for the child remain available until the terms of the contract
147.26 are fulfilled or the contract is terminated.

147.27 (c) The commissioner shall set aside an amount not to exceed five percent of the total
147.28 amount of the fiscal year appropriation from the state for the adoption assistance program
147.29 to reimburse a Minnesota county or tribal social services placing agency for child-specific
147.30 adoption placement services. When adoption assistance payments for children's needs exceed
147.31 95 percent of the total amount of the fiscal year appropriation from the state for the adoption

148.1 assistance program, the amount of reimbursement available to placing agencies for adoption
148.2 services is reduced correspondingly.

148.3 Sec. 22. Minnesota Statutes 2020, section 259A.75, subdivision 2, is amended to read:

148.4 Subd. 2. **Purchase of service contract child eligibility criteria.** ~~(a)~~ A child who is the
148.5 subject of a purchase of service contract must:

148.6 (1) have the goal of adoption, which may include an adoption in accordance with tribal
148.7 law;

148.8 (2) be under the guardianship of the commissioner of human services or be a ward of
148.9 tribal court pursuant to section 260.755, subdivision 20; and

148.10 (3) meet all of the special needs criteria according to section ~~259A.10, subdivision 2~~
148.11 256N.23, subdivision 2.

148.12 ~~(b) A child under the guardianship of the commissioner must have an identified adoptive~~
148.13 ~~parent and a fully executed adoption placement agreement according to section 260C.613,~~
148.14 ~~subdivision 1, paragraph (a).~~

148.15 Sec. 23. Minnesota Statutes 2020, section 259A.75, subdivision 3, is amended to read:

148.16 Subd. 3. **Agency eligibility criteria.** (a) A Minnesota county or Tribal social services
148.17 agency shall receive reimbursement for child-specific adoption placement services for an
148.18 eligible child that it purchases from a private adoption agency licensed in Minnesota or any
148.19 other state or tribal social services agency.

148.20 (b) Reimbursement for adoption services is available only for services provided prior
148.21 to the date of the adoption decree.

148.22 Sec. 24. Minnesota Statutes 2020, section 259A.75, subdivision 4, is amended to read:

148.23 Subd. 4. **Application and eligibility determination.** (a) A Minnesota county or Tribal
148.24 social services agency may request reimbursement of costs for adoption placement services
148.25 by submitting a complete purchase of service application, according to the requirements
148.26 and procedures and on forms prescribed by the commissioner.

148.27 (b) The commissioner shall determine eligibility for reimbursement of adoption placement
148.28 services. If determined eligible, the commissioner of human services shall sign the purchase
148.29 of service agreement, making this a fully executed contract. No reimbursement under this
148.30 section shall be made to an agency for services provided prior to the fully executed contract.

149.1 (c) Separate purchase of service agreements shall be made, and separate records
149.2 maintained, on each child. Only one agreement per child per adoptive placement is permitted.
149.3 For siblings who are placed together, services shall be planned and provided to best maximize
149.4 efficiency of the contracted hours.

149.5 Sec. 25. Minnesota Statutes 2020, section 260C.007, subdivision 22a, is amended to read:

149.6 Subd. 22a. **Licensed residential family-based substance use disorder treatment**
149.7 **program.** "Licensed residential family-based substance use disorder treatment program"
149.8 means a residential treatment facility that provides the parent or guardian with parenting
149.9 skills training, parent education, or individual and family counseling, under an organizational
149.10 structure and treatment framework that involves understanding, recognizing, and responding
149.11 to the effects of all types of trauma according to recognized principles of a trauma-informed
149.12 approach and trauma-specific interventions to address the consequences of trauma and
149.13 facilitate healing. The residential program must be licensed by the Department of Human
149.14 Services under ~~chapter~~ chapters 245A and sections 245G.01 to 245G.16, 245G.19, and
149.15 245G.21 ~~245G or Tribally licensed or approved~~ as a residential substance use disorder
149.16 treatment program specializing in the treatment of clients with children.

149.17 Sec. 26. Minnesota Statutes 2020, section 260C.007, subdivision 26c, is amended to read:

149.18 Subd. 26c. **Qualified individual.** (a) "Qualified individual" means a trained culturally
149.19 competent professional or licensed clinician, including a mental health professional under
149.20 section 245.4871, subdivision 27, who is ~~not~~ qualified to conduct the assessment approved
149.21 by the commissioner. The qualified individual must not be an employee of the responsible
149.22 social services agency ~~and who is not~~ or an individual connected to or affiliated with any
149.23 placement setting in which a responsible social services agency has placed children.

149.24 (b) When the Indian Child Welfare Act of 1978, United States Code, title 25, sections
149.25 1901 to 1963, applies to a child, the county must contact the child's tribe without delay to
149.26 give the tribe the option to designate a qualified individual who is a trained culturally
149.27 competent professional or licensed clinician, including a mental health professional under
149.28 section 245.4871, subdivision 27, who is not employed by the responsible social services
149.29 agency and who is not connected to or affiliated with any placement setting in which a
149.30 responsible social services agency has placed children. Only a federal waiver that
149.31 demonstrates maintained objectivity may allow a responsible social services agency employee
149.32 or Tribal employee affiliated with any placement setting in which the responsible social
149.33 services agency has placed children to be designated the qualified individual.

150.1 Sec. 27. Minnesota Statutes 2020, section 260C.007, subdivision 31, is amended to read:

150.2 Subd. 31. **Sexually exploited youth.** "Sexually exploited youth" means an individual
150.3 who:

150.4 (1) is alleged to have engaged in conduct which would, if committed by an adult, violate
150.5 any federal, state, or local law relating to being hired, offering to be hired, or agreeing to
150.6 be hired by another individual to engage in sexual penetration or sexual conduct;

150.7 (2) is a victim of a crime described in section 609.342, 609.343, 609.344, 609.345,
150.8 609.3451, 609.3453, 609.352, 617.246, or 617.247;

150.9 (3) is a victim of a crime described in United States Code, title 18, section 2260; 2421;
150.10 2422; 2423; 2425; 2425A; or 2256; ~~or~~

150.11 (4) is a sex trafficking victim as defined in section 609.321, subdivision 7b.; or

150.12 (5) is a victim of commercial sexual exploitation as defined in United States Code, title
150.13 22, section 7102(11)(A) and (12).

150.14 **EFFECTIVE DATE.** This section is effective September 30, 2021.

150.15 Sec. 28. Minnesota Statutes 2020, section 260C.157, subdivision 3, is amended to read:

150.16 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
150.17 shall establish a juvenile treatment screening team to conduct screenings under this chapter
150.18 and chapter 260D, and section 245.487, subdivision 3, for a child to receive treatment for
150.19 an emotional disturbance, a developmental disability, or related condition in a residential
150.20 treatment facility licensed by the commissioner of human services under chapter 245A, or
150.21 licensed or approved by a tribe. A screening team is not required for a child to be in: (1) a
150.22 residential facility specializing in prenatal, postpartum, or parenting support; (2) a facility
150.23 specializing in high-quality residential care and supportive services to children and youth
150.24 who ~~are~~ have been or are at risk of becoming victims of sex trafficking ~~sex trafficking~~
150.25 ~~victims or are at risk of becoming sex trafficking victims~~ or commercial sexual exploitation;
150.26 (3) supervised settings for youth who are 18 years ~~old~~ of age or older and living
150.27 independently; or (4) a licensed residential family-based treatment facility for substance
150.28 abuse consistent with section 260C.190. Screenings are also not required when a child must
150.29 be placed in a facility due to an emotional crisis or other mental health emergency.

150.30 (b) The responsible social services agency shall conduct screenings within 15 days of a
150.31 request for a screening, unless the screening is for the purpose of residential treatment and
150.32 the child is enrolled in a prepaid health program under section 256B.69, in which case the

151.1 agency shall conduct the screening within ten working days of a request. The responsible
151.2 social services agency shall convene the juvenile treatment screening team, which may be
151.3 constituted under section 245.4885 or 256B.092 or Minnesota Rules, parts 9530.6600 to
151.4 9530.6655. The team shall consist of social workers; persons with expertise in the treatment
151.5 of juveniles who are emotionally ~~disabled~~ disturbed, chemically dependent, or have a
151.6 developmental disability; and the child's parent, guardian, or permanent legal custodian.
151.7 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
151.8 and 27, the child's foster care provider, and professionals who are a resource to the child's
151.9 family such as teachers, medical or mental health providers, and clergy, as appropriate,
151.10 consistent with the family and permanency team as defined in section 260C.007, subdivision
151.11 16a. Prior to forming the team, the responsible social services agency must consult with the
151.12 child's parents, the child if the child is age 14 or older, ~~the child's parents~~, and, if applicable,
151.13 the child's tribe to obtain recommendations regarding which individuals to include on the
151.14 team and to ensure that the team is family-centered and will act in the child's best interest
151.15 interests. If the child, child's parents, or legal guardians raise concerns about specific relatives
151.16 or professionals, the team should not include those individuals. This provision does not
151.17 apply to paragraph (c).

151.18 (c) If the agency provides notice to tribes under section 260.761, and the child screened
151.19 is an Indian child, the responsible social services agency must make a rigorous and concerted
151.20 effort to include a designated representative of the Indian child's tribe on the juvenile
151.21 treatment screening team, unless the child's tribal authority declines to appoint a
151.22 representative. The Indian child's tribe may delegate its authority to represent the child to
151.23 any other federally recognized Indian tribe, as defined in section 260.755, subdivision 12.
151.24 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
151.25 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
151.26 260.835, apply to this section.

151.27 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes
151.28 to place a child with an emotional disturbance or developmental disability or related condition
151.29 in residential treatment, the responsible social services agency must conduct a screening.
151.30 If the team recommends treating the child in a qualified residential treatment program, the
151.31 agency must follow the requirements of sections 260C.70 to 260C.714.

151.32 The court shall ascertain whether the child is an Indian child and shall notify the
151.33 responsible social services agency and, if the child is an Indian child, shall notify the Indian
151.34 child's tribe as paragraph (c) requires.

152.1 (e) When the responsible social services agency is responsible for placing and caring
152.2 for the child and the screening team recommends placing a child in a qualified residential
152.3 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
152.4 begin the assessment and processes required in section 260C.704 without delay; and (2)
152.5 conduct a relative search according to section 260C.221 to assemble the child's family and
152.6 permanency team under section 260C.706. Prior to notifying relatives regarding the family
152.7 and permanency team, the responsible social services agency must consult with the child's
152.8 parent or legal guardian, the child if the child is age 14 or older, ~~the child's parents~~ and, if
152.9 applicable, the child's tribe to ensure that the agency is providing notice to individuals who
152.10 will act in the child's best ~~interest~~ interests. The child and the child's parents may identify
152.11 a culturally competent qualified individual to complete the child's assessment. The agency
152.12 shall make efforts to refer the assessment to the identified qualified individual. The
152.13 assessment may not be delayed for the purpose of having the assessment completed by a
152.14 specific qualified individual.

152.15 (f) When a screening team determines that a child does not need treatment in a qualified
152.16 residential treatment program, the screening team must:

152.17 (1) document the services and supports that will prevent the child's foster care placement
152.18 and will support the child remaining at home;

152.19 (2) document the services and supports that the agency will arrange to place the child
152.20 in a family foster home; or

152.21 (3) document the services and supports that the agency has provided in any other setting.

152.22 (g) When the Indian child's tribe or tribal health care services provider or Indian Health
152.23 Services provider proposes to place a child for the primary purpose of treatment for an
152.24 emotional disturbance, a developmental disability, or co-occurring emotional disturbance
152.25 and chemical dependency, the Indian child's tribe or the tribe delegated by the child's tribe
152.26 shall submit necessary documentation to the county juvenile treatment screening team,
152.27 which must invite the Indian child's tribe to designate a representative to the screening team.

152.28 (h) The responsible social services agency must conduct and document the screening in
152.29 a format approved by the commissioner of human services.

152.30 **EFFECTIVE DATE.** This section is effective September 30, 2021.

152.31 Sec. 29. Minnesota Statutes 2020, section 260C.212, subdivision 1, is amended to read:

152.32 Subdivision 1. **Out-of-home placement; plan.** (a) An out-of-home placement plan shall
152.33 be prepared within 30 days after any child is placed in foster care by court order or a

153.1 voluntary placement agreement between the responsible social services agency and the
153.2 child's parent pursuant to section 260C.227 or chapter 260D.

153.3 (b) An out-of-home placement plan means a written document which is prepared by the
153.4 responsible social services agency jointly with the parent or parents or guardian of the child
153.5 and in consultation with the child's guardian ad litem, the child's tribe, if the child is an
153.6 Indian child, the child's foster parent or representative of the foster care facility, and, where
153.7 appropriate, the child. When a child is age 14 or older, the child may include two other
153.8 individuals on the team preparing the child's out-of-home placement plan. The child may
153.9 select one member of the case planning team to be designated as the child's advisor and to
153.10 advocate with respect to the application of the reasonable and prudent parenting standards.
153.11 The responsible social services agency may reject an individual selected by the child if the
153.12 agency has good cause to believe that the individual would not act in the best interest of the
153.13 child. For a child in voluntary foster care for treatment under chapter 260D, preparation of
153.14 the out-of-home placement plan shall additionally include the child's mental health treatment
153.15 provider. For a child 18 years of age or older, the responsible social services agency shall
153.16 involve the child and the child's parents as appropriate. As appropriate, the plan shall be:

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

153.18 (2) ordered by the court, either as presented or modified after hearing, under section
153.19 260C.178, subdivision 7, or 260C.201, subdivision 6; and

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

153.23 (c) The out-of-home placement plan shall be explained to all persons involved in its
153.24 implementation, including the child who has signed the plan, and shall set forth:

153.25 (1) a description of the foster care home or facility selected, including how the
153.26 out-of-home placement plan is designed to achieve a safe placement for the child in the
153.27 least restrictive, most family-like, setting available which is in close proximity to the home
153.28 of the parent or parents or guardian of the child when the case plan goal is reunification,
153.29 and how the placement is consistent with the best interests and special needs of the child
153.30 according to the factors under subdivision 2, paragraph (b);

153.31 (2) the specific reasons for the placement of the child in foster care, and when
153.32 reunification is the plan, a description of the problems or conditions in the home of the
153.33 parent or parents which necessitated removal of the child from home and the changes the
153.34 parent or parents must make for the child to safely return home;

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

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

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

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

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

154.18 (6) when a child cannot return to or be in the care of either parent, documentation of
154.19 steps to finalize adoption as the permanency plan for the child through reasonable efforts
154.20 to place the child for adoption. At a minimum, the documentation must include consideration
154.21 of whether adoption is in the best interests of the child, child-specific recruitment efforts
154.22 such as relative search and the use of state, regional, and national adoption exchanges to
154.23 facilitate orderly and timely placements in and outside of the state. A copy of this
154.24 documentation shall be provided to the court in the review required under section 260C.317,
154.25 subdivision 3, paragraph (b);

154.26 (7) when a child cannot return to or be in the care of either parent, documentation of
154.27 steps to finalize the transfer of permanent legal and physical custody to a relative as the
154.28 permanency plan for the child. This documentation must support the requirements of the
154.29 kinship placement agreement under section 256N.22 and must include the reasonable efforts
154.30 used to determine that it is not appropriate for the child to return home or be adopted, and
154.31 reasons why permanent placement with a relative through a Northstar kinship assistance
154.32 arrangement is in the child's best interest; how the child meets the eligibility requirements
154.33 for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's
154.34 relative foster parent and reasons why the relative foster parent chose not to pursue adoption,

155.1 if applicable; and agency efforts to discuss with the child's parent or parents the permanent
155.2 transfer of permanent legal and physical custody or the reasons why these efforts were not
155.3 made;

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

155.10 Educational stability efforts include:

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

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

155.18 (9) the educational records of the child including the most recent information available
155.19 regarding:

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

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

155.22 (iii) the child's school record;

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

155.25 (v) any other relevant educational information;

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

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

155.29 (ii) how the child's known medical problems and identified needs from the screens,
155.30 including any known communicable diseases, as defined in section 144.4172, subdivision
155.31 2, shall be monitored and treated while the child is in foster care;

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

156.3 (iv) who is responsible to coordinate and respond to the child's health care needs,
156.4 including the role of the parent, the agency, and the foster parent;

156.5 (v) who is responsible for oversight of the child's prescription medications;

156.6 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
156.7 consulted and involved in assessing the health and well-being of the child and determine
156.8 the appropriate medical treatment for the child; and

156.9 (vii) the responsibility to ensure that the child has access to medical care through either
156.10 medical insurance or medical assistance;

156.11 (11) the health records of the child including information available regarding:

156.12 (i) the names and addresses of the child's health care and dental care providers;

156.13 (ii) a record of the child's immunizations;

156.14 (iii) the child's known medical problems, including any known communicable diseases
156.15 as defined in section 144.4172, subdivision 2;

156.16 (iv) the child's medications; and

156.17 (v) any other relevant health care information such as the child's eligibility for medical
156.18 insurance or medical assistance;

156.19 (12) an independent living plan for a child 14 years of age or older, developed in
156.20 consultation with the child. The child may select one member of the case planning team to
156.21 be designated as the child's advisor and to advocate with respect to the application of the
156.22 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
156.23 not be limited to, the following objectives:

156.24 (i) educational, vocational, or employment planning;

156.25 (ii) health care planning and medical coverage;

156.26 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
156.27 license;

156.28 (iv) money management, including the responsibility of the responsible social services
156.29 agency to ensure that the child annually receives, at no cost to the child, a consumer report
156.30 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
156.31 in the report;

- 157.1 (v) planning for housing;
- 157.2 (vi) social and recreational skills;
- 157.3 (vii) establishing and maintaining connections with the child's family and community;
- 157.4 and
- 157.5 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
- 157.6 activities typical for the child's age group, taking into consideration the capacities of the
- 157.7 individual child;
- 157.8 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
- 157.9 and assessment information, specific services relating to meeting the mental health care
- 157.10 needs of the child, and treatment outcomes;
- 157.11 (14) for a child 14 years of age or older, a signed acknowledgment that describes the
- 157.12 child's rights regarding education, health care, visitation, safety and protection from
- 157.13 exploitation, and court participation; receipt of the documents identified in section 260C.452;
- 157.14 and receipt of an annual credit report. The acknowledgment shall state that the rights were
- 157.15 explained in an age-appropriate manner to the child; and
- 157.16 (15) for a child placed in a qualified residential treatment program, the plan must include
- 157.17 the requirements in section 260C.708.
- 157.18 (d) The parent or parents or guardian and the child each shall have the right to legal
- 157.19 counsel in the preparation of the case plan and shall be informed of the right at the time of
- 157.20 placement of the child. The child shall also have the right to a guardian ad litem. If unable
- 157.21 to employ counsel from their own resources, the court shall appoint counsel upon the request
- 157.22 of the parent or parents or the child or the child's legal guardian. The parent or parents may
- 157.23 also receive assistance from any person or social services agency in preparation of the case
- 157.24 plan.
- 157.25 After the plan has been agreed upon by the parties involved or approved or ordered by
- 157.26 the court, the foster parents shall be fully informed of the provisions of the case plan and
- 157.27 shall be provided a copy of the plan.
- 157.28 Upon the child's discharge from foster care, the responsible social services agency must
- 157.29 provide the child's parent, adoptive parent, or permanent legal and physical custodian, as
- 157.30 appropriate, and the child, if appropriate, ~~must be provided~~ the child is 14 years of age or
- 157.31 older, with a current copy of the child's health and education record. If a child meets the
- 157.32 conditions in subdivision 15, paragraph (b), the agency must also provide the child with the
- 157.33 child's social and medical history. The responsible social services agency may give a copy

158.1 of the child's health and education record and social and medical history to a child who is
158.2 younger than 14 years of age, if it is appropriate and if subdivision 15, paragraph (b), applies.

158.3 Sec. 30. Minnesota Statutes 2020, section 260C.212, subdivision 1a, is amended to read:

158.4 Subd. 1a. **Out-of-home placement plan update.** (a) Within 30 days of placing the child
158.5 in foster care, the agency must file the child's initial out-of-home placement plan with the
158.6 court. After filing the child's initial out-of-home placement plan, the agency shall update
158.7 and file the child's out-of-home placement plan with the court as follows:

158.8 (1) when the agency moves a child to a different foster care setting, the agency shall
158.9 inform the court within 30 days of the child's placement change or court-ordered trial home
158.10 visit. The agency must file the child's updated out-of-home placement plan with the court
158.11 at the next required review hearing;

158.12 (2) when the agency places a child in a qualified residential treatment program as defined
158.13 in section 260C.007, subdivision 26d, or moves a child from one qualified residential
158.14 treatment program to a different qualified residential treatment program, the agency must
158.15 update the child's out-of-home placement plan within 60 days. To meet the requirements
158.16 of section 260C.708, the agency must file the child's out-of-home placement plan ~~with the~~
158.17 ~~court as part of the 60-day hearing and~~ along with the agency's report seeking the court's
158.18 approval of the child's placement at a qualified residential treatment program under section
158.19 260C.71. After the court issues an order, the agency must update the child's out-of-home
158.20 placement plan after the court hearing to document the court's approval or disapproval of
158.21 the child's placement in a qualified residential treatment program;

158.22 (3) when the agency places a child with the child's parent in a licensed residential
158.23 family-based substance use disorder treatment program under section 260C.190, the agency
158.24 must identify the treatment program where the child will be placed in the child's out-of-home
158.25 placement plan prior to the child's placement. The agency must file the child's out-of-home
158.26 placement plan with the court at the next required review hearing; and

158.27 (4) under sections 260C.227 and 260C.521, the agency must update the child's
158.28 out-of-home placement plan and file the child's out-of-home placement plan with the court.

158.29 (b) When none of the items in paragraph (a) apply, the agency must update the child's
158.30 out-of-home placement plan no later than 180 days after the child's initial placement and
158.31 every six months thereafter, consistent with section 260C.203, paragraph (a).

158.32 **EFFECTIVE DATE.** This section is effective September 30, 2021.

159.1 Sec. 31. Minnesota Statutes 2020, section 260C.212, subdivision 2, is amended to read:

159.2 Subd. 2. **Placement decisions based on best interests of the child.** (a) The policy of
159.3 the state of Minnesota is to ensure that the child's best interests are met by requiring an
159.4 individualized determination of the needs of the child and of how the selected placement
159.5 will serve the needs of the child being placed. The authorized child-placing agency shall
159.6 place a child, released by court order or by voluntary release by the parent or parents, in a
159.7 family foster home selected by considering placement with relatives and important friends
159.8 in the following order:

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

159.11 (2) with an individual who is an important friend with whom the child has resided or
159.12 had significant contact.

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

159.15 (b) Among the factors the agency shall consider in determining the needs of the child
159.16 are the following:

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

159.18 (2) the medical needs of the child;

159.19 (3) the educational needs of the child;

159.20 (4) the developmental needs of the child;

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

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

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

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

159.25 (9) the child's relationship to current caretakers, parents, siblings, and relatives;

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

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

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

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

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

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

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

160.25 Sec. 32. Minnesota Statutes 2020, section 260C.212, subdivision 13, is amended to read:

160.26 Subd. 13. **Protecting missing and runaway children and youth at risk of sex**
160.27 **trafficking or commercial sexual exploitation.** (a) The local social services agency shall
160.28 expeditiously locate any child missing from foster care.

160.29 (b) The local social services agency shall report immediately, but no later than 24 hours,
160.30 after receiving information on a missing or abducted child to the local law enforcement
160.31 agency for entry into the National Crime Information Center (NCIC) database of the Federal
160.32 Bureau of Investigation, and to the National Center for Missing and Exploited Children.

161.1 (c) The local social services agency shall not discharge a child from foster care or close
161.2 the social services case until diligent efforts have been exhausted to locate the child and the
161.3 court terminates the agency's jurisdiction.

161.4 (d) The local social services agency shall determine the primary factors that contributed
161.5 to the child's running away or otherwise being absent from care and, to the extent possible
161.6 and appropriate, respond to those factors in current and subsequent placements.

161.7 (e) The local social services agency shall determine what the child experienced while
161.8 absent from care, including screening the child to determine if the child is a possible sex
161.9 trafficking or commercial sexual exploitation victim as defined in section ~~609.321,~~
161.10 ~~subdivision 7b~~ 260C.007, subdivision 31.

161.11 (f) The local social services agency shall report immediately, but no later than 24 hours,
161.12 to the local law enforcement agency any reasonable cause to believe a child is, or is at risk
161.13 of being, a sex trafficking or commercial sexual exploitation victim.

161.14 (g) The local social services agency shall determine appropriate services as described
161.15 in section 145.4717 with respect to any child for whom the local social services agency has
161.16 responsibility for placement, care, or supervision when the local social services agency has
161.17 reasonable cause to believe that the child is, or is at risk of being, a sex trafficking or
161.18 commercial sexual exploitation victim.

161.19 **EFFECTIVE DATE.** This section is effective September 30, 2021.

161.20 Sec. 33. Minnesota Statutes 2020, section 260C.212, is amended by adding a subdivision
161.21 to read:

161.22 **Subd. 15. Social and medical history.** (a) The responsible social services agency must
161.23 complete each child's social and medical history using forms developed by the commissioner.
161.24 The responsible social services agency must work with each child's birth family, foster
161.25 family, medical and treatment providers, and school to ensure that there is a detailed and
161.26 up-to-date social and medical history of the child on forms provided by the commissioner.

161.27 (b) If the child continues to be in placement out of the home of the parent or guardian
161.28 from whom the child was removed, reasonable efforts by the responsible social services
161.29 agency to complete the child's social and medical history must begin no later than the child's
161.30 permanency progress review hearing required under section 260C.204 or six months after
161.31 the child's placement in foster care, whichever occurs earlier.

161.32 (c) In a child's social and medical history, the responsible social services agency must
161.33 include background information and health history specific to the child, the child's birth

162.1 parents, and the child's other birth relatives. Applicable background and health information
162.2 about the child includes the child's current health condition, behavior, and demeanor;
162.3 placement history; education history; sibling information; and birth, medical, dental, and
162.4 immunization information. Redacted copies of pertinent records, assessments, and evaluations
162.5 must be attached to the child's social and medical history. Applicable background information
162.6 about the child's birth parents and other birth relatives includes general background
162.7 information; education and employment history; physical health and mental health history;
162.8 and reasons for the child's placement.

162.9 Sec. 34. Minnesota Statutes 2020, section 260C.219, subdivision 5, is amended to read:

162.10 Subd. 5. **Children reaching age of majority; copies of records.** Regardless of whether
162.11 a child is under state guardianship or not, if a child leaves foster care by reason of having
162.12 attained the age of majority under state law, the child must be given at no cost a copy of
162.13 the child's social and medical history, as ~~defined~~ described in section ~~259.43~~, 260C.212,
162.14 subdivision 15, including the child's health and education report.

162.15 Sec. 35. Minnesota Statutes 2020, section 260C.4412, is amended to read:

162.16 **260C.4412 PAYMENT FOR RESIDENTIAL PLACEMENTS.**

162.17 (a) When a child is placed in a foster care group residential setting under Minnesota
162.18 Rules, parts 2960.0020 to 2960.0710, a foster residence licensed under chapter 245A that
162.19 meets the standards of Minnesota Rules, parts 2960.3200 to 2960.3230, or a children's
162.20 residential facility licensed or approved by a tribe, foster care maintenance payments must
162.21 be made on behalf of the child to cover the cost of providing food, clothing, shelter, daily
162.22 supervision, school supplies, child's personal incidentals and supports, reasonable travel for
162.23 visitation, or other transportation needs associated with the items listed. Daily supervision
162.24 in the group residential setting includes routine day-to-day direction and arrangements to
162.25 ensure the well-being and safety of the child. It may also include reasonable costs of
162.26 administration and operation of the facility.

162.27 (b) The commissioner of human services shall specify the title IV-E administrative
162.28 procedures under section 256.82 for each of the following residential program settings:

162.29 (1) residential programs licensed under chapter 245A or licensed by a tribe, including:

162.30 (i) qualified residential treatment programs as defined in section 260C.007, subdivision
162.31 26d;

163.1 (ii) program settings specializing in providing prenatal, postpartum, or parenting supports
 163.2 for youth; and

163.3 (iii) program settings providing high-quality residential care and supportive services to
 163.4 children and youth who are, or are at risk of becoming, sex trafficking victims;

163.5 (2) licensed residential family-based substance use disorder treatment programs as
 163.6 defined in section 260C.007, subdivision 22a; and

163.7 (3) supervised settings in which a foster child age 18 or older may live independently,
 163.8 consistent with section 260C.451.

163.9 (c) A lead contract under section 256.0112, subdivision 6, is not required to establish
 163.10 the foster care maintenance payment in paragraph (a) for foster residence settings licensed
 163.11 under chapter 245A that meet the standards of Minnesota Rules, parts 2960.3200 to
 163.12 2960.3230. The foster care maintenance payment for these settings must be consistent with
 163.13 section 256N.26, subdivision 3, and subject to the annual revision as specified in section
 163.14 256N.26, subdivision 9.

163.15 **EFFECTIVE DATE.** This section is effective for placements made in licensed residential
 163.16 settings after September 30, 2021.

163.17 Sec. 36. Minnesota Statutes 2020, section 260C.452, is amended to read:

163.18 **260C.452 SUCCESSFUL TRANSITION TO ADULTHOOD.**

163.19 Subdivision 1. **Scope; purpose.** (a) For purposes of this section, "youth" means a person
 163.20 who is at least 14 years of age and under 23 years of age.

163.21 (b) This section pertains to a ~~child~~ youth who:

163.22 (1) is in foster care and is 14 years of age or older, including a youth who is under the
 163.23 guardianship of the commissioner of human services, ~~or who;~~

163.24 (2) has a permanency disposition of permanent custody to the agency, ~~or who;~~

163.25 (3) will leave foster care ~~at 18 to 21 years of age.~~ when the youth is 18 years of age or
 163.26 older and under 21 years of age;

163.27 (4) has left foster care due to adoption when the youth was 16 years of age or older;

163.28 (5) has left foster care due to a transfer of permanent legal and physical custody to a
 163.29 relative, or Tribal equivalent, when the youth was 16 years of age or older; or

163.30 (6) was reunified with the youth's primary caretaker when the youth was 14 years of age
 163.31 or older and under 18 years of age.

164.1 (c) The purpose of this section is to provide support to each youth who is transitioning
164.2 to adulthood by providing services to the youth in the areas of:

164.3 (1) education;

164.4 (2) employment;

164.5 (3) daily living skills such as financial literacy training and driving instruction, preventive
164.6 health activities including promoting abstinence from substance use and smoking, and
164.7 nutrition education and pregnancy prevention;

164.8 (4) forming meaningful, permanent connections with caring adults;

164.9 (5) engaging in age-appropriate and developmentally appropriate activities under section
164.10 260C.212, subdivision 14, and positive youth development;

164.11 (6) financial, housing, counseling, and other services to assist a youth over 18 years of
164.12 age in achieving self-sufficiency and accepting personal responsibility for the transition
164.13 from adolescence to adulthood; and

164.14 (7) making vouchers available for education and training.

164.15 (d) The responsible social services agency may provide support and case management
164.16 services to a youth as defined in paragraph (a) until the youth reaches 23 years of age.
164.17 According to section 260C.451, a youth's placement in a foster care setting will end when
164.18 the youth reaches 21 years of age.

164.19 Subd. 1a. **Case management services.** Case management services include the
164.20 responsibility for planning, coordinating, authorizing, monitoring, and evaluating services
164.21 for a youth and shall be provided to a youth by the responsible social services agency or
164.22 the contracted agency. Case management services include the out-of-home placement plan
164.23 under section 260C.212, subdivision 1, when the youth is in out-of-home placement.

164.24 Subd. 2. **Independent living plan.** When the ~~child~~ youth is 14 years of age or older and
164.25 is receiving support from the responsible social services agency under this section, the
164.26 responsible social services agency, in consultation with the ~~child~~ youth, shall complete the
164.27 youth's independent living plan according to section 260C.212, subdivision 1, paragraph
164.28 (c), clause (12), regardless of the youth's current placement status.

164.29 ~~Subd. 3. **Notification.** Six months before the child is expected to be discharged from~~
164.30 ~~foster care, the responsible social services agency shall provide written notice to the child~~
164.31 ~~regarding the right to continued access to services for certain children in foster care past 18~~
164.32 ~~years of age and of the right to appeal a denial of social services under section 256.045.~~

165.1 Subd. 4. **Administrative or court review of placements.** (a) When the ~~child~~ youth is
165.2 14 years of age or older, the court, in consultation with the ~~child~~ youth, shall review the
165.3 youth's independent living plan according to section 260C.203, paragraph (d).

165.4 (b) The responsible social services agency shall file a copy of the notification ~~required~~
165.5 ~~in subdivision 3~~ of foster care benefits for a youth who is 18 years of age or older according
165.6 to section 260C.451, subdivision 1, with the court. If the responsible social services agency
165.7 does not file the notice by the time the ~~child~~ youth is 17-1/2 years of age, the court shall
165.8 require the responsible social services agency to file the notice.

165.9 (c) When a youth is 18 years of age or older, the court shall ensure that the responsible
165.10 social services agency assists the ~~child~~ youth in obtaining the following documents before
165.11 the ~~child~~ youth leaves foster care: a Social Security card; an official or certified copy of the
165.12 ~~child's~~ youth's birth certificate; a state identification card or driver's license, tribal enrollment
165.13 identification card, green card, or school visa; health insurance information; the ~~child's~~
165.14 youth's school, medical, and dental records; a contact list of the ~~child's~~ youth's medical,
165.15 dental, and mental health providers; and contact information for the ~~child's~~ youth's siblings,
165.16 if the siblings are in foster care.

165.17 (d) For a ~~child~~ youth who will be discharged from foster care at 18 years of age or older
165.18 because the youth is not eligible for extended foster care benefits or chooses to leave foster
165.19 care, the responsible social services agency must develop a personalized transition plan as
165.20 directed by the ~~child~~ youth during the ~~90-day~~ 180-day period immediately prior to the
165.21 expected date of discharge. The transition plan must be as detailed as the ~~child~~ youth elects
165.22 and include specific options, including but not limited to:

165.23 (1) affordable housing with necessary supports that does not include a homeless shelter;

165.24 (2) health insurance, including eligibility for medical assistance as defined in section
165.25 256B.055, subdivision 17;

165.26 (3) education, including application to the Education and Training Voucher Program;

165.27 (4) local opportunities for mentors and continuing support services, ~~including the Healthy~~
165.28 ~~Transitions and Homeless Prevention program, if available;~~

165.29 (5) workforce supports and employment services;

165.30 (6) a copy of the ~~child's~~ youth's consumer credit report as defined in section 13C.001
165.31 and assistance in interpreting and resolving any inaccuracies in the report, at no cost to the
165.32 ~~child~~ youth;

166.1 (7) information on executing a health care directive under chapter 145C and on the
166.2 importance of designating another individual to make health care decisions on behalf of the
166.3 ~~child~~ youth if the ~~child~~ youth becomes unable to participate in decisions;

166.4 (8) appropriate contact information through 21 years of age if the ~~child~~ youth needs
166.5 information or help dealing with a crisis situation; and

166.6 (9) official documentation that the youth was previously in foster care.

166.7 Subd. 5. **Notice of termination of ~~foster care~~ social services.** (a) ~~When~~ Before a ~~child~~
166.8 youth who is 18 years of age or older leaves foster care ~~at 18 years of age or older~~, the
166.9 responsible social services agency shall give the ~~child~~ youth written notice that foster care
166.10 shall terminate 30 days from the date that the notice is sent by the agency according to
166.11 section 260C.451, subdivision 8.

166.12 ~~(b) The child or the child's guardian ad litem may file a motion asking the court to review~~
166.13 ~~the responsible social services agency's determination within 15 days of receiving the notice.~~
166.14 ~~The child shall not be discharged from foster care until the motion is heard. The responsible~~
166.15 ~~social services agency shall work with the child to transition out of foster care.~~

166.16 ~~(c) The written notice of termination of benefits shall be on a form prescribed by the~~
166.17 ~~commissioner and shall give notice of the right to have the responsible social services~~
166.18 ~~agency's determination reviewed by the court under this section or sections 260C.203,~~
166.19 ~~260C.317, and 260C.515, subdivision 5 or 6. A copy of the termination notice shall be sent~~
166.20 ~~to the child and the child's attorney, if any, the foster care provider, the child's guardian ad~~
166.21 ~~litem, and the court. The responsible social services agency is not responsible for paying~~
166.22 ~~foster care benefits for any period of time after the child leaves foster care.~~

166.23 (b) Before case management services will end for a youth who is at least 18 years of
166.24 age and under 23 years of age, the responsible social services agency shall give the youth:
166.25 (1) written notice that case management services for the youth shall terminate; and (2)
166.26 written notice that the youth has the right to appeal the termination of case management
166.27 services under section 256.045, subdivision 3, by responding in writing within ten days of
166.28 the date that the agency mailed the notice. The termination notice must include information
166.29 about services for which the youth is eligible and how to access the services.

166.30 **EFFECTIVE DATE.** This section is effective July 1, 2021.

167.1 Sec. 37. Minnesota Statutes 2020, section 260C.503, subdivision 2, is amended to read:

167.2 Subd. 2. **Termination of parental rights.** (a) The responsible social services agency
167.3 must ask the county attorney to immediately file a termination of parental rights petition
167.4 when:

167.5 (1) the child has been subjected to egregious harm as defined in section 260C.007,
167.6 subdivision 14;

167.7 (2) the child is determined to be the sibling of a child who was subjected to egregious
167.8 harm;

167.9 (3) the child is an abandoned infant as defined in section 260C.301, subdivision 2,
167.10 paragraph (a), clause (2);

167.11 (4) the child's parent has lost parental rights to another child through an order involuntarily
167.12 terminating the parent's rights;

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

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

167.17 (7) another child of the parent is the subject of an order involuntarily transferring
167.18 permanent legal and physical custody of the child to a relative under this chapter or a similar
167.19 law of another jurisdiction;

167.20 The county attorney shall file a termination of parental rights petition unless the conditions
167.21 of paragraph (d) are met.

167.22 (b) When the termination of parental rights petition is filed under this subdivision, the
167.23 responsible social services agency shall identify, recruit, and approve an adoptive family
167.24 for the child. If a termination of parental rights petition has been filed by another party, the
167.25 responsible social services agency shall be joined as a party to the petition.

167.26 (c) If criminal charges have been filed against a parent arising out of the conduct alleged
167.27 to constitute egregious harm, the county attorney shall determine which matter should
167.28 proceed to trial first, consistent with the best interests of the child and subject to the
167.29 defendant's right to a speedy trial.

167.30 (d) The requirement of paragraph (a) does not apply if the responsible social services
167.31 agency and the county attorney determine and file with the court:

168.1 (1) a petition for transfer of permanent legal and physical custody to a relative under
168.2 sections 260C.505 and 260C.515, subdivision ~~3~~ 4, including a determination that adoption
168.3 is not in the child's best interests and that transfer of permanent legal and physical custody
168.4 is in the child's best interests; or

168.5 (2) a petition under section 260C.141 alleging the child, and where appropriate, the
168.6 child's siblings, to be in need of protection or services accompanied by a case plan prepared
168.7 by the responsible social services agency documenting a compelling reason why filing a
168.8 termination of parental rights petition would not be in the best interests of the child.

168.9 Sec. 38. Minnesota Statutes 2020, section 260C.515, subdivision 3, is amended to read:

168.10 Subd. 3. **Guardianship; commissioner.** The court may issue an order that the child is
168.11 under the guardianship to of the commissioner of human services under the following
168.12 procedures and conditions:

168.13 (1) there is an identified prospective adoptive parent agreed to by the responsible social
168.14 services agency ~~having~~ that has legal custody of the child pursuant to court order under this
168.15 chapter and that prospective adoptive parent has agreed to adopt the child;

168.16 (2) the court accepts the parent's voluntary consent to adopt in writing on a form
168.17 prescribed by the commissioner, executed before two competent witnesses and confirmed
168.18 by the consenting parent before the court or executed before the court. The consent shall
168.19 contain notice that consent given under this chapter:

168.20 (i) is irrevocable upon acceptance by the court unless fraud is established and an order
168.21 is issued permitting revocation as stated in clause (9) unless the matter is governed by the
168.22 Indian Child Welfare Act, United States Code, title 25, section 1913(c); and

168.23 (ii) will result in an order that the child is under the guardianship of the commissioner
168.24 of human services;

168.25 (3) a consent executed and acknowledged outside of this state, either in accordance with
168.26 the law of this state or in accordance with the law of the place where executed, is valid;

168.27 (4) the court must review the matter at least every 90 days under section 260C.317;

168.28 (5) a consent to adopt under this subdivision vests guardianship of the child with the
168.29 commissioner of human services and makes the child a ward of the commissioner of human
168.30 services under section 260C.325;

168.31 (6) the court must forward to the commissioner a copy of the consent to adopt, together
168.32 with a certified copy of the order transferring guardianship to the commissioner;

169.1 (7) if an adoption is not finalized by the identified prospective adoptive parent within
169.2 six months of the execution of the consent to adopt under this clause, the responsible social
169.3 services agency shall pursue adoptive placement in another home unless the court finds in
169.4 a hearing under section 260C.317 that the failure to finalize is not due to either an action
169.5 or a failure to act by the prospective adoptive parent;

169.6 (8) notwithstanding clause (7), the responsible social services agency must pursue
169.7 adoptive placement in another home as soon as the agency determines that finalization of
169.8 the adoption with the identified prospective adoptive parent is not possible, that the identified
169.9 prospective adoptive parent is not willing to adopt the child, or that the identified prospective
169.10 adoptive parent is not cooperative in completing the steps necessary to finalize the adoption.
169.11 The court may order a termination of parental rights under subdivision 2; and

169.12 (9) unless otherwise required by the Indian Child Welfare Act, United States Code, title
169.13 25, section 1913(c), a consent to adopt executed under this section shall be irrevocable upon
169.14 acceptance by the court except upon order permitting revocation issued by the same court
169.15 after written findings that consent was obtained by fraud.

169.16 Sec. 39. Minnesota Statutes 2020, section 260C.605, subdivision 1, is amended to read:

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

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

169.26 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the
169.27 child is in foster care under this chapter, but not later than the hearing required under section
169.28 260C.204.

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

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

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

- 170.1 (3) making an adoptive placement that meets the child's needs by:
- 170.2 (i) completing or updating the relative search required under section 260C.221 and giving
- 170.3 notice of the need for an adoptive home for the child to:
- 170.4 (A) relatives who have kept the agency or the court apprised of their whereabouts and
- 170.5 who have indicated an interest in adopting the child; or
- 170.6 (B) relatives of the child who are located in an updated search;
- 170.7 (ii) an updated search is required whenever:
- 170.8 (A) there is no identified prospective adoptive placement for the child notwithstanding
- 170.9 a finding by the court that the agency made diligent efforts under section 260C.221, in a
- 170.10 hearing required under section 260C.202;
- 170.11 (B) the child is removed from the home of an adopting parent; or
- 170.12 (C) the court determines a relative search by the agency is in the best interests of the
- 170.13 child;
- 170.14 (iii) engaging the child's foster parent and the child's relatives identified as an adoptive
- 170.15 resource during the search conducted under section 260C.221, to commit to being the
- 170.16 prospective adoptive parent of the child; or
- 170.17 (iv) when there is no identified prospective adoptive parent:
- 170.18 (A) registering the child on the state adoption exchange as required in section 259.75
- 170.19 unless the agency documents to the court an exception to placing the child on the state
- 170.20 adoption exchange reported to the commissioner;
- 170.21 (B) reviewing all families with approved adoption home studies associated with the
- 170.22 responsible social services agency;
- 170.23 (C) presenting the child to adoption agencies and adoption personnel who may assist
- 170.24 with finding an adoptive home for the child;
- 170.25 (D) using newspapers and other media to promote the particular child;
- 170.26 (E) using a private agency under grant contract with the commissioner to provide adoption
- 170.27 services for intensive child-specific recruitment efforts; and
- 170.28 (F) making any other efforts or using any other resources reasonably calculated to identify
- 170.29 a prospective adoption parent for the child;
- 170.30 (4) updating and completing the social and medical history required under sections
- 170.31 ~~259.43~~ 260C.212, subdivision 15, and 260C.609;

171.1 (5) making, and keeping updated, appropriate referrals required by section 260.851, the
171.2 Interstate Compact on the Placement of Children;

171.3 (6) giving notice regarding the responsibilities of an adoptive parent to any prospective
171.4 adoptive parent as required under section 259.35;

171.5 (7) offering the adopting parent the opportunity to apply for or decline adoption assistance
171.6 under chapter ~~259A~~ 256N;

171.7 (8) certifying the child for adoption assistance, assessing the amount of adoption
171.8 assistance, and ascertaining the status of the commissioner's decision on the level of payment
171.9 if the adopting parent has applied for adoption assistance;

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

171.15 (10) working with the adopting parent to file a petition to adopt the child and with the
171.16 court administrator to obtain a timely hearing to finalize the adoption.

171.17 Sec. 40. Minnesota Statutes 2020, section 260C.607, subdivision 6, is amended to read:

171.18 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the
171.19 district court orders the child under the guardianship of the commissioner of human services,
171.20 but not later than 30 days after receiving notice required under section 260C.613, subdivision
171.21 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's
171.22 foster parent may file a motion for an order for adoptive placement of a child who is under
171.23 the guardianship of the commissioner if the relative or the child's foster parent:

171.24 (1) has an adoption home study under section 259.41 approving the relative or foster
171.25 parent for adoption and has been a resident of Minnesota for at least six months before filing
171.26 the motion; the court may waive the residency requirement for the moving party if there is
171.27 a reasonable basis to do so; or

171.28 (2) is not a resident of Minnesota, but has an approved adoption home study by an agency
171.29 licensed or approved to complete an adoption home study in the state of the individual's
171.30 residence and the study is filed with the motion for adoptive placement.

171.31 (b) The motion shall be filed with the court conducting reviews of the child's progress
171.32 toward adoption under this section. The motion and supporting documents must make a

172.1 prima facie showing that the agency has been unreasonable in failing to make the requested
172.2 adoptive placement. The motion must be served according to the requirements for motions
172.3 under the Minnesota Rules of Juvenile Protection Procedure and shall be made on all
172.4 individuals and entities listed in subdivision 2.

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

172.9 (d) At the evidentiary hearing, the responsible social services agency shall proceed first
172.10 with evidence about the reason for not making the adoptive placement proposed by the
172.11 moving party. The moving party then has the burden of proving by a preponderance of the
172.12 evidence that the agency has been unreasonable in failing to make the adoptive placement.

172.13 (e) At the conclusion of the evidentiary hearing, if the court finds that the agency has
172.14 been unreasonable in failing to make the adoptive placement and that the relative or the
172.15 child's foster parent is the most suitable adoptive home to meet the child's needs using the
172.16 factors in section 260C.212, subdivision 2, paragraph (b), the court may order the responsible
172.17 social services agency to make an adoptive placement in the home of the relative or the
172.18 child's foster parent.

172.19 (f) If, in order to ensure that a timely adoption may occur, the court orders the responsible
172.20 social services agency to make an adoptive placement under this subdivision, the agency
172.21 shall:

172.22 (1) make reasonable efforts to obtain a fully executed adoption placement agreement;

172.23 (2) work with the moving party regarding eligibility for adoption assistance as required
172.24 under chapter ~~259A~~ 256N; and

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

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

173.1 Sec. 41. Minnesota Statutes 2020, section 260C.609, is amended to read:

173.2 **260C.609 SOCIAL AND MEDICAL HISTORY.**

173.3 ~~(a) The responsible social services agency shall work with the birth family of the child,~~
 173.4 ~~foster family, medical and treatment providers, and the child's school to ensure there is a~~
 173.5 ~~detailed, thorough, and currently up-to-date social and medical history of the child as required~~
 173.6 ~~under section 259.43 on the forms required by the commissioner.~~

173.7 ~~(b) When the child continues in foster care, the agency's reasonable efforts to complete~~
 173.8 ~~the history shall begin no later than the permanency progress review hearing required under~~
 173.9 ~~section 260C.204 or six months after the child's placement in foster care.~~

173.10 ~~(e)~~ (a) The responsible social services agency shall thoroughly discuss the child's history
 173.11 with the adopting prospective adoptive parent of the child and shall give a redacted copy
 173.12 of the report of the child's social and medical history as described in section 260C.212,
 173.13 subdivision 15, including redacted attachments, to the adopting prospective adoptive parent.
 173.14 If the prospective adoptive parent does not pursue adoption of the child, the prospective
 173.15 adoptive parent must return the child's social and medical history and redacted attachments
 173.16 to the agency. The responsible social services agency may give a redacted copy of the child's
 173.17 social and medical history may also be given to the child, as appropriate according to section
 173.18 260C.212, subdivision 1.

173.19 ~~(d)~~ (b) The report shall not include information that identifies birth relatives. Redacted
 173.20 copies of all of the child's relevant evaluations, assessments, and records must be attached
 173.21 to the social and medical history.

173.22 (c) The agency must submit the child's social and medical history to the Department of
 173.23 Human Services at the time that the agency submits the child's adoption placement agreement.
 173.24 Pursuant to section 260C.623, subdivision 4, the child's social and medical history must be
 173.25 submitted to the court at the time the adoption petition is filed with the court.

173.26 Sec. 42. Minnesota Statutes 2020, section 260C.615, is amended to read:

173.27 **260C.615 DUTIES OF COMMISSIONER.**

173.28 Subdivision 1. **Duties.** (a) For any child who is under the guardianship of the
 173.29 commissioner, the commissioner has the exclusive rights to consent to:

173.30 (1) the medical care plan for the treatment of a child who is at imminent risk of death
 173.31 or who has a chronic disease that, in a physician's judgment, will result in the child's death
 173.32 in the near future including a physician's order not to resuscitate or intubate the child; and

174.1 (2) the child donating a part of the child's body to another person while the child is living;
174.2 the decision to donate a body part under this clause shall take into consideration the child's
174.3 wishes and the child's culture.

174.4 (b) In addition to the exclusive rights under paragraph (a), the commissioner has a duty
174.5 to:

174.6 (1) process any complete and accurate request for home study and placement through
174.7 the Interstate Compact on the Placement of Children under section 260.851;

174.8 (2) process any complete and accurate application for adoption assistance forwarded by
174.9 the responsible social services agency according to chapter ~~259A~~ 256N;

174.10 (3) ~~complete the execution of~~ review and process an adoption placement agreement
174.11 forwarded to the commissioner by the responsible social services agency and return it to
174.12 the agency in a timely fashion; and

174.13 (4) maintain records as required in chapter 259.

174.14 Subd. 2. **Duties not reserved.** All duties, obligations, and consents not specifically
174.15 reserved to the commissioner in this section are delegated to the responsible social services
174.16 agency, subject to supervision by the commissioner under section 393.07.

174.17 Sec. 43. Minnesota Statutes 2020, section 260C.704, is amended to read:

174.18 **260C.704 REQUIREMENTS FOR THE QUALIFIED INDIVIDUAL'S**
174.19 **ASSESSMENT OF THE CHILD FOR PLACEMENT IN A QUALIFIED**
174.20 **RESIDENTIAL TREATMENT PROGRAM.**

174.21 (a) A qualified individual must complete an assessment of the child prior to ~~or within~~
174.22 ~~30 days of~~ the child's placement in a qualified residential treatment program in a format
174.23 approved by the commissioner of human services, ~~and~~ unless, due to a crisis, the child must
174.24 immediately be placed in a qualified residential treatment program. When a child must
174.25 immediately be placed in a qualified residential treatment program without an assessment,
174.26 the qualified individual must complete the child's assessment within 30 days of the child's
174.27 placement. The qualified individual must:

174.28 (1) assess the child's needs and strengths, using an age-appropriate, evidence-based,
174.29 validated, functional assessment approved by the commissioner of human services;

174.30 (2) determine whether the child's needs can be met by the child's family members or
174.31 through placement in a family foster home; or, if not, determine which residential setting

175.1 would provide the child with the most effective and appropriate level of care to the child
175.2 in the least restrictive environment;

175.3 (3) develop a list of short- and long-term mental and behavioral health goals for the
175.4 child; and

175.5 (4) work with the child's family and permanency team using culturally competent
175.6 practices.

175.7 If a level of care determination was conducted under section 245.4885, that information
175.8 must be shared with the qualified individual and the juvenile treatment screening team.

175.9 (b) The child and the child's parents, when appropriate, may request that a specific
175.10 culturally competent qualified individual complete the child's assessment. The agency shall
175.11 make efforts to refer the child to the identified qualified individual to complete the
175.12 assessment. The assessment must not be delayed for a specific qualified individual to
175.13 complete the assessment.

175.14 (c) The qualified individual must provide the assessment, when complete, to the
175.15 responsible social services agency, ~~the child's parents or legal guardians, the guardian ad~~
175.16 ~~litem, and the court.~~ If the assessment recommends placement of the child in a qualified
175.17 residential treatment facility, the agency must distribute the assessment to the child's parent
175.18 or legal guardian and file the assessment with the court report as required in section 260C.71,
175.19 subdivision 2. If the assessment does not recommend placement in a qualified residential
175.20 treatment facility, the agency must provide a copy of the assessment to the parents or legal
175.21 guardians and the guardian ad litem and file the assessment determination with the court at
175.22 the next required hearing as required in section 260C.71, subdivision 5. If court rules and
175.23 chapter 13 permit disclosure of the results of the child's assessment, the agency may share
175.24 the results of the child's assessment with the child's foster care provider, other members of
175.25 the child's family, and the family and permanency team. The agency must not share the
175.26 child's private medical data with the family and permanency team unless: (1) chapter 13
175.27 permits the agency to disclose the child's private medical data to the family and permanency
175.28 team; or (2) the child's parent has authorized the agency to disclose the child's private medical
175.29 data to the family and permanency team.

175.30 (d) For an Indian child, the assessment of the child must follow the order of placement
175.31 preferences in the Indian Child Welfare Act of 1978, United States Code, title 25, section
175.32 1915.

175.33 (e) In the assessment determination, the qualified individual must specify in writing:

176.1 (1) the reasons why the child's needs cannot be met by the child's family or in a family
176.2 foster home. A shortage of family foster homes is not an acceptable reason for determining
176.3 that a family foster home cannot meet a child's needs;

176.4 (2) why the recommended placement in a qualified residential treatment program will
176.5 provide the child with the most effective and appropriate level of care to meet the child's
176.6 needs in the least restrictive environment possible and how placing the child at the treatment
176.7 program is consistent with the short-term and long-term goals of the child's permanency
176.8 plan; and

176.9 (3) if the qualified individual's placement recommendation is not the placement setting
176.10 that the parent, family and permanency team, child, or tribe prefer, the qualified individual
176.11 must identify the reasons why the qualified individual does not recommend the parent's,
176.12 family and permanency team's, child's, or tribe's placement preferences. The out-of-home
176.13 placement plan under section 260C.708 must also include reasons why the qualified
176.14 individual did not recommend the preferences of the parents, family and permanency team,
176.15 child, or tribe.

176.16 (f) If the qualified individual determines that the child's family or a family foster home
176.17 or other less restrictive placement may meet the child's needs, the agency must move the
176.18 child out of the qualified residential treatment program and transition the child to a less
176.19 restrictive setting within 30 days of the determination. If the responsible social services
176.20 agency has placement authority of the child, the agency must make a plan for the child's
176.21 placement according to section 260C.212, subdivision 2. The agency must file the child's
176.22 assessment determination with the court at the next required hearing.

176.23 (g) If the qualified individual recommends placing the child in a qualified residential
176.24 treatment program and if the responsible social services agency has placement authority of
176.25 the child, the agency shall make referrals to appropriate qualified residential treatment
176.26 programs and, upon acceptance by an appropriate program, place the child in an approved
176.27 or certified qualified residential treatment program.

176.28 **EFFECTIVE DATE.** This section is effective September 30, 2021.

176.29 Sec. 44. Minnesota Statutes 2020, section 260C.706, is amended to read:

176.30 **260C.706 FAMILY AND PERMANENCY TEAM REQUIREMENTS.**

176.31 (a) When the responsible social services agency's juvenile treatment screening team, as
176.32 defined in section 260C.157, recommends placing the child in a qualified residential treatment
176.33 program, the agency must assemble a family and permanency team within ten days.

177.1 (1) The team must include all appropriate biological family members, the child's parents,
177.2 legal guardians or custodians, foster care providers, and relatives as defined in section
177.3 260C.007, subdivisions ~~26e~~ 26b and 27, and professionals, as appropriate, who are a resource
177.4 to the child's family, such as teachers, medical or mental health providers, or clergy.

177.5 (2) When a child is placed in foster care prior to the qualified residential treatment
177.6 program, the agency shall include relatives responding to the relative search notice as
177.7 required under section 260C.221 on this team, unless the juvenile court finds that contacting
177.8 a specific relative would ~~endanger~~ present a safety or health risk to the parent, guardian,
177.9 child, sibling, or any other family member.

177.10 (3) When a qualified residential treatment program is the child's initial placement setting,
177.11 the responsible social services agency must engage with the child and the child's parents to
177.12 determine the appropriate family and permanency team members.

177.13 (4) When the permanency goal is to reunify the child with the child's parent or legal
177.14 guardian, the purpose of the relative search and focus of the family and permanency team
177.15 is to preserve family relationships and identify and develop supports for the child and parents.

177.16 (5) The responsible agency must make a good faith effort to identify and assemble all
177.17 appropriate individuals to be part of the child's family and permanency team and request
177.18 input from the parents regarding relative search efforts consistent with section 260C.221.
177.19 The out-of-home placement plan in section 260C.708 must include all contact information
177.20 for the team members, as well as contact information for family members or relatives who
177.21 are not a part of the family and permanency team.

177.22 (6) If the child is age 14 or older, the team must include members of the family and
177.23 permanency team that the child selects in accordance with section 260C.212, subdivision
177.24 1, paragraph (b).

177.25 (7) Consistent with section 260C.221, a responsible social services agency may disclose
177.26 relevant and appropriate private data about the child to relatives in order for the relatives
177.27 to participate in caring and planning for the child's placement.

177.28 (8) If the child is an Indian child under section 260.751, the responsible social services
177.29 agency must make active efforts to include the child's tribal representative on the family
177.30 and permanency team.

177.31 (b) The family and permanency team shall meet regarding the assessment required under
177.32 section 260C.704 to determine whether it is necessary and appropriate to place the child in

178.1 a qualified residential treatment program and to participate in case planning under section
178.2 260C.708.

178.3 (c) When reunification of the child with the child's parent or legal guardian is the
178.4 permanency plan, the family and permanency team shall support the parent-child relationship
178.5 by recognizing the parent's legal authority, consulting with the parent regarding ongoing
178.6 planning for the child, and assisting the parent with visiting and contacting the child.

178.7 (d) When the agency's permanency plan is to transfer the child's permanent legal and
178.8 physical custody to a relative or for the child's adoption, the team shall:

178.9 (1) coordinate with the proposed guardian to provide the child with educational services,
178.10 medical care, and dental care;

178.11 (2) coordinate with the proposed guardian, the agency, and the foster care facility to
178.12 meet the child's treatment needs after the child is placed in a permanent placement with the
178.13 proposed guardian;

178.14 (3) plan to meet the child's need for safety, stability, and connection with the child's
178.15 family and community after the child is placed in a permanent placement with the proposed
178.16 guardian; and

178.17 (4) in the case of an Indian child, communicate with the child's tribe to identify necessary
178.18 and appropriate services for the child, transition planning for the child, the child's treatment
178.19 needs, and how to maintain the child's connections to the child's community, family, and
178.20 tribe.

178.21 (e) The agency shall invite the family and permanency team to participate in case planning
178.22 and the agency shall give the team notice of court reviews under sections 260C.152 and
178.23 260C.221 until: (1) the child is reunited with the child's parents; or (2) the child's foster care
178.24 placement ends and the child is in a permanent placement.

178.25 **EFFECTIVE DATE.** This section is effective September 30, 2021.

178.26 Sec. 45. Minnesota Statutes 2020, section 260C.708, is amended to read:

178.27 **260C.708 OUT-OF-HOME PLACEMENT PLAN FOR QUALIFIED**
178.28 **RESIDENTIAL TREATMENT PROGRAM PLACEMENTS.**

178.29 (a) When the responsible social services agency places a child in a qualified residential
178.30 treatment program as defined in section 260C.007, subdivision 26d, the out-of-home
178.31 placement plan must include:

178.32 (1) the case plan requirements in section ~~260.212, subdivision 1~~ 260C.212;

179.1 (2) the reasonable and good faith efforts of the responsible social services agency to
179.2 identify and include all of the individuals required to be on the child's family and permanency
179.3 team under section 260C.007;

179.4 (3) all contact information for members of the child's family and permanency team and
179.5 for other relatives who are not part of the family and permanency team;

179.6 (4) evidence that the agency scheduled meetings of the family and permanency team,
179.7 including meetings relating to the assessment required under section 260C.704, at a time
179.8 and place convenient for the family;

179.9 (5) evidence that the family and permanency team is involved in the assessment required
179.10 under section 260C.704 to determine the appropriateness of the child's placement in a
179.11 qualified residential treatment program;

179.12 (6) the family and permanency team's placement preferences for the child in the
179.13 assessment required under section 260C.704. When making a decision about the child's
179.14 placement preferences, the family and permanency team must recognize:

179.15 (i) that the agency should place a child with the child's siblings unless a court finds that
179.16 placing a child with the child's siblings is not possible due to a child's specialized placement
179.17 needs or is otherwise contrary to the child's best interests; and

179.18 (ii) that the agency should place an Indian child according to the requirements of the
179.19 Indian Child Welfare Act, the Minnesota Family Preservation Act under sections 260.751
179.20 to 260.835, and section 260C.193, subdivision 3, paragraph (g);

179.21 ~~(5)~~ (7) when reunification of the child with the child's parent or legal guardian is the
179.22 agency's goal, evidence demonstrating that the parent or legal guardian provided input about
179.23 the members of the family and permanency team under section 260C.706;

179.24 ~~(6)~~ (8) when the agency's permanency goal is to reunify the child with the child's parent
179.25 or legal guardian, the out-of-home placement plan must identify services and supports that
179.26 maintain the parent-child relationship and the parent's legal authority, decision-making, and
179.27 responsibility for ongoing planning for the child. In addition, the agency must assist the
179.28 parent with visiting and contacting the child;

179.29 ~~(7)~~ (9) when the agency's permanency goal is to transfer permanent legal and physical
179.30 custody of the child to a proposed guardian or to finalize the child's adoption, the case plan
179.31 must document the agency's steps to transfer permanent legal and physical custody of the
179.32 child or finalize adoption, as required in section 260C.212, subdivision 1, paragraph (c),
179.33 clauses (6) and (7); and

180.1 ~~(8)~~ (10) the qualified individual's recommendation regarding the child's placement in a
180.2 qualified residential treatment program and the court approval or disapproval of the placement
180.3 as required in section 260C.71.

180.4 (b) If the placement preferences of the family and permanency team, child, and tribe, if
180.5 applicable, are not consistent with the placement setting that the qualified individual
180.6 recommends, the case plan must include the reasons why the qualified individual did not
180.7 recommend following the preferences of the family and permanency team, child, and the
180.8 tribe.

180.9 (c) The agency must file the out-of-home placement plan with the court as part of the
180.10 60-day ~~hearing~~ court order under section 260C.71.

180.11 **EFFECTIVE DATE.** This section is effective September 30, 2021.

180.12 Sec. 46. Minnesota Statutes 2020, section 260C.71, is amended to read:

180.13 **260C.71 COURT APPROVAL REQUIREMENTS.**

180.14 Subdivision 1. **Judicial review.** When the responsible social services agency has legal
180.15 authority to place a child at a qualified residential treatment facility under section 260C.007,
180.16 subdivision 21a, and the child's assessment under section 260C.704 recommends placing
180.17 the child in a qualified residential treatment facility, the agency shall place the child at a
180.18 qualified residential facility. Within 60 days of placing the child at a qualified residential
180.19 treatment facility, the agency must obtain a court order finding that the child's placement
180.20 is appropriate and meets the child's individualized needs.

180.21 Subd. 2. **Qualified residential treatment program; agency report to court.** (a) The
180.22 responsible social services agency shall file a written report with the court after receiving
180.23 the qualified individual's assessment as specified in section 260C.704 prior to the child's
180.24 placement or within 35 days of the date of the child's placement in a qualified residential
180.25 treatment facility. The written report shall contain or have attached:

180.26 (1) the child's name, date of birth, race, gender, and current address;

180.27 (2) the names, races, dates of birth, residence, and post office address of the child's
180.28 parents or legal custodian, or guardian;

180.29 (3) the name and address of the qualified residential treatment program, including a
180.30 chief administrator of the facility;

180.31 (4) a statement of the facts that necessitated the child's foster care placement;

181.1 (5) the child's out-of-home placement plan under section 260C.212, subdivision 1,
181.2 including the requirements in section 260C.708;

181.3 (6) if the child is placed in an out-of-state qualified residential treatment program, the
181.4 compelling reasons why the child's needs cannot be met by an in-state placement;

181.5 (7) the qualified individual's assessment of the child under section 260C.704, paragraph
181.6 (c), in a format approved by the commissioner;

181.7 (8) if, at the time required for the report under this subdivision, the child's parent or legal
181.8 guardian, a child who is ten years of age or older, the family and permanency team, or a
181.9 tribe disagrees with the recommended qualified residential treatment program placement,
181.10 information regarding the disagreement and to the extent possible, the basis for the
181.11 disagreement in the report; and

181.12 (9) any other information that the responsible social services agency, child's parent, legal
181.13 custodian or guardian, child, or, in the case of an Indian child, tribe would like the court to
181.14 consider.

181.15 (b) The agency shall file the written report under paragraph (a) with the court and serve
181.16 on the parties a request for a hearing or a court order without a hearing.

181.17 (c) The agency must inform the child's parent or legal guardian and a child who is ten
181.18 years of age or older of the court review requirements of this section and the child and child's
181.19 parent's or legal guardian's right to submit information to the court:

181.20 (1) the agency must inform the child's parent or legal guardian and a child who is ten
181.21 years of age or older of the reporting date and the date by which the agency must receive
181.22 information from the child and child's parent so that the agency is able to submit the report
181.23 required by this subdivision to the court;

181.24 (2) the agency must inform the child's parent or legal guardian, and a child who is ten
181.25 years of age or older that the court will hold a hearing upon the request of the child or the
181.26 child's parent; and

181.27 (3) the agency must inform the child's parent or legal guardian, and a child who is ten
181.28 years of age or older that they have the right to request a hearing and the right to present
181.29 information to the court for the court's review under this subdivision.

181.30 Subd. 3. **Court hearing.** (a) The court shall hold a hearing when a party or a child who
181.31 is ten years of age or older requests a hearing.

182.1 (b) In all other circumstances, the court has the discretion to hold a hearing or issue an
182.2 order without a hearing.

182.3 Subd. 4. **Court findings and order.** (a) Within 60 days from the beginning of each
182.4 placement in a qualified residential treatment program when the qualified individual's
182.5 assessment of the child recommends placing the child in a qualified residential treatment
182.6 program, the court must consider the qualified individual's assessment of the child under
182.7 section 260C.704 and issue an order to:

182.8 ~~(1) consider the qualified individual's assessment of whether it is necessary and~~
182.9 ~~appropriate to place the child in a qualified residential treatment program under section~~
182.10 ~~260C.704;~~

182.11 ~~(2)~~ (1) determine whether a family foster home can meet the child's needs, whether it is
182.12 necessary and appropriate to place a child in a qualified residential treatment program that
182.13 is the least restrictive environment possible, and whether the child's placement is consistent
182.14 with the child's short and long term goals as specified in the permanency plan; and

182.15 ~~(3)~~ (2) approve or disapprove of the child's placement.

182.16 ~~(b) In the out-of-home placement plan, the agency must document the court's approval~~
182.17 ~~or disapproval of the placement, as specified in section 260C.708. If the court disapproves~~
182.18 of the child's placement in a qualified residential treatment program, the responsible social
182.19 services agency shall: (1) remove the child from the qualified residential treatment program
182.20 within 30 days of the court's order; and (2) make a plan for the child's placement that is
182.21 consistent with the child's best interests under section 260C.212, subdivision 2.

182.22 Subd. 5. **Court review and approval not required.** When the responsible social services
182.23 agency has legal authority to place a child under section 260C.007, subdivision 21a, and
182.24 the qualified individual's assessment of the child does not recommend placing the child in
182.25 a qualified residential treatment program, the court is not required to hold a hearing and the
182.26 court is not required to issue an order. Pursuant to section 260C.704, paragraph (f), the
182.27 responsible social services agency shall make a plan for the child's placement consistent
182.28 with the child's best interests under section 260C.212, subdivision 2. The agency must file
182.29 the agency's assessment determination for the child with the court at the next required
182.30 hearing.

182.31 **EFFECTIVE DATE.** This section is effective September 30, 2021.

183.1 Sec. 47. Minnesota Statutes 2020, section 260C.712, is amended to read:

183.2 **260C.712 ONGOING REVIEWS AND PERMANENCY HEARING**
183.3 **REQUIREMENTS.**

183.4 As long as a child remains placed in a qualified residential treatment program, the
183.5 responsible social services agency shall submit evidence at each administrative review under
183.6 section 260C.203; each court review under sections 260C.202, 260C.203, ~~and~~ 260C.204,
183.7 260D.06, 260D.07, and 260D.08; and each permanency hearing under section 260C.515,
183.8 260C.519, ~~or~~ 260C.521, or 260D.07 that:

183.9 (1) demonstrates that an ongoing assessment of the strengths and needs of the child
183.10 continues to support the determination that the child's needs cannot be met through placement
183.11 in a family foster home;

183.12 (2) demonstrates that the placement of the child in a qualified residential treatment
183.13 program provides the most effective and appropriate level of care for the child in the least
183.14 restrictive environment;

183.15 (3) demonstrates how the placement is consistent with the short-term and long-term
183.16 goals for the child, as specified in the child's permanency plan;

183.17 (4) documents how the child's specific treatment or service needs will be met in the
183.18 placement;

183.19 (5) documents the length of time that the agency expects the child to need treatment or
183.20 services; ~~and~~

183.21 (6) documents the responsible social services agency's efforts to prepare the child to
183.22 return home or to be placed with a fit and willing relative, legal guardian, adoptive parent,
183.23 or foster family; and

183.24 (7) if the child is placed in a qualified residential treatment program out-of-state,
183.25 documents the compelling reasons for placing the child out-of-state, and the reasons that
183.26 the child's needs cannot be met by an in-state placement.

183.27 **EFFECTIVE DATE.** This section is effective September 30, 2021.

184.1 Sec. 48. Minnesota Statutes 2020, section 260C.714, is amended to read:

184.2 **260C.714 REVIEW OF EXTENDED QUALIFIED RESIDENTIAL TREATMENT**
184.3 **PROGRAM PLACEMENTS.**

184.4 (a) When a responsible social services agency places a child in a qualified residential
184.5 treatment program for more than 12 consecutive months or 18 nonconsecutive months or,
184.6 in the case of a child who is under 13 years of age, for more than six consecutive or
184.7 nonconsecutive months, the agency must submit: (1) the signed approval by the county
184.8 social services director of the responsible social services agency; and (2) the evidence
184.9 supporting the child's placement at the most recent court review or permanency hearing
184.10 under section 260C.712, ~~paragraph (b).~~

184.11 (b) The commissioner shall specify the procedures and requirements for the agency's
184.12 review and approval of a child's extended qualified residential treatment program placement.
184.13 The commissioner may consult with counties, tribes, child-placing agencies, mental health
184.14 providers, licensed facilities, the child, the child's parents, and the family and permanency
184.15 team members to develop case plan requirements and engage in periodic reviews of the
184.16 case plan.

184.17 **EFFECTIVE DATE.** This section is effective September 30, 2021.

184.18 Sec. 49. Minnesota Statutes 2020, section 260D.01, is amended to read:

184.19 **260D.01 CHILD IN VOLUNTARY FOSTER CARE FOR TREATMENT.**

184.20 (a) Sections 260D.01 to 260D.10, may be cited as the "child in voluntary foster care for
184.21 treatment" provisions of the Juvenile Court Act.

184.22 (b) The juvenile court has original and exclusive jurisdiction over a child in voluntary
184.23 foster care for treatment upon the filing of a report or petition required under this chapter.
184.24 All obligations of the responsible social services agency to a child and family in foster care
184.25 contained in chapter 260C not inconsistent with this chapter are also obligations of the
184.26 agency with regard to a child in foster care for treatment under this chapter.

184.27 (c) This chapter shall be construed consistently with the mission of the children's mental
184.28 health service system as set out in section 245.487, subdivision 3, and the duties of an agency
184.29 under sections 256B.092 and 260C.157 and Minnesota Rules, parts 9525.0004 to 9525.0016,
184.30 to meet the needs of a child with a developmental disability or related condition. This
184.31 chapter:

185.1 (1) establishes voluntary foster care through a voluntary foster care agreement as the
185.2 means for an agency and a parent to provide needed treatment when the child must be in
185.3 foster care to receive necessary treatment for an emotional disturbance or developmental
185.4 disability or related condition;

185.5 (2) establishes court review requirements for a child in voluntary foster care for treatment
185.6 due to emotional disturbance or developmental disability or a related condition;

185.7 (3) establishes the ongoing responsibility of the parent as legal custodian to visit the
185.8 child, to plan together with the agency for the child's treatment needs, to be available and
185.9 accessible to the agency to make treatment decisions, and to obtain necessary medical,
185.10 dental, and other care for the child; ~~and~~

185.11 (4) applies to voluntary foster care when the child's parent and the agency agree that the
185.12 child's treatment needs require foster care either:

185.13 (i) due to a level of care determination by the agency's screening team informed by the
185.14 child's diagnostic and functional assessment under section 245.4885; or

185.15 (ii) due to a determination regarding the level of services needed by the child by the
185.16 responsible social services' services agency's screening team under section 256B.092, and
185.17 Minnesota Rules, parts 9525.0004 to 9525.0016-; and

185.18 (5) includes the requirements for a child's placement in sections 260C.70 to 260C.714,
185.19 when the juvenile treatment screening team recommends placing a child in a qualified
185.20 residential treatment program, except as modified by this chapter.

185.21 (d) This chapter does not apply when there is a current determination under chapter
185.22 260E that the child requires child protective services or when the child is in foster care for
185.23 any reason other than treatment for the child's emotional disturbance or developmental
185.24 disability or related condition. When there is a determination under chapter 260E that the
185.25 child requires child protective services based on an assessment that there are safety and risk
185.26 issues for the child that have not been mitigated through the parent's engagement in services
185.27 or otherwise, or when the child is in foster care for any reason other than the child's emotional
185.28 disturbance or developmental disability or related condition, the provisions of chapter 260C
185.29 apply.

185.30 (e) The paramount consideration in all proceedings concerning a child in voluntary foster
185.31 care for treatment is the safety, health, and the best interests of the child. The purpose of
185.32 this chapter is:

186.1 (1) to ensure that a child with a disability is provided the services necessary to treat or
186.2 ameliorate the symptoms of the child's disability;

186.3 (2) to preserve and strengthen the child's family ties whenever possible and in the child's
186.4 best interests, approving the child's placement away from the child's parents only when the
186.5 child's need for care or treatment requires ~~it~~ out-of-home placement and the child cannot
186.6 be maintained in the home of the parent; and

186.7 (3) to ensure that the child's parent retains legal custody of the child and associated
186.8 decision-making authority unless the child's parent willfully fails or is unable to make
186.9 decisions that meet the child's safety, health, and best interests. The court may not find that
186.10 the parent willfully fails or is unable to make decisions that meet the child's needs solely
186.11 because the parent disagrees with the agency's choice of foster care facility, unless the
186.12 agency files a petition under chapter 260C, and establishes by clear and convincing evidence
186.13 that the child is in need of protection or services.

186.14 (f) The legal parent-child relationship shall be supported under this chapter by maintaining
186.15 the parent's legal authority and responsibility for ongoing planning for the child and by the
186.16 agency's assisting the parent, ~~where~~ when necessary, to exercise the parent's ongoing right
186.17 and obligation to visit or to have reasonable contact with the child. Ongoing planning means:

186.18 (1) actively participating in the planning and provision of educational services, medical,
186.19 and dental care for the child;

186.20 (2) actively planning and participating with the agency and the foster care facility for
186.21 the child's treatment needs; ~~and~~

186.22 (3) planning to meet the child's need for safety, stability, and permanency, and the child's
186.23 need to stay connected to the child's family and community;

186.24 (4) engaging with the responsible social services agency to ensure that the family and
186.25 permanency team under section 260C.706 consists of appropriate family members. For
186.26 purposes of voluntary placement of a child in foster care for treatment under chapter 260D,
186.27 prior to forming the child's family and permanency team, the responsible social services
186.28 agency must consult with the child's parent or legal guardian, the child if the child is 14
186.29 years of age or older, and, if applicable, the child's tribe to obtain recommendations regarding
186.30 which individuals to include on the team and to ensure that the team is family-centered and
186.31 will act in the child's best interests. If the child, child's parents, or legal guardians raise
186.32 concerns about specific relatives or professionals, the team should not include those
186.33 individuals unless the individual is a treating professional or an important connection to the
186.34 youth as outlined in the case or crisis plan; and

187.1 (5) for a voluntary placement under this chapter in a qualified residential treatment
187.2 program, as defined in section 260C.007, subdivision 26d, for purposes of engaging in a
187.3 relative search as provided in section 260C.221, the county agency must consult with the
187.4 child's parent or legal guardian, the child if the child is 14 years of age or older, and, if
187.5 applicable, the child's tribe to obtain recommendations regarding which adult relatives the
187.6 county agency should notify. If the child, child's parents, or legal guardians raise concerns
187.7 about specific relatives, the county agency should not notify those relatives.

187.8 (g) The provisions of section 260.012 to ensure placement prevention, family
187.9 reunification, and all active and reasonable effort requirements of that section apply. This
187.10 chapter shall be construed consistently with the requirements of the Indian Child Welfare
187.11 Act of 1978, United States Code, title 25, section 1901, et al., and the provisions of the
187.12 Minnesota Indian Family Preservation Act, sections 260.751 to 260.835.

187.13 **EFFECTIVE DATE.** This section is effective September 30, 2021.

187.14 Sec. 50. Minnesota Statutes 2020, section 260D.05, is amended to read:

187.15 **260D.05 ADMINISTRATIVE REVIEW OF CHILD IN VOLUNTARY FOSTER**
187.16 **CARE FOR TREATMENT.**

187.17 The administrative reviews required under section 260C.203 must be conducted for a
187.18 child in voluntary foster care for treatment, except that the initial administrative review
187.19 must take place prior to the submission of the report to the court required under section
187.20 260D.06, subdivision 2. When a child is placed in a qualified residential treatment program
187.21 as defined in section 260C.007, subdivision 26d, the responsible social services agency
187.22 must submit evidence to the court as specified in section 260C.712.

187.23 **EFFECTIVE DATE.** This section is effective September 30, 2021.

187.24 Sec. 51. Minnesota Statutes 2020, section 260D.06, subdivision 2, is amended to read:

187.25 Subd. 2. **Agency report to court; court review.** The agency shall obtain judicial review
187.26 by reporting to the court according to the following procedures:

187.27 (a) A written report shall be forwarded to the court within 165 days of the date of the
187.28 voluntary placement agreement. The written report shall contain or have attached:

187.29 (1) a statement of facts that necessitate the child's foster care placement;

187.30 (2) the child's name, date of birth, race, gender, and current address;

188.1 (3) the names, race, date of birth, residence, and post office addresses of the child's
188.2 parents or legal custodian;

188.3 (4) a statement regarding the child's eligibility for membership or enrollment in an Indian
188.4 tribe and the agency's compliance with applicable provisions of sections 260.751 to 260.835;

188.5 (5) the names and addresses of the foster parents or chief administrator of the facility in
188.6 which the child is placed, if the child is not in a family foster home or group home;

188.7 (6) a copy of the out-of-home placement plan required under section 260C.212,
188.8 subdivision 1;

188.9 (7) a written summary of the proceedings of any administrative review required under
188.10 section 260C.203; ~~and~~

188.11 (8) evidence as specified in section 260C.712 when a child is placed in a qualified
188.12 residential treatment program as defined in section 260C.007, subdivision 26d; and

188.13 (9) any other information the agency, parent or legal custodian, the child or the foster
188.14 parent, or other residential facility wants the court to consider.

188.15 (b) In the case of a child in placement due to emotional disturbance, the written report
188.16 shall include as an attachment, the child's individual treatment plan developed by the child's
188.17 treatment professional, as provided in section 245.4871, subdivision 21, or the child's
188.18 standard written plan, as provided in section 125A.023, subdivision 3, paragraph (e).

188.19 (c) In the case of a child in placement due to developmental disability or a related
188.20 condition, the written report shall include as an attachment, the child's individual service
188.21 plan, as provided in section 256B.092, subdivision 1b; the child's individual program plan,
188.22 as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan;
188.23 or the child's standard written plan, as provided in section 125A.023, subdivision 3, paragraph
188.24 (e).

188.25 (d) The agency must inform the child, age 12 or older, the child's parent, and the foster
188.26 parent or foster care facility of the reporting and court review requirements of this section
188.27 and of their right to submit information to the court:

188.28 (1) if the child or the child's parent or the foster care provider wants to send information
188.29 to the court, the agency shall advise those persons of the reporting date and the date by
188.30 which the agency must receive the information they want forwarded to the court so the
188.31 agency is timely able submit it with the agency's report required under this subdivision;

189.1 (2) the agency must also inform the child, age 12 or older, the child's parent, and the
189.2 foster care facility that they have the right to be heard in person by the court and how to
189.3 exercise that right;

189.4 (3) the agency must also inform the child, age 12 or older, the child's parent, and the
189.5 foster care provider that an in-court hearing will be held if requested by the child, the parent,
189.6 or the foster care provider; and

189.7 (4) if, at the time required for the report under this section, a child, age 12 or older,
189.8 disagrees about the foster care facility or services provided under the out-of-home placement
189.9 plan required under section 260C.212, subdivision 1, the agency shall include information
189.10 regarding the child's disagreement, and to the extent possible, the basis for the child's
189.11 disagreement in the report required under this section.

189.12 (e) After receiving the required report, the court has jurisdiction to make the following
189.13 determinations and must do so within ten days of receiving the forwarded report, whether
189.14 a hearing is requested:

189.15 (1) whether the voluntary foster care arrangement is in the child's best interests;

189.16 (2) whether the parent and agency are appropriately planning for the child; and

189.17 (3) in the case of a child age 12 or older, who disagrees with the foster care facility or
189.18 services provided under the out-of-home placement plan, whether it is appropriate to appoint
189.19 counsel and a guardian ad litem for the child using standards and procedures under section
189.20 260C.163.

189.21 (f) Unless requested by a parent, representative of the foster care facility, or the child,
189.22 no in-court hearing is required in order for the court to make findings and issue an order as
189.23 required in paragraph (e).

189.24 (g) If the court finds the voluntary foster care arrangement is in the child's best interests
189.25 and that the agency and parent are appropriately planning for the child, the court shall issue
189.26 an order containing explicit, individualized findings to support its determination. The
189.27 individualized findings shall be based on the agency's written report and other materials
189.28 submitted to the court. The court may make this determination notwithstanding the child's
189.29 disagreement, if any, reported under paragraph (d).

189.30 (h) The court shall send a copy of the order to the county attorney, the agency, parent,
189.31 child, age 12 or older, and the foster parent or foster care facility.

190.1 (i) The court shall also send the parent, the child, age 12 or older, the foster parent, or
190.2 representative of the foster care facility notice of the permanency review hearing required
190.3 under section 260D.07, paragraph (e).

190.4 (j) If the court finds continuing the voluntary foster care arrangement is not in the child's
190.5 best interests or that the agency or the parent are not appropriately planning for the child,
190.6 the court shall notify the agency, the parent, the foster parent or foster care facility, the child,
190.7 age 12 or older, and the county attorney of the court's determinations and the basis for the
190.8 court's determinations. In this case, the court shall set the matter for hearing and appoint a
190.9 guardian ad litem for the child under section 260C.163, subdivision 5.

190.10 **EFFECTIVE DATE.** This section is effective September 30, 2021.

190.11 Sec. 52. Minnesota Statutes 2020, section 260D.07, is amended to read:

190.12 **260D.07 REQUIRED PERMANENCY REVIEW HEARING.**

190.13 (a) When the court has found that the voluntary arrangement is in the child's best interests
190.14 and that the agency and parent are appropriately planning for the child pursuant to the report
190.15 submitted under section 260D.06, and the child continues in voluntary foster care as defined
190.16 in section 260D.02, subdivision 10, for 13 months from the date of the voluntary foster care
190.17 agreement, or has been in placement for 15 of the last 22 months, the agency must:

190.18 (1) terminate the voluntary foster care agreement and return the child home; or

190.19 (2) determine whether there are compelling reasons to continue the voluntary foster care
190.20 arrangement and, if the agency determines there are compelling reasons, seek judicial
190.21 approval of its determination; or

190.22 (3) file a petition for the termination of parental rights.

190.23 (b) When the agency is asking for the court's approval of its determination that there are
190.24 compelling reasons to continue the child in the voluntary foster care arrangement, the agency
190.25 shall file a "Petition for Permanency Review Regarding a Child in Voluntary Foster Care
190.26 for Treatment" and ask the court to proceed under this section.

190.27 (c) The "Petition for Permanency Review Regarding a Child in Voluntary Foster Care
190.28 for Treatment" shall be drafted or approved by the county attorney and be under oath. The
190.29 petition shall include:

190.30 (1) the date of the voluntary placement agreement;

190.31 (2) whether the petition is due to the child's developmental disability or emotional
190.32 disturbance;

191.1 (3) the plan for the ongoing care of the child and the parent's participation in the plan;

191.2 (4) a description of the parent's visitation and contact with the child;

191.3 (5) the date of the court finding that the foster care placement was in the best interests
191.4 of the child, if required under section 260D.06, or the date the agency filed the motion under
191.5 section 260D.09, paragraph (b);

191.6 (6) the agency's reasonable efforts to finalize the permanent plan for the child, including
191.7 returning the child to the care of the child's family; ~~and~~

191.8 (7) a citation to this chapter as the basis for the petition; and

191.9 (8) evidence as specified in section 260C.712 when a child is placed in a qualified
191.10 residential treatment program as defined in section 260C.007, subdivision 26d.

191.11 (d) An updated copy of the out-of-home placement plan required under section 260C.212,
191.12 subdivision 1, shall be filed with the petition.

191.13 (e) The court shall set the date for the permanency review hearing no later than 14 months
191.14 after the child has been in placement or within 30 days of the petition filing date when the
191.15 child has been in placement 15 of the last 22 months. The court shall serve the petition
191.16 together with a notice of hearing by United States mail on the parent, the child age 12 or
191.17 older, the child's guardian ad litem, if one has been appointed, the agency, the county
191.18 attorney, and counsel for any party.

191.19 (f) The court shall conduct the permanency review hearing on the petition no later than
191.20 14 months after the date of the voluntary placement agreement, within 30 days of the filing
191.21 of the petition when the child has been in placement 15 of the last 22 months, or within 15
191.22 days of a motion to terminate jurisdiction and to dismiss an order for foster care under
191.23 chapter 260C, as provided in section 260D.09, paragraph (b).

191.24 (g) At the permanency review hearing, the court shall:

191.25 (1) inquire of the parent if the parent has reviewed the "Petition for Permanency Review
191.26 Regarding a Child in Voluntary Foster Care for Treatment," whether the petition is accurate,
191.27 and whether the parent agrees to the continued voluntary foster care arrangement as being
191.28 in the child's best interests;

191.29 (2) inquire of the parent if the parent is satisfied with the agency's reasonable efforts to
191.30 finalize the permanent plan for the child, including whether there are services available and
191.31 accessible to the parent that might allow the child to safely be with the child's family;

191.32 (3) inquire of the parent if the parent consents to the court entering an order that:

192.1 (i) approves the responsible agency's reasonable efforts to finalize the permanent plan
192.2 for the child, which includes ongoing future planning for the safety, health, and best interests
192.3 of the child; and

192.4 (ii) approves the responsible agency's determination that there are compelling reasons
192.5 why the continued voluntary foster care arrangement is in the child's best interests; and

192.6 (4) inquire of the child's guardian ad litem and any other party whether the guardian or
192.7 the party agrees that:

192.8 (i) the court should approve the responsible agency's reasonable efforts to finalize the
192.9 permanent plan for the child, which includes ongoing and future planning for the safety,
192.10 health, and best interests of the child; and

192.11 (ii) the court should approve of the responsible agency's determination that there are
192.12 compelling reasons why the continued voluntary foster care arrangement is in the child's
192.13 best interests.

192.14 (h) At a permanency review hearing under this section, the court may take the following
192.15 actions based on the contents of the sworn petition and the consent of the parent:

192.16 (1) approve the agency's compelling reasons that the voluntary foster care arrangement
192.17 is in the best interests of the child; and

192.18 (2) find that the agency has made reasonable efforts to finalize the permanent plan for
192.19 the child.

192.20 (i) A child, age 12 or older, may object to the agency's request that the court approve its
192.21 compelling reasons for the continued voluntary arrangement and may be heard on the reasons
192.22 for the objection. Notwithstanding the child's objection, the court may approve the agency's
192.23 compelling reasons and the voluntary arrangement.

192.24 (j) If the court does not approve the voluntary arrangement after hearing from the child
192.25 or the child's guardian ad litem, the court shall dismiss the petition. In this case, either:

192.26 (1) the child must be returned to the care of the parent; or

192.27 (2) the agency must file a petition under section 260C.141, asking for appropriate relief
192.28 under sections 260C.301 or 260C.503 to 260C.521.

192.29 (k) When the court approves the agency's compelling reasons for the child to continue
192.30 in voluntary foster care for treatment, and finds that the agency has made reasonable efforts
192.31 to finalize a permanent plan for the child, the court shall approve the continued voluntary

193.1 foster care arrangement, and continue the matter under the court's jurisdiction for the purposes
193.2 of reviewing the child's placement every 12 months while the child is in foster care.

193.3 (l) A finding that the court approves the continued voluntary placement means the agency
193.4 has continued legal authority to place the child while a voluntary placement agreement
193.5 remains in effect. The parent or the agency may terminate a voluntary agreement as provided
193.6 in section 260D.10. Termination of a voluntary foster care placement of an Indian child is
193.7 governed by section 260.765, subdivision 4.

193.8 **EFFECTIVE DATE.** This section is effective September 30, 2021.

193.9 Sec. 53. Minnesota Statutes 2020, section 260D.08, is amended to read:

193.10 **260D.08 ANNUAL REVIEW.**

193.11 (a) After the court conducts a permanency review hearing under section 260D.07, the
193.12 matter must be returned to the court for further review of the responsible social services
193.13 reasonable efforts to finalize the permanent plan for the child and the child's foster care
193.14 placement at least every 12 months while the child is in foster care. The court shall give
193.15 notice to the parent and child, age 12 or older, and the foster parents of the continued review
193.16 requirements under this section at the permanency review hearing.

193.17 (b) Every 12 months, the court shall determine whether the agency made reasonable
193.18 efforts to finalize the permanency plan for the child, which means the exercise of due
193.19 diligence by the agency to:

193.20 (1) ensure that the agreement for voluntary foster care is the most appropriate legal
193.21 arrangement to meet the child's safety, health, and best interests and to conduct a genuine
193.22 examination of whether there is another permanency disposition order under chapter 260C,
193.23 including returning the child home, that would better serve the child's need for a stable and
193.24 permanent home;

193.25 (2) engage and support the parent in continued involvement in planning and decision
193.26 making for the needs of the child;

193.27 (3) strengthen the child's ties to the parent, relatives, and community;

193.28 (4) implement the out-of-home placement plan required under section 260C.212,
193.29 subdivision 1, and ensure that the plan requires the provision of appropriate services to
193.30 address the physical health, mental health, and educational needs of the child; ~~and~~

194.1 (5) submit evidence to the court as specified in section 260C.712 when a child is placed
194.2 in a qualified residential treatment program setting as defined in section 260C.007,
194.3 subdivision 26d; and

194.4 ~~(5)~~ (6) ensure appropriate planning for the child's safe, permanent, and independent
194.5 living arrangement after the child's 18th birthday.

194.6 **EFFECTIVE DATE.** This section is effective September 30, 2021.

194.7 Sec. 54. Minnesota Statutes 2020, section 260D.14, is amended to read:

194.8 **260D.14 SUCCESSFUL TRANSITION TO ADULTHOOD FOR CHILDREN**
194.9 **YOUTH IN VOLUNTARY PLACEMENT.**

194.10 Subdivision 1. **Case planning.** When ~~the child~~ a youth is 14 years of age or older, the
194.11 responsible social services agency shall ensure that a child youth in foster care under this
194.12 chapter is provided with the case plan requirements in section 260C.212, subdivisions 1
194.13 and 14.

194.14 Subd. 2. **Notification.** The responsible social services agency shall provide a youth with
194.15 ~~written notice of the right to continued access to services for certain children in foster care~~
194.16 ~~past 18 years of age under section 260C.452, subdivision 3~~ foster care benefits that a youth
194.17 who is 18 years of age or older may continue to receive according to section 260C.451,
194.18 subdivision 1, and of the right to appeal a denial of social services under section 256.045.
194.19 The notice must be provided to the ~~child~~ youth six months before the ~~child's~~ youth's 18th
194.20 birthday.

194.21 Subd. 3. **Administrative or court reviews.** When ~~the child~~ a youth is ~~17~~ 14 years of
194.22 age or older, the administrative review or court hearing must include a review of the
194.23 responsible social services agency's support for the ~~child's~~ youth's successful transition to
194.24 adulthood as required in section 260C.452, subdivision 4.

194.25 **EFFECTIVE DATE.** This section is effective July 1, 2021.

194.26 Sec. 55. Minnesota Statutes 2020, section 260E.20, subdivision 2, is amended to read:

194.27 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare
194.28 agency shall conduct a face-to-face contact with the child reported to be maltreated and
194.29 with the child's primary caregiver sufficient to complete a safety assessment and ensure the
194.30 immediate safety of the child.

195.1 (b) The face-to-face contact with the child and primary caregiver shall occur immediately
195.2 if sexual abuse or substantial child endangerment is alleged and within five calendar days
195.3 for all other reports. If the alleged offender was not already interviewed as the primary
195.4 caregiver, the local welfare agency shall also conduct a face-to-face interview with the
195.5 alleged offender in the early stages of the assessment or investigation. Face-to-face contact
195.6 with the child and primary caregiver in response to a report alleging sexual abuse or
195.7 substantial child endangerment may be postponed for no more than five calendar days if
195.8 the child is residing in a location that is confirmed to restrict contact with the alleged offender
195.9 as established in guidelines issued by the commissioner, or if the local welfare agency is
195.10 pursuing a court order for the child's caregiver to produce the child for questioning under
195.11 section 260E.22, subdivision 5.

195.12 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
195.13 responsible for assessing or investigating the report must inform the alleged offender of the
195.14 complaints or allegations made against the individual in a manner consistent with laws
195.15 protecting the rights of the person who made the report. The interview with the alleged
195.16 offender may be postponed if it would jeopardize an active law enforcement investigation.

195.17 (d) The local welfare agency or the agency responsible for assessing or investigating
195.18 the report must provide the alleged offender with an opportunity to make a statement. The
195.19 alleged offender may submit supporting documentation relevant to the assessment or
195.20 investigation.

195.21 Sec. 56. Minnesota Statutes 2020, section 260E.31, subdivision 1, is amended to read:

195.22 Subdivision 1. **Reports required.** (a) Except as provided in paragraph (b), a person
195.23 mandated to report under this chapter shall immediately report to the local welfare agency
195.24 if the person knows or has reason to believe that a woman is pregnant and has used a
195.25 controlled substance for a nonmedical purpose during the pregnancy, including but not
195.26 limited to tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy
195.27 in any way that is habitual or excessive.

195.28 (b) A health care professional or a social service professional who is mandated to report
195.29 under this chapter is exempt from reporting under paragraph (a) ~~a woman's use or~~
195.30 ~~consumption of tetrahydrocannabinol or alcoholic beverages during pregnancy~~ if the
195.31 professional is providing or collaborating with other professionals to provide the woman
195.32 with prenatal care, postpartum care, or other health care services, including care of the
195.33 woman's infant. If the woman does not continue to receive regular prenatal or postpartum

196.1 care, after the woman's health care professional has made attempts to contact the woman,
196.2 then the professional is required to report under paragraph (a).

196.3 (c) Any person may make a voluntary report if the person knows or has reason to believe
196.4 that a woman is pregnant and has used a controlled substance for a nonmedical purpose
196.5 during the pregnancy, including but not limited to tetrahydrocannabinol, or has consumed
196.6 alcoholic beverages during the pregnancy in any way that is habitual or excessive.

196.7 (d) An oral report shall be made immediately by telephone or otherwise. An oral report
196.8 made by a person required to report shall be followed within 72 hours, exclusive of weekends
196.9 and holidays, by a report in writing to the local welfare agency. Any report shall be of
196.10 sufficient content to identify the pregnant woman, the nature and extent of the use, if known,
196.11 and the name and address of the reporter. The local welfare agency shall accept a report
196.12 made under paragraph (c) notwithstanding refusal by a voluntary reporter to provide the
196.13 reporter's name or address as long as the report is otherwise sufficient.

196.14 (e) For purposes of this section, "prenatal care" means the comprehensive package of
196.15 medical and psychological support provided throughout the pregnancy.

196.16 Sec. 57. Minnesota Statutes 2020, section 260E.33, is amended by adding a subdivision
196.17 to read:

196.18 Subd. 6a. **Notification of contested case hearing.** When an appeal of a lead investigative
196.19 agency determination results in a contested case hearing under chapter 245A or 245C, the
196.20 administrative law judge shall notify the parent, legal custodian, or guardian of the child
196.21 who is the subject of the maltreatment determination. The notice must be sent by certified
196.22 mail and inform the parent, legal custodian, or guardian of the child of the right to file a
196.23 signed written statement in the proceedings and the right to attend and participate in the
196.24 hearing. The parent, legal custodian, or guardian of the child may file a written statement
196.25 with the administrative law judge hearing the case no later than five business days before
196.26 commencement of the hearing. The administrative law judge shall include the written
196.27 statement in the hearing record and consider the statement in deciding the appeal. The lead
196.28 investigative agency shall provide to the administrative law judge the address of the parent,
196.29 legal custodian, or guardian of the child. If the lead investigative agency is not reasonably
196.30 able to determine the address of the parent, legal custodian, or guardian of the child, the
196.31 administrative law judge is not required to send a hearing notice under this subdivision.

197.1 Sec. 58. Minnesota Statutes 2020, section 260E.36, is amended by adding a subdivision
197.2 to read:

197.3 Subd. 1a. **Sex trafficking and sexual exploitation training requirement.** As required
197.4 by the Child Abuse Prevention and Treatment Act amendments through Public Law 114-22
197.5 and to implement Public Law 115-123, all child protection social workers and social services
197.6 staff who have responsibility for child protective duties under this chapter or chapter 260C
197.7 shall complete training implemented by the commissioner of human services regarding sex
197.8 trafficking and sexual exploitation of children and youth.

197.9 **EFFECTIVE DATE.** This section is effective July 1, 2021.

197.10 Sec. 59. Minnesota Statutes 2020, section 518.157, subdivision 1, is amended to read:

197.11 Subdivision 1. **Implementation; administration.** (a) By January 1, 1998, the chief
197.12 judge of each judicial district or a designee shall implement one or more parent education
197.13 programs within the judicial district for the purpose of educating parents about the impact
197.14 that divorce, the restructuring of families, and judicial proceedings have upon children and
197.15 families; methods for preventing parenting time conflicts; and dispute resolution options.
197.16 The chief judge of each judicial district or a designee may require that children attend a
197.17 separate education program designed to deal with the impact of divorce upon children as
197.18 part of the parent education program. Each parent education program must enable persons
197.19 to have timely and reasonable access to education sessions.

197.20 (b) The chief judge of each judicial district shall ensure that the judicial district's website
197.21 includes information on the parent education program or programs required under this
197.22 section.

197.23 Sec. 60. Minnesota Statutes 2020, section 518.157, subdivision 3, is amended to read:

197.24 Subd. 3. **Attendance.** (a) In a proceeding under this chapter where the parties have not
197.25 agreed to custody or a parenting time is ~~contested~~ schedule, the court shall order the parents
197.26 of a minor child ~~shall attend~~ to attend or take online a minimum of eight hours in an
197.27 orientation and education program that meets the minimum standards promulgated by the
197.28 Minnesota Supreme Court.

197.29 (b) In all other proceedings involving custody, support, or parenting time the court may
197.30 order the parents of a minor child to attend a parent education program.

197.31 (c) The program shall provide the court with names of persons who fail to attend the
197.32 parent education program as ordered by the court. Persons who are separated or contemplating

198.1 involvement in a dissolution, paternity, custody, or parenting time proceeding may attend
198.2 a parent education program without a court order.

198.3 (d) Unless otherwise ordered by the court, participation in a parent education program
198.4 must begin before an initial case management conference and within 30 days after the first
198.5 filing with the court or as soon as practicable after that time based on the reasonable
198.6 availability of classes for the program for the parent. Parent education programs must offer
198.7 an opportunity to participate at all phases of a pending or postdecree proceeding.

198.8 (e) Upon request of a party and a showing of good cause, the court may excuse the party
198.9 from attending the program. If past or present domestic abuse, as defined in chapter 518B,
198.10 is alleged, the court shall not require the parties to attend the same parent education sessions
198.11 and shall enter an order setting forth the manner in which the parties may safely participate
198.12 in the program.

198.13 (f) Before an initial case management conference for a proceeding under this chapter
198.14 where the parties have not agreed to custody or parenting time, the court shall notify the
198.15 parties of their option to resolve disagreements, including the development of a parenting
198.16 plan, through the use of private mediation.

198.17 Sec. 61. Minnesota Statutes 2020, section 518.68, subdivision 2, is amended to read:

198.18 Subd. 2. **Contents.** The required notices must be substantially as follows:

198.19 **IMPORTANT NOTICE**

198.20 **1. PAYMENTS TO PUBLIC AGENCY**

198.21 According to Minnesota Statutes, section 518A.50, payments ordered for maintenance
198.22 and support must be paid to the public agency responsible for child support enforcement
198.23 as long as the person entitled to receive the payments is receiving or has applied for
198.24 public assistance or has applied for support and maintenance collection services. MAIL
198.25 PAYMENTS TO:

198.26 **2. DEPRIVING ANOTHER OF CUSTODIAL OR PARENTAL RIGHTS -- A FELONY**

198.27 A person may be charged with a felony who conceals a minor child or takes, obtains,
198.28 retains, or fails to return a minor child from or to the child's parent (or person with
198.29 custodial or visitation rights), according to Minnesota Statutes, section 609.26. A copy
198.30 of that section is available from any district court clerk.

198.31 **3. NONSUPPORT OF A SPOUSE OR CHILD -- CRIMINAL PENALTIES**

199.1 A person who fails to pay court-ordered child support or maintenance may be charged
199.2 with a crime, which may include misdemeanor, gross misdemeanor, or felony charges,
199.3 according to Minnesota Statutes, section 609.375. A copy of that section is available
199.4 from any district court clerk.

199.5 4. RULES OF SUPPORT, MAINTENANCE, PARENTING TIME

199.6 (a) Payment of support or spousal maintenance is to be as ordered, and the giving of
199.7 gifts or making purchases of food, clothing, and the like will not fulfill the obligation.

199.8 (b) Payment of support must be made as it becomes due, and failure to secure or denial
199.9 of parenting time is NOT an excuse for nonpayment, but the aggrieved party must seek
199.10 relief through a proper motion filed with the court.

199.11 (c) Nonpayment of support is not grounds to deny parenting time. The party entitled to
199.12 receive support may apply for support and collection services, file a contempt motion,
199.13 or obtain a judgment as provided in Minnesota Statutes, section 548.091.

199.14 (d) The payment of support or spousal maintenance takes priority over payment of debts
199.15 and other obligations.

199.16 (e) A party who accepts additional obligations of support does so with the full knowledge
199.17 of the party's prior obligation under this proceeding.

199.18 (f) Child support or maintenance is based on annual income, and it is the responsibility
199.19 of a person with seasonal employment to budget income so that payments are made
199.20 throughout the year as ordered.

199.21 (g) Reasonable parenting time guidelines are contained in Appendix B, which is available
199.22 from the court administrator.

199.23 (h) The nonpayment of support may be enforced through the denial of student grants;
199.24 interception of state and federal tax refunds; suspension of driver's, recreational, and
199.25 occupational licenses; referral to the department of revenue or private collection agencies;
199.26 seizure of assets, including bank accounts and other assets held by financial institutions;
199.27 reporting to credit bureaus; ~~interest charging~~, income withholding, and contempt
199.28 proceedings; and other enforcement methods allowed by law.

199.29 (i) The public authority may suspend or resume collection of the amount allocated for
199.30 child care expenses if the conditions of Minnesota Statutes, section 518A.40, subdivision
199.31 4, are met.

200.1 (j) The public authority may remove or resume a medical support offset if the conditions
200.2 of Minnesota Statutes, section 518A.41, subdivision 16, are met.

200.3 ~~(k) The public authority may suspend or resume interest charging on child support~~
200.4 ~~judgments if the conditions of Minnesota Statutes, section 548.091, subdivision 1a, are met.~~

200.5 5. MODIFYING CHILD SUPPORT

200.6 If either the obligor or obligee is laid off from employment or receives a pay reduction,
200.7 child support may be modified, increased, or decreased. Any modification will only take
200.8 effect when it is ordered by the court, and will only relate back to the time that a motion
200.9 is filed. Either the obligor or obligee may file a motion to modify child support, and may
200.10 request the public agency for help. UNTIL A MOTION IS FILED, THE CHILD
200.11 SUPPORT OBLIGATION WILL CONTINUE AT THE CURRENT LEVEL. THE
200.12 COURT IS NOT PERMITTED TO REDUCE SUPPORT RETROACTIVELY.

200.13 6. PARENTAL RIGHTS FROM MINNESOTA STATUTES, SECTION 518.17, 200.14 SUBDIVISION 3

200.15 Unless otherwise provided by the Court:

200.16 (a) Each party has the right of access to, and to receive copies of, school, medical, dental,
200.17 religious training, and other important records and information about the minor children.
200.18 Each party has the right of access to information regarding health or dental insurance
200.19 available to the minor children. Presentation of a copy of this order to the custodian of
200.20 a record or other information about the minor children constitutes sufficient authorization
200.21 for the release of the record or information to the requesting party.

200.22 (b) Each party shall keep the other informed as to the name and address of the school
200.23 of attendance of the minor children. Each party has the right to be informed by school
200.24 officials about the children's welfare, educational progress and status, and to attend
200.25 school and parent teacher conferences. The school is not required to hold a separate
200.26 conference for each party.

200.27 (c) In case of an accident or serious illness of a minor child, each party shall notify the
200.28 other party of the accident or illness, and the name of the health care provider and the
200.29 place of treatment.

200.30 (d) Each party has the right of reasonable access and telephone contact with the minor
200.31 children.

200.32 7. WAGE AND INCOME DEDUCTION OF SUPPORT AND MAINTENANCE

201.1 Child support and/or spousal maintenance may be withheld from income, with or without
201.2 notice to the person obligated to pay, when the conditions of Minnesota Statutes, section
201.3 518A.53 have been met. A copy of those sections is available from any district court
201.4 clerk.

201.5 8. CHANGE OF ADDRESS OR RESIDENCE

201.6 Unless otherwise ordered, each party shall notify the other party, the court, and the public
201.7 authority responsible for collection, if applicable, of the following information within
201.8 ten days of any change: the residential and mailing address, telephone number, driver's
201.9 license number, Social Security number, and name, address, and telephone number of
201.10 the employer.

201.11 9. COST OF LIVING INCREASE OF SUPPORT AND MAINTENANCE

201.12 Basic support and/or spousal maintenance may be adjusted every two years based upon
201.13 a change in the cost of living (using Department of Labor Consumer Price Index,
201.14 unless otherwise specified in this order) when the conditions of Minnesota Statutes,
201.15 section 518A.75, are met. Cost of living increases are compounded. A copy of Minnesota
201.16 Statutes, section 518A.75, and forms necessary to request or contest a cost of living
201.17 increase are available from any district court clerk.

201.18 10. JUDGMENTS FOR UNPAID SUPPORT

201.19 If a person fails to make a child support payment, the payment owed becomes a judgment
201.20 against the person responsible to make the payment by operation of law on or after the
201.21 date the payment is due, and the person entitled to receive the payment or the public
201.22 agency may obtain entry and docketing of the judgment WITHOUT NOTICE to the
201.23 person responsible to make the payment under Minnesota Statutes, section 548.091.
201.24 ~~Interest begins to accrue on a payment or installment of child support whenever the~~
201.25 ~~unpaid amount due is greater than the current support due, according to Minnesota~~
201.26 ~~Statutes, section 548.091, subdivision 1a.~~

201.27 11. JUDGMENTS FOR UNPAID MAINTENANCE

201.28 (a) A judgment for unpaid spousal maintenance may be entered when the conditions of
201.29 Minnesota Statutes, section 548.091, are met. A copy of that section is available from
201.30 any district court clerk.

201.31 (b) The public authority is not responsible for calculating interest on any judgment for
201.32 unpaid spousal maintenance. When providing services in IV-D cases, as defined in
201.33 Minnesota Statutes, section 518A.26, subdivision 10, the public authority will only

202.1 collect interest on spousal maintenance if spousal maintenance is reduced to a sum
202.2 certain judgment.

202.3 12. ATTORNEY FEES AND COLLECTION COSTS FOR ENFORCEMENT OF CHILD
202.4 SUPPORT

202.5 A judgment for attorney fees and other collection costs incurred in enforcing a child
202.6 support order will be entered against the person responsible to pay support when the
202.7 conditions of Minnesota Statutes, section 518A.735, are met. A copy of Minnesota
202.8 Statutes, sections 518.14 and 518A.735 and forms necessary to request or contest these
202.9 attorney fees and collection costs are available from any district court clerk.

202.10 13. PARENTING TIME EXPEDITOR PROCESS

202.11 On request of either party or on its own motion, the court may appoint a parenting time
202.12 expeditor to resolve parenting time disputes under Minnesota Statutes, section 518.1751.
202.13 A copy of that section and a description of the expeditor process is available from any
202.14 district court clerk.

202.15 14. PARENTING TIME REMEDIES AND PENALTIES

202.16 Remedies and penalties for the wrongful denial of parenting time are available under
202.17 Minnesota Statutes, section 518.175, subdivision 6. These include compensatory parenting
202.18 time; civil penalties; bond requirements; contempt; and reversal of custody. A copy of
202.19 that subdivision and forms for requesting relief are available from any district court
202.20 clerk.

202.21 **EFFECTIVE DATE.** This section is effective August 1, 2022.

202.22 Sec. 62. Minnesota Statutes 2020, section 518A.29, is amended to read:

202.23 **518A.29 CALCULATION OF GROSS INCOME.**

202.24 (a) Subject to the exclusions and deductions in this section, gross income includes any
202.25 form of periodic payment to an individual, including, but not limited to, salaries, wages,
202.26 commissions, self-employment income under section 518A.30, workers' compensation,
202.27 unemployment benefits, annuity payments, military and naval retirement, pension and
202.28 disability payments, spousal maintenance received under a previous order or the current
202.29 proceeding, Social Security or veterans benefits provided for a joint child under section
202.30 518A.31, and potential income under section 518A.32. Salaries, wages, commissions, or
202.31 other compensation paid by third parties shall be based upon gross income before
202.32 participation in an employer-sponsored benefit plan that allows an employee to pay for a

203.1 benefit or expense using pretax dollars, such as flexible spending plans and health savings
203.2 accounts. No deductions shall be allowed for contributions to pensions, 401-K, IRA, or
203.3 other retirement benefits.

203.4 (b) Gross income does not include compensation received by a party for employment
203.5 in excess of a 40-hour work week, provided that:

203.6 (1) child support is ordered in an amount at least equal to the guideline amount based
203.7 on gross income not excluded under this clause; and

203.8 (2) the party demonstrates, and the court finds, that:

203.9 (i) the excess employment began after the filing of the petition for dissolution or legal
203.10 separation or a petition related to custody, parenting time, or support;

203.11 (ii) the excess employment reflects an increase in the work schedule or hours worked
203.12 over that of the two years immediately preceding the filing of the petition;

203.13 (iii) the excess employment is voluntary and not a condition of employment;

203.14 (iv) the excess employment is in the nature of additional, part-time or overtime
203.15 employment compensable by the hour or fraction of an hour; and

203.16 (v) the party's compensation structure has not been changed for the purpose of affecting
203.17 a support or maintenance obligation.

203.18 (c) Expense reimbursements or in-kind payments received by a parent in the course of
203.19 employment, self-employment, or operation of a business shall be counted as income if
203.20 they reduce personal living expenses.

203.21 (d) Gross income may be calculated on either an annual or monthly basis. Weekly income
203.22 shall be translated to monthly income by multiplying the weekly income by 4.33.

203.23 (e) Gross income does not include a child support payment received by a party. It is a
203.24 rebuttable presumption that adoption assistance payments, Northstar kinship assistance
203.25 payments, and foster care subsidies are not gross income.

203.26 (f) Gross income does not include the income of the obligor's spouse and the obligee's
203.27 spouse.

203.28 (g) ~~Child support or~~ Spousal maintenance payments ordered by a court for a ~~nonjoint~~
203.29 ~~child or~~ former spouse or ordered payable to the other party as part of the current proceeding
203.30 are deducted from other periodic payments received by a party for purposes of determining
203.31 gross income.

204.1 (h) Gross income does not include public assistance benefits received under section
204.2 256.741 or other forms of public assistance based on need.

204.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

204.4 Sec. 63. Minnesota Statutes 2020, section 518A.33, is amended to read:

204.5 **518A.33 DEDUCTION FROM INCOME FOR NONJOINT CHILDREN.**

204.6 (a) When either or both parents are legally responsible for a nonjoint child, a deduction
204.7 for this obligation shall be calculated under this section if:

204.8 ~~(1) the nonjoint child primarily resides in the parent's household; and~~

204.9 ~~(2) the parent is not obligated to pay basic child support for the nonjoint child to the~~
204.10 ~~other parent or a legal custodian of the child under an existing child support order.~~

204.11 ~~(b) The court shall use the guidelines under section 518A.35 to determine the basic child~~
204.12 ~~support obligation for the nonjoint child or children by using the gross income of the parent~~
204.13 ~~for whom the deduction is being calculated and the number of nonjoint children primarily~~
204.14 ~~residing in the parent's household. If the number of nonjoint children to be used for the~~
204.15 ~~determination is greater than two, the determination must be made using the number two~~
204.16 ~~instead of the greater number. Court-ordered child support for a nonjoint child shall be~~
204.17 ~~deducted from the payor's gross income.~~

204.18 ~~(c) The deduction for nonjoint children is 50 percent of the guideline amount determined~~
204.19 ~~under paragraph (b). When a parent is legally responsible for a nonjoint child and the parent~~
204.20 ~~is not obligated to pay basic child support for the nonjoint child to the other parent or a legal~~
204.21 ~~custodian under an existing child support order, a deduction shall be calculated. The court~~
204.22 ~~shall use the basic support guideline table under section 518A.35 to determine this deduction~~
204.23 ~~by using the gross income of the parent for whom the deduction is being calculated, minus~~
204.24 ~~any deduction under paragraph (b) and the number of eligible nonjoint children, up to six~~
204.25 ~~children. The deduction for nonjoint children is 75 percent of the guideline amount~~
204.26 ~~determined under this paragraph.~~

204.27 **EFFECTIVE DATE.** This section is effective January 1, 2023.

204.28 Sec. 64. Minnesota Statutes 2020, section 518A.35, subdivision 1, is amended to read:

204.29 Subdivision 1. **Determination of support obligation.** (a) The guideline in this section
204.30 is a rebuttable presumption and shall be used in any judicial or administrative proceeding
204.31 to establish or modify a support obligation under this chapter.

205.1 (b) The basic child support obligation shall be determined by referencing the guideline
 205.2 for the appropriate number of joint children and the combined parental income for
 205.3 determining child support of the parents.

205.4 (c) If a child is not in the custody of either parent and a support order is sought against
 205.5 one or both parents, the basic child support obligation shall be determined by referencing
 205.6 the guideline for the appropriate number of joint children, and the parent's individual parental
 205.7 income for determining child support, not the combined parental incomes for determining
 205.8 child support of the parents. Unless a parent has court-ordered parenting time, the parenting
 205.9 expense adjustment formula under section 518A.34 must not be applied.

205.10 (d) If a child is ~~in custody of either parent~~ not residing with the parent that has
 205.11 court-ordered or statutory custody and a support order is sought ~~by the public authority~~
 205.12 under section 256.87 against one or both parents, ~~unless the parent against whom the support~~
 205.13 ~~order is sought has court-ordered parenting time~~, the basic support obligation must be
 205.14 determined by referencing the guideline for the appropriate number of joint children and
 205.15 the parent's individual income without application of the parenting expense adjustment
 205.16 formula under section 518A.34.

205.17 (e) For combined parental incomes for determining child support exceeding ~~\$15,000~~
 205.18 \$20,000 per month, the presumed basic child support obligations shall be as for parents
 205.19 with combined parental income for determining child support of ~~\$15,000~~ \$20,000 per month.
 205.20 A basic child support obligation in excess of this level may be demonstrated for those reasons
 205.21 set forth in section 518A.43.

205.22 **EFFECTIVE DATE.** This section is effective January 1, 2023.

205.23 Sec. 65. Minnesota Statutes 2020, section 518A.35, subdivision 2, is amended to read:

205.24 Subd. 2. **Basic support; guideline.** Unless otherwise agreed to by the parents and
 205.25 approved by the court, when establishing basic support, the court must order that basic
 205.26 support be divided between the parents based on their proportionate share of the parents'
 205.27 combined monthly parental income for determining child support (PICS). Basic support
 205.28 must be computed using the following guideline:

205.29 Combined Parental 205.30 Income for 205.31 Determining Child 205.32 Support	205.29 Number of Children					
	205.30 One	205.30 Two	205.30 Three	205.30 Four	205.30 Five	205.30 Six
205.33 \$0- \$799		205.33 \$50	205.33 \$75	205.33 \$75	205.33 \$100	
205.34 <u>\$1,399</u>	205.34 \$50	205.34 <u>\$60</u>	205.34 <u>\$70</u>	205.34 <u>\$80</u>	205.34 <u>\$90</u>	205.34 \$100
205.35 800-899	205.35 80	205.35 129	205.35 149	205.35 173	205.35 201	205.35 233

206.1	900-999	90	145	167	194	226	262
206.2	1,000-1,099	116	161	186	216	251	291
206.3	1,100-1,199	145	205	237	275	320	370
206.4	1,200-1,299	177	254	294	341	396	459
206.5	1,300-1,399	212	309	356	414	480	557
206.6		251	368	425	493	573	664
206.7	1,400- 1,499	<u>60</u>	<u>75</u>	<u>85</u>	<u>100</u>	<u>110</u>	<u>120</u>
206.8		292	433	500	580	673	780
206.9	1,500- 1,599	<u>75</u>	<u>90</u>	<u>105</u>	<u>125</u>	<u>135</u>	<u>145</u>
206.10		337	502	580	673	781	905
206.11	1,600- 1,699	<u>90</u>	<u>110</u>	<u>130</u>	<u>150</u>	<u>160</u>	<u>170</u>
206.12		385	577	666	773	897	1,040
206.13	1,700- 1,799	<u>110</u>	<u>130</u>	<u>155</u>	<u>175</u>	<u>185</u>	<u>195</u>
206.14		436	657	758	880	1,021	1,183
206.15	1,800- 1,899	<u>130</u>	<u>150</u>	<u>180</u>	<u>200</u>	<u>210</u>	<u>220</u>
206.16		490	742	856	994	1,152	1,336
206.17	1,900- 1,999	<u>150</u>	<u>175</u>	<u>205</u>	<u>235</u>	<u>245</u>	<u>255</u>
206.18		516	832	960	1,114	1,292	1,498
206.19	2,000- 2,099	<u>170</u>	<u>200</u>	<u>235</u>	<u>270</u>	<u>285</u>	<u>295</u>
206.20		528	851	981	1,139	1,320	1,531
206.21	2,100- 2,199	<u>190</u>	<u>225</u>	<u>265</u>	<u>305</u>	<u>325</u>	<u>335</u>
206.22		538	867	1,000	1,160	1,346	1,561
206.23	2,200- 2,299	<u>215</u>	<u>255</u>	<u>300</u>	<u>345</u>	<u>367</u>	<u>379</u>
206.24		546	881	1,016	1,179	1,367	1,586
206.25	2,300- 2,399	<u>240</u>	<u>285</u>	<u>335</u>	<u>385</u>	<u>409</u>	<u>423</u>
206.26		554	893	1,029	1,195	1,385	1,608
206.27	2,400- 2,499	<u>265</u>	<u>315</u>	<u>370</u>	<u>425</u>	<u>451</u>	<u>467</u>
206.28		560	903	1,040	1,208	1,400	1,625
206.29	2,500- 2,599	<u>290</u>	<u>350</u>	<u>408</u>	<u>465</u>	<u>493</u>	<u>511</u>
206.30		570	920	1,060	1,230	1,426	1,655
206.31	2,600- 2,699	<u>315</u>	<u>385</u>	<u>446</u>	<u>505</u>	<u>535</u>	<u>555</u>
206.32		580	936	1,078	1,251	1,450	1,683
206.33	2,700- 2,799	<u>340</u>	<u>420</u>	<u>484</u>	<u>545</u>	<u>577</u>	<u>599</u>
206.34		589	950	1,094	1,270	1,472	1,707
206.35	2,800- 2,899	<u>365</u>	<u>455</u>	<u>522</u>	<u>585</u>	<u>619</u>	<u>643</u>
206.36		596	963	1,109	1,287	1,492	1,730
206.37	2,900- 2,999	<u>390</u>	<u>490</u>	<u>560</u>	<u>625</u>	<u>661</u>	<u>687</u>
206.38		603	975	1,122	1,302	1,509	1,749
206.39	3,000- 3,099	<u>415</u>	<u>525</u>	<u>598</u>	<u>665</u>	<u>703</u>	<u>731</u>
206.40		613	991	1,141	1,324	1,535	1,779
206.41	3,100- 3,199	<u>440</u>	<u>560</u>	<u>636</u>	<u>705</u>	<u>745</u>	<u>775</u>
206.42		623	1,007	1,158	1,344	1,558	1,807
206.43	3,200- 3,299	<u>465</u>	<u>595</u>	<u>674</u>	<u>745</u>	<u>787</u>	<u>819</u>
206.44		636	1,021	1,175	1,363	1,581	1,833
206.45	3,300- 3,399	<u>485</u>	<u>630</u>	<u>712</u>	<u>785</u>	<u>829</u>	<u>863</u>

207.1		<u>650</u>	<u>1,034</u>	<u>1,190</u>	<u>1,380</u>	<u>1,601</u>	<u>1,857</u>
207.2	3,400- 3,499	<u>505</u>	<u>665</u>	<u>750</u>	<u>825</u>	<u>871</u>	<u>907</u>
207.3		<u>664</u>	<u>1,047</u>	<u>1,204</u>	<u>1,397</u>	<u>1,621</u>	<u>1,880</u>
207.4	3,500- 3,599	<u>525</u>	<u>695</u>	<u>784</u>	<u>861</u>	<u>910</u>	<u>948</u>
207.5		<u>677</u>	<u>1,062</u>	<u>1,223</u>	<u>1,418</u>	<u>1,646</u>	<u>1,909</u>
207.6	3,600- 3,699	<u>545</u>	<u>725</u>	<u>818</u>	<u>897</u>	<u>949</u>	<u>989</u>
207.7		<u>691</u>	<u>1,077</u>	<u>1,240</u>	<u>1,439</u>	<u>1,670</u>	<u>1,937</u>
207.8	3,700- 3,799	<u>565</u>	<u>755</u>	<u>852</u>	<u>933</u>	<u>988</u>	<u>1,030</u>
207.9		<u>705</u>	<u>1,081</u>	<u>1,257</u>	<u>1,459</u>	<u>1,693</u>	<u>1,963</u>
207.10	3,800- 3,899	<u>585</u>	<u>785</u>	<u>886</u>	<u>969</u>	<u>1,027</u>	<u>1,071</u>
207.11		<u>719</u>	<u>1,104</u>	<u>1,273</u>	<u>1,478</u>	<u>1,715</u>	<u>1,988</u>
207.12	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>
207.13		<u>732</u>	<u>1,116</u>	<u>1,288</u>	<u>1,496</u>	<u>1,736</u>	<u>2,012</u>
207.14	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>
207.15		<u>746</u>	<u>1,132</u>	<u>1,305</u>	<u>1,516</u>	<u>1,759</u>	<u>2,039</u>
207.16	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>
207.17		<u>760</u>	<u>1,147</u>	<u>1,322</u>	<u>1,536</u>	<u>1,781</u>	<u>2,064</u>
207.18	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>
207.19		<u>774</u>	<u>1,161</u>	<u>1,338</u>	<u>1,554</u>	<u>1,802</u>	<u>2,088</u>
207.20	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>
207.21		<u>787</u>	<u>1,175</u>	<u>1,353</u>	<u>1,572</u>	<u>1,822</u>	<u>2,111</u>
207.22	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>
207.23		<u>801</u>	<u>1,184</u>	<u>1,368</u>	<u>1,589</u>	<u>1,841</u>	<u>2,133</u>
207.24	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>
207.25		<u>808</u>	<u>1,200</u>	<u>1,386</u>	<u>1,608</u>	<u>1,864</u>	<u>2,160</u>
207.26	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>
207.27		<u>814</u>	<u>1,215</u>	<u>1,402</u>	<u>1,627</u>	<u>1,887</u>	<u>2,186</u>
207.28	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>
207.29		<u>820</u>	<u>1,231</u>	<u>1,419</u>	<u>1,645</u>	<u>1,908</u>	<u>2,212</u>
207.30	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>
207.31		<u>825</u>	<u>1,246</u>	<u>1,435</u>	<u>1,663</u>	<u>1,930</u>	<u>2,236</u>
207.32	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>
207.33		<u>831</u>	<u>1,260</u>	<u>1,450</u>	<u>1,680</u>	<u>1,950</u>	<u>2,260</u>
207.34	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>
207.35		<u>837</u>	<u>1,275</u>	<u>1,468</u>	<u>1,701</u>	<u>1,975</u>	<u>2,289</u>
207.36	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>
207.37		<u>843</u>	<u>1,290</u>	<u>1,485</u>	<u>1,722</u>	<u>1,999</u>	<u>2,317</u>
207.38	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>
207.39		<u>849</u>	<u>1,304</u>	<u>1,502</u>	<u>1,743</u>	<u>2,022</u>	<u>2,345</u>
207.40	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>
207.41		<u>854</u>	<u>1,318</u>	<u>1,518</u>	<u>1,763</u>	<u>2,046</u>	<u>2,372</u>
207.42	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>
207.43		<u>860</u>	<u>1,331</u>	<u>1,535</u>	<u>1,782</u>	<u>2,068</u>	<u>2,398</u>
207.44	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>
207.45		<u>866</u>	<u>1,346</u>	<u>1,551</u>	<u>1,801</u>	<u>2,090</u>	<u>2,424</u>
207.46	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>

208.1		<u>873</u>	<u>1,357</u>	<u>1,568</u>	<u>1,819</u>	<u>2,111</u>	<u>2,449</u>
208.2	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>
208.3		<u>881</u>	<u>1,376</u>	<u>1,583</u>	<u>1,837</u>	<u>2,132</u>	<u>2,473</u>
208.4	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>
208.5		<u>888</u>	<u>1,390</u>	<u>1,599</u>	<u>1,855</u>	<u>2,152</u>	<u>2,497</u>
208.6	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>
208.7		<u>895</u>	<u>1,404</u>	<u>1,604</u>	<u>1,872</u>	<u>2,172</u>	<u>2,520</u>
208.8	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>
208.9		<u>902</u>	<u>1,419</u>	<u>1,631</u>	<u>1,892</u>	<u>2,195</u>	<u>2,546</u>
208.10	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>
208.11		<u>909</u>	<u>1,433</u>	<u>1,645</u>	<u>1,912</u>	<u>2,217</u>	<u>2,572</u>
208.12	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>
208.13		<u>916</u>	<u>1,448</u>	<u>1,664</u>	<u>1,932</u>	<u>2,239</u>	<u>2,597</u>
208.14	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>
208.15		<u>923</u>	<u>1,462</u>	<u>1,682</u>	<u>1,951</u>	<u>2,260</u>	<u>2,621</u>
208.16	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>
208.17		<u>930</u>	<u>1,476</u>	<u>1,697</u>	<u>1,970</u>	<u>2,282</u>	<u>2,646</u>
208.18	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>
208.19		<u>936</u>	<u>1,490</u>	<u>1,713</u>	<u>1,989</u>	<u>2,305</u>	<u>2,673</u>
208.20	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>
208.21		<u>943</u>	<u>1,505</u>	<u>1,730</u>	<u>2,009</u>	<u>2,328</u>	<u>2,700</u>
208.22	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>
208.23		<u>950</u>	<u>1,519</u>	<u>1,746</u>	<u>2,028</u>	<u>2,350</u>	<u>2,727</u>
208.24	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>
208.25		<u>957</u>	<u>1,533</u>	<u>1,762</u>	<u>2,047</u>	<u>2,379</u>	<u>2,747</u>
208.26	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>
208.27		<u>963</u>	<u>1,547</u>	<u>1,778</u>	<u>2,065</u>	<u>2,394</u>	<u>2,753</u>
208.28	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>
208.29		<u>970</u>	<u>1,561</u>	<u>1,795</u>	<u>2,085</u>	<u>2,417</u>	<u>2,758</u>
208.30	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>
208.31		<u>974</u>	<u>1,574</u>	<u>1,812</u>	<u>2,104</u>	<u>2,439</u>	<u>2,764</u>
208.32	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>
208.33		<u>980</u>	<u>1,587</u>	<u>1,828</u>	<u>2,123</u>	<u>2,462</u>	<u>2,769</u>
208.34	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>
208.35		<u>989</u>	<u>1,600</u>	<u>1,844</u>	<u>2,142</u>	<u>2,483</u>	<u>2,775</u>
208.36	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>
208.37		<u>998</u>	<u>1,613</u>	<u>1,860</u>	<u>2,160</u>	<u>2,505</u>	<u>2,781</u>
208.38	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>
208.39		<u>1,006</u>	<u>1,628</u>	<u>1,877</u>	<u>2,180</u>	<u>2,528</u>	<u>2,803</u>
208.40	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>
208.41		<u>1,015</u>	<u>1,643</u>	<u>1,894</u>	<u>2,199</u>	<u>2,550</u>	<u>2,833</u>
208.42	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>
208.43		<u>1,023</u>	<u>1,658</u>	<u>1,911</u>	<u>2,218</u>	<u>2,572</u>	<u>2,864</u>
208.44	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>
208.45		<u>1,032</u>	<u>1,673</u>	<u>1,928</u>	<u>2,237</u>	<u>2,594</u>	<u>2,894</u>
208.46	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>

209.1		<u>1,040</u>	<u>1,688</u>	<u>1,944</u>	<u>2,256</u>	<u>2,616</u>	<u>2,925</u>
209.2	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>
209.3		<u>1,048</u>	<u>1,703</u>	<u>1,960</u>	<u>2,274</u>	<u>2,637</u>	<u>2,955</u>
209.4	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>
209.5		<u>1,056</u>	<u>1,717</u>	<u>1,976</u>	<u>2,293</u>	<u>2,658</u>	<u>2,985</u>
209.6	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>
209.7		<u>1,064</u>	<u>1,731</u>	<u>1,992</u>	<u>2,311</u>	<u>2,679</u>	<u>3,016</u>
209.8	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>
209.9		<u>1,072</u>	<u>1,746</u>	<u>2,008</u>	<u>2,328</u>	<u>2,700</u>	<u>3,046</u>
209.10	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>
209.11		<u>1,080</u>	<u>1,760</u>	<u>2,023</u>	<u>2,346</u>	<u>2,720</u>	<u>3,077</u>
209.12	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>
209.13		<u>1,092</u>	<u>1,780</u>	<u>2,047</u>	<u>2,374</u>	<u>2,752</u>	<u>3,107</u>
209.14	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>
209.15		<u>1,105</u>	<u>1,801</u>	<u>2,071</u>	<u>2,401</u>	<u>2,784</u>	<u>3,138</u>
209.16	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>
209.17		<u>1,118</u>	<u>1,822</u>	<u>2,094</u>	<u>2,429</u>	<u>2,816</u>	<u>3,168</u>
209.18	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>
209.19		<u>1,130</u>	<u>1,842</u>	<u>2,118</u>	<u>2,456</u>	<u>2,848</u>	<u>3,199</u>
209.20	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>
209.21		<u>1,143</u>	<u>1,863</u>	<u>2,142</u>	<u>2,484</u>	<u>2,880</u>	<u>3,223</u>
209.22	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>
209.23		<u>1,156</u>	<u>1,884</u>	<u>2,166</u>	<u>2,512</u>	<u>2,912</u>	<u>3,243</u>
209.24	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>
209.25		<u>1,168</u>	<u>1,904</u>	<u>2,190</u>	<u>2,539</u>	<u>2,944</u>	<u>3,263</u>
209.26	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>
209.27		<u>1,181</u>	<u>1,925</u>	<u>2,213</u>	<u>2,567</u>	<u>2,976</u>	<u>3,284</u>
209.28	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>
209.29		<u>1,194</u>	<u>1,946</u>	<u>2,237</u>	<u>2,594</u>	<u>3,008</u>	<u>3,304</u>
209.30	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>
209.31		<u>1,207</u>	<u>1,967</u>	<u>2,261</u>	<u>2,622</u>	<u>3,031</u>	<u>3,324</u>
209.32	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>
209.33		<u>1,219</u>	<u>1,987</u>	<u>2,285</u>	<u>2,650</u>	<u>3,050</u>	<u>3,345</u>
209.34	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>
209.35		<u>1,232</u>	<u>2,008</u>	<u>2,309</u>	<u>2,677</u>	<u>3,069</u>	<u>3,365</u>
209.36	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>
209.37		<u>1,245</u>	<u>2,029</u>	<u>2,332</u>	<u>2,705</u>	<u>3,087</u>	<u>3,385</u>
209.38	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>
209.39		<u>1,257</u>	<u>2,049</u>	<u>2,356</u>	<u>2,732</u>	<u>3,106</u>	<u>3,406</u>
209.40	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>
209.41		<u>1,270</u>	<u>2,070</u>	<u>2,380</u>	<u>2,760</u>	<u>3,125</u>	<u>3,426</u>
209.42	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>
209.43		<u>1,283</u>	<u>2,091</u>	<u>2,404</u>	<u>2,788</u>	<u>3,144</u>	<u>3,446</u>
209.44	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>
209.45		<u>1,295</u>	<u>2,111</u>	<u>2,428</u>	<u>2,815</u>	<u>3,162</u>	<u>3,467</u>
209.46	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>

210.1		<u>1,308</u>	<u>2,132</u>	<u>2,451</u>	<u>2,843</u>	<u>3,181</u>	<u>3,487</u>
210.2	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>
210.3		<u>1,321</u>	<u>2,153</u>	<u>2,475</u>	<u>2,870</u>	<u>3,200</u>	<u>3,507</u>
210.4	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>
210.5		<u>1,334</u>	<u>2,174</u>	<u>2,499</u>	<u>2,898</u>	<u>3,218</u>	<u>3,528</u>
210.6	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>
210.7		<u>1,346</u>	<u>2,194</u>	<u>2,523</u>	<u>2,921</u>	<u>3,237</u>	<u>3,548</u>
210.8	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>
210.9		<u>1,359</u>	<u>2,215</u>	<u>2,547</u>	<u>2,938</u>	<u>3,256</u>	<u>3,568</u>
210.10	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>
210.11		<u>1,372</u>	<u>2,236</u>	<u>2,570</u>	<u>2,955</u>	<u>3,274</u>	<u>3,589</u>
210.12	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>
210.13		<u>1,384</u>	<u>2,256</u>	<u>2,594</u>	<u>2,972</u>	<u>3,293</u>	<u>3,609</u>
210.14	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>
210.15		<u>1,397</u>	<u>2,277</u>	<u>2,618</u>	<u>2,989</u>	<u>3,312</u>	<u>3,629</u>
210.16	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>
210.17		<u>1,410</u>	<u>2,294</u>	<u>2,642</u>	<u>3,006</u>	<u>3,331</u>	<u>3,649</u>
210.18	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>
210.19		<u>1,422</u>	<u>2,306</u>	<u>2,666</u>	<u>3,023</u>	<u>3,349</u>	<u>3,667</u>
210.20	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>
210.21		<u>1,435</u>	<u>2,319</u>	<u>2,689</u>	<u>3,040</u>	<u>3,366</u>	<u>3,686</u>
210.22	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>
210.23		<u>1,448</u>	<u>2,331</u>	<u>2,713</u>	<u>3,055</u>	<u>3,383</u>	<u>3,705</u>
210.24	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>
210.25		<u>1,461</u>	<u>2,344</u>	<u>2,735</u>	<u>3,071</u>	<u>3,400</u>	<u>3,723</u>
210.26	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>
210.27		<u>1,473</u>	<u>2,356</u>	<u>2,748</u>	<u>3,087</u>	<u>3,417</u>	<u>3,742</u>
210.28	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>
210.29		<u>1,486</u>	<u>2,367</u>	<u>2,762</u>	<u>3,102</u>	<u>3,435</u>	<u>3,761</u>
210.30	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>
210.31		<u>1,499</u>	<u>2,378</u>	<u>2,775</u>	<u>3,116</u>	<u>3,452</u>	<u>3,780</u>
210.32	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>
210.33		<u>1,511</u>	<u>2,389</u>	<u>2,788</u>	<u>3,131</u>	<u>3,469</u>	<u>3,798</u>
210.34	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>
210.35		<u>1,524</u>	<u>2,401</u>	<u>2,801</u>	<u>3,146</u>	<u>3,485</u>	<u>3,817</u>
210.36	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>
210.37		<u>1,537</u>	<u>2,412</u>	<u>2,814</u>	<u>3,160</u>	<u>3,501</u>	<u>3,836</u>
210.38	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>
210.39		<u>1,549</u>	<u>2,423</u>	<u>2,828</u>	<u>3,175</u>	<u>3,517</u>	<u>3,854</u>
210.40	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>
210.41		<u>1,562</u>	<u>2,434</u>	<u>2,841</u>	<u>3,190</u>	<u>3,534</u>	<u>3,871</u>
210.42	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>
210.43		<u>1,575</u>	<u>2,445</u>	<u>2,854</u>	<u>3,205</u>	<u>3,550</u>	<u>3,889</u>
210.44	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>
210.45		<u>1,588</u>	<u>2,456</u>	<u>2,867</u>	<u>3,219</u>	<u>3,566</u>	<u>3,907</u>
210.46	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>

211.1		<u>1,600</u>	<u>2,467</u>	<u>2,880</u>	<u>3,234</u>	<u>3,582</u>	<u>3,924</u>
211.2	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>
211.3		<u>1,613</u>	<u>2,478</u>	<u>2,894</u>	<u>3,249</u>	<u>3,598</u>	<u>3,942</u>
211.4	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>
211.5		<u>1,626</u>	<u>2,489</u>	<u>2,907</u>	<u>3,264</u>	<u>3,615</u>	<u>3,960</u>
211.6	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>
211.7		<u>1,638</u>	<u>2,500</u>	<u>2,920</u>	<u>3,278</u>	<u>3,631</u>	<u>3,977</u>
211.8	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>
211.9		<u>1,651</u>	<u>2,512</u>	<u>2,933</u>	<u>3,293</u>	<u>3,647</u>	<u>3,995</u>
211.10	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>
211.11		<u>1,664</u>	<u>2,523</u>	<u>2,946</u>	<u>3,308</u>	<u>3,663</u>	<u>4,012</u>
211.12	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>
211.13		<u>1,676</u>	<u>2,534</u>	<u>2,960</u>	<u>3,322</u>	<u>3,679</u>	<u>4,030</u>
211.14	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>
211.15		<u>1,689</u>	<u>2,545</u>	<u>2,973</u>	<u>3,337</u>	<u>3,696</u>	<u>4,048</u>
211.16	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>
211.17		<u>1,702</u>	<u>2,556</u>	<u>2,986</u>	<u>3,352</u>	<u>3,712</u>	<u>4,065</u>
211.18	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>
211.19		<u>1,715</u>	<u>2,567</u>	<u>2,999</u>	<u>3,367</u>	<u>3,728</u>	<u>4,083</u>
211.20	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>
211.21		<u>1,727</u>	<u>2,578</u>	<u>3,012</u>	<u>3,381</u>	<u>3,744</u>	<u>4,100</u>
211.22	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>
211.23		<u>1,740</u>	<u>2,589</u>	<u>3,026</u>	<u>3,396</u>	<u>3,760</u>	<u>4,118</u>
211.24	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>
211.25		<u>1,753</u>	<u>2,600</u>	<u>3,039</u>	<u>3,411</u>	<u>3,777</u>	<u>4,136</u>
211.26	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>
211.27		<u>1,765</u>	<u>2,611</u>	<u>3,052</u>	<u>3,425</u>	<u>3,793</u>	<u>4,153</u>
211.28	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>
211.29		<u>1,778</u>	<u>2,623</u>	<u>3,065</u>	<u>3,440</u>	<u>3,809</u>	<u>4,171</u>
211.30	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>
211.31		<u>1,791</u>	<u>2,634</u>	<u>3,078</u>	<u>3,455</u>	<u>3,825</u>	<u>4,189</u>
211.32	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>
211.33		<u>1,803</u>	<u>2,645</u>	<u>3,092</u>	<u>3,470</u>	<u>3,841</u>	<u>4,206</u>
211.34	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>
211.35		<u>1,816</u>	<u>2,656</u>	<u>3,105</u>	<u>3,484</u>	<u>3,858</u>	<u>4,224</u>
211.36	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>
211.37		<u>1,829</u>	<u>2,667</u>	<u>3,118</u>	<u>3,499</u>	<u>3,874</u>	<u>4,239</u>
211.38	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>
211.39		<u>1,842</u>	<u>2,678</u>	<u>3,131</u>	<u>3,514</u>	<u>3,889</u>	<u>4,253</u>
211.40	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>
211.41		<u>1,854</u>	<u>2,689</u>	<u>3,144</u>	<u>3,529</u>	<u>3,902</u>	<u>4,268</u>
211.42	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>
211.43		<u>1,864</u>	<u>2,700</u>	<u>3,158</u>	<u>3,541</u>	<u>3,916</u>	<u>4,282</u>
211.44	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>
211.45		<u>1,872</u>	<u>2,711</u>	<u>3,170</u>	<u>3,553</u>	<u>3,929</u>	<u>4,297</u>
211.46	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>

212.1		<u>1,879</u>	<u>2,722</u>	<u>3,181</u>	<u>3,565</u>	<u>3,942</u>	<u>4,311</u>
212.2	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>
212.3	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>
212.4	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>
212.5	under subd. 4						
212.6	-15,099						
212.7	<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>
212.8	<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>
212.9	<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>
212.10	<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>
212.11	<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>
212.12	<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>
212.13	<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>
212.14	<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>
212.15	<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>
212.16	<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>
212.17	<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>
212.18	<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>
212.19	<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>
212.20	<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>
212.21	<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>
212.22	<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>
212.23	<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>
212.24	<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>
212.25	<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>
212.26	<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>
212.27	<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>
212.28	<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>
212.29	<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>
212.30	<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>
212.31	<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>
212.32	<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>
212.33	<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>
212.34	<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>
212.35	<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>
212.36	<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>
212.37	<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>
212.38	<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>
212.39	<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>

213.1	<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>
213.2	<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>
213.3	<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>
213.4	<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>
213.5	<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>
213.6	<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>
213.7	<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>
213.8	<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>
213.9	<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>
213.10	<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>
213.11	<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>
213.12	<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>
213.13	<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>
213.14	<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>
213.15	<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>
213.16	<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>
213.17	<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>
213.18	<u>the amount in</u>						
213.19	<u>effect under</u>						
213.20	<u>subdivision 4</u>						

213.21 **EFFECTIVE DATE.** This section is effective January 1, 2023.

213.22 Sec. 66. Minnesota Statutes 2020, section 518A.39, subdivision 7, is amended to read:

213.23 Subd. 7. **Child care exception.** Child care support must be based on the actual child
 213.24 care expenses. The court may provide that a decrease in the amount of the child care based
 213.25 on a decrease in the actual child care expenses is effective as of the date the expense is
 213.26 decreased. Under section 518A.40, subdivision 4, paragraph (d), a decrease in the amount
 213.27 of child care support shall be effective as of the date the expenses terminated unless otherwise
 213.28 found by the court.

213.29 Sec. 67. Minnesota Statutes 2020, section 518A.40, is amended by adding a subdivision
 213.30 to read:

213.31 **Subd. 3a. Child care cost information.** (a) Upon the request of the obligor when child
 213.32 care support is ordered to be paid, unless there is a protective or restraining order issued by
 213.33 the court regarding one of the parties or on behalf of a joint child, or the obligee is a
 213.34 participant in the Safe at Home program:

214.1 (1) the obligee must give the child care provider the name and address of the obligor
214.2 and must give the obligor the name, address, and telephone number of the child care provider;

214.3 (2) by February 1 of each year, the obligee must provide the obligor with verification
214.4 from the child care provider that indicates the total child care expenses paid for the previous
214.5 year; and

214.6 (3) when there is a change in the child care provider, the type of child care provider, or
214.7 the age group of the child, the obligee must provide updated information to the obligor
214.8 within 30 calendar days. If the obligee fails to provide the annual verification from the
214.9 provider or updated information, the obligor may request the verification from the provider.

214.10 (b) When the obligee is no longer incurring child care expenses, the obligee must notify
214.11 the obligor, and the public authority if it provides child support services, that the child care
214.12 expenses ended and on which date. If the public authority is providing services, the public
214.13 authority must follow the procedure outlined in subdivision 4.

214.14 Sec. 68. Minnesota Statutes 2020, section 518A.40, subdivision 4, is amended to read:

214.15 Subd. 4. **Change in child care.** (a) When a court order provides for child care expenses,
214.16 and child care support is not assigned under section 256.741, the public authority, if the
214.17 public authority provides child support enforcement services, may suspend collecting the
214.18 amount allocated for child care expenses when either party informs the public authority that
214.19 no child care ~~costs~~ expenses are being incurred and:

214.20 (1) the public authority verifies the accuracy of the information with the obligee; or

214.21 (2) the obligee fails to respond within 30 days of the date of a written request from the
214.22 public authority for information regarding child care costs. A written or oral response from
214.23 the obligee that child care costs are being incurred is sufficient for the public authority to
214.24 continue collecting child care expenses.

214.25 The suspension is effective as of the first day of the month following the date that the public
214.26 authority either verified the information with the obligee or the obligee failed to respond.

214.27 The public authority will resume collecting child care expenses when either party provides
214.28 information that child care costs are incurred, or when a child care support assignment takes
214.29 effect under section 256.741, subdivision 4. The resumption is effective as of the first day
214.30 of the month after the date that the public authority received the information.

214.31 (b) If the parties provide conflicting information to the public authority regarding whether
214.32 child care expenses are being incurred, the public authority will continue or resume collecting

215.1 child care expenses. Either party, by motion to the court, may challenge the suspension,
215.2 continuation, or resumption of the collection of child care expenses under this subdivision.
215.3 If the public authority suspends collection activities for the amount allocated for child care
215.4 expenses, all other provisions of the court order remain in effect.

215.5 (c) In cases where there is a substantial increase or decrease in child care expenses, the
215.6 parties may modify the order under section 518A.39.

215.7 (d) In cases where child care expenses have terminated, the parties may modify the order
215.8 under section 518A.39.

215.9 (e) When the public authority is providing child support services, the parties may contact
215.10 the public authority about the option of a stipulation to modify or terminate the child care
215.11 support amount.

215.12 Sec. 69. Minnesota Statutes 2020, section 518A.42, is amended to read:

215.13 **518A.42 ABILITY TO PAY; SELF-SUPPORT ADJUSTMENT.**

215.14 Subdivision 1. **Ability to pay.** (a) It is a rebuttable presumption that a child support
215.15 order should not exceed the obligor's ability to pay. To determine the amount of child support
215.16 the obligor has the ability to pay, the court shall follow the procedure set out in this section.

215.17 (b) The court shall calculate the obligor's income available for support by subtracting a
215.18 monthly self-support reserve equal to 120 percent of the federal poverty guidelines for one
215.19 person from the obligor's ~~gross income~~ parental income for determining child support (PICS).
215.20 If the obligor's income available for support calculated under this paragraph is equal to or
215.21 greater than the obligor's support obligation calculated under section 518A.34, the court
215.22 shall order child support under section 518A.34.

215.23 (c) If the obligor's income available for support calculated under paragraph (b) is more
215.24 than the minimum support amount under subdivision 2, but less than the guideline amount
215.25 under section 518A.34, then the court shall apply a reduction to the child support obligation
215.26 in the following order, until the support order is equal to the obligor's income available for
215.27 support:

215.28 (1) medical support obligation;

215.29 (2) child care support obligation; and

215.30 (3) basic support obligation.

215.31 (d) If the obligor's income available for support calculated under paragraph (b) is equal
215.32 to or less than the minimum support amount under subdivision 2 or if the obligor's gross

216.1 income is less than 120 percent of the federal poverty guidelines for one person, the minimum
216.2 support amount under subdivision 2 applies.

216.3 Subd. 2. **Minimum basic support amount.** (a) If the basic support amount applies, the
216.4 court must order the following amount as the minimum basic support obligation:

216.5 (1) for one ~~or two children~~ child, the obligor's basic support obligation is \$50 per month;

216.6 (2) for two children, the obligor's basic support obligation is \$60 per month;

216.7 (3) for three ~~or four~~ children, the obligor's basic support obligation is ~~\$75~~ \$70 per month;

216.8 ~~and~~

216.9 (4) for four children, the obligor's basic support obligation is \$80 per month;

216.10 ~~(3)~~ (5) for five ~~or more~~ children, the obligor's basic support obligation is ~~\$100~~ \$90 per
216.11 month-; and

216.12 (6) for six or more children, the obligor's basic support obligation is \$100 per month.

216.13 (b) If the court orders the obligor to pay the minimum basic support amount under this
216.14 subdivision, the obligor is presumed unable to pay child care support and medical support.

216.15 ~~If the court finds the obligor receives no income and completely lacks the ability to earn~~
216.16 ~~income, the minimum basic support amount under this subdivision does not apply.~~

216.17 Subd. 3. **Exception.** (a) This section does not apply to an obligor who is incarcerated.

216.18 (b) If the court finds the obligor receives no income and completely lacks the ability to
216.19 earn income, the minimum basic support amount under this subdivision does not apply.

216.20 (c) If the obligor's basic support amount is reduced below the minimum basic support
216.21 amount due to the application of the parenting expense adjustment, the minimum basic
216.22 support amount under this subdivision does not apply and the lesser amount is the guideline
216.23 basic support.

216.24 **EFFECTIVE DATE.** This section is effective January 1, 2023.

216.25 Sec. 70. Minnesota Statutes 2020, section 518A.43, is amended by adding a subdivision
216.26 to read:

216.27 Subd. 1b. **Increase in income of custodial parent.** In a modification of support under
216.28 section 518A.39, the court may deviate from the presumptive child support obligation under
216.29 section 518A.34 when the only change in circumstances is an increase to the custodial
216.30 parent's income and:

217.1 (1) the basic support increases;

217.2 (2) the parties' combined gross income is \$6,000 or less; or

217.3 (3) the obligor's income is \$2,000 or less.

217.4 **EFFECTIVE DATE.** This section is effective January 1, 2023.

217.5 Sec. 71. Minnesota Statutes 2020, section 518A.685, is amended to read:

217.6 **518A.685 CONSUMER REPORTING AGENCY; REPORTING ARREARS.**

217.7 (a) If a public authority determines that an obligor has not paid the current monthly
217.8 support obligation plus any required arrearage payment for three months, the public authority
217.9 ~~must~~ may report this information to a consumer reporting agency.

217.10 (b) Before reporting that an obligor is in arrears for court-ordered child support, the
217.11 public authority must:

217.12 (1) provide written notice to the obligor that the public authority intends to report the
217.13 arrears to a consumer reporting agency; and

217.14 (2) mail the written notice to the obligor's last known mailing address at least 30 days
217.15 before the public authority reports the arrears to a consumer reporting agency.

217.16 (c) The obligor may, within 21 days of receipt of the notice, do the following to prevent
217.17 the public authority from reporting the arrears to a consumer reporting agency:

217.18 (1) pay the arrears in full; ~~or~~

217.19 (2) request an administrative review. An administrative review is limited to issues of
217.20 mistaken identity, a pending legal action involving the arrears, or an incorrect arrears
217.21 balance; or

217.22 (3) enter into a written payment agreement pursuant to section 518A.69 that is approved
217.23 by a court, a child support magistrate, or the public authority responsible for child support
217.24 enforcement.

217.25 (d) A public authority that reports arrearage information under this section must make
217.26 monthly reports to a consumer reporting agency. The monthly report must be consistent
217.27 with credit reporting industry standards for child support.

217.28 (e) For purposes of this section, "consumer reporting agency" has the meaning given in
217.29 section 13C.001, subdivision 4, and United States Code, title 15, section 1681a(f).

217.30 **EFFECTIVE DATE.** This section is effective January 1, 2023.

218.1 **Sec. 72. [518A.80] MOTION TO TRANSFER TO TRIBAL COURT.**

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

218.4 (b) "Case participant" means a person who is a party to the case.

218.5 (c) "District court" means a district court of the state of Minnesota.

218.6 (d) "Party" means a person or entity named or admitted as a party or seeking to be
218.7 admitted as a party in the district court action, including the county IV-D agency, regardless
218.8 of whether the person or entity is named in the caption.

218.9 (e) "Tribal court" means a tribal court of a federally recognized Indian tribe located in
218.10 Minnesota that is receiving funding from the federal government to operate a child support
218.11 program under United States Code, title 42, chapter 7, subchapter IV, part D, sections 654
218.12 to 669b.

218.13 (f) "Tribal IV-D agency" has the meaning given in Code of Federal Regulations, title
218.14 45, part 309.05.

218.15 (g) "Title IV-D child support case" has the meaning given in section 518A.26, subdivision
218.16 10.

218.17 **Subd. 2. Actions eligible for transfer.** Under this section, a postjudgment child support,
218.18 custody, or parenting time action is eligible for transfer to a Tribal court. This section does
218.19 not apply to a child protection action or a dissolution action involving a child.

218.20 **Subd. 3. Motion to transfer.** (a) A party's or Tribal IV-D agency's motion to transfer a
218.21 child support, custody, or parenting time action to a Tribal court shall include:

218.22 (1) the address of each case participant;

218.23 (2) the Tribal affiliation of each case participant, if applicable;

218.24 (3) the name, Tribal affiliation if applicable, and date of birth of each living minor or
218.25 dependent child of a case participant who is subject to the action; and

218.26 (4) the legal and factual basis for the court to find that the district court and a Tribal
218.27 court have concurrent jurisdiction in the case.

218.28 (b) A party or Tribal IV-D agency bringing a motion to transfer a child support, custody,
218.29 or parenting time action to a Tribal court must file the motion with the district court and
218.30 serve the required documents on each party and the Tribal IV-D agency, regardless of
218.31 whether the Tribal IV-D agency is a party to the action.

219.1 (c) A party's or Tribal IV-D agency's motion to transfer a child support, custody, or
219.2 parenting time action to a Tribal court must be accompanied by an affidavit setting forth
219.3 facts in support of the motion.

219.4 (d) When a party other than the Tribal IV-D agency has filed a motion to transfer a child
219.5 support, custody, or parenting time action to a Tribal court, an affidavit of the Tribal IV-D
219.6 agency stating whether the Tribal IV-D agency provides services to a party must be filed
219.7 and served on each party within 15 days from the date of service of the motion to transfer
219.8 the action.

219.9 **Subd. 4. Order to transfer to Tribal court.** (a) Unless a district court holds a hearing
219.10 under subdivision 6, upon motion of a party or a Tribal IV-D agency, a district court must
219.11 transfer a postjudgment child support, custody, or parenting time action to a Tribal court
219.12 when the district court finds that:

219.13 (1) the district court and Tribal court have concurrent jurisdiction of the action;

219.14 (2) a case participant in the action is receiving services from the Tribal IV-D agency;
219.15 and

219.16 (3) no party or Tribal IV-D agency files and serves a timely objection to transferring the
219.17 action to a Tribal court.

219.18 (b) When the district court finds that each requirement of this subdivision is satisfied,
219.19 the district court is not required to hold a hearing on the motion to transfer the action to a
219.20 Tribal court. The district court's order transferring the action to a Tribal court must include
219.21 written findings that describe how each requirement of this subdivision is met.

219.22 **Subd. 5. Objection to motion to transfer.** (a) To object to a motion to transfer a child
219.23 support, custody, or parenting time action to a Tribal court, a party or Tribal IV-D agency
219.24 must file with the court and serve on each party and the Tribal IV-D agency a responsive
219.25 motion objecting to the motion to transfer within 30 days of the motion to transfer's date of
219.26 service.

219.27 (b) If a party or Tribal IV-D agency files with the district court and properly serves a
219.28 timely objection to the motion to transfer a child support, custody, or parenting time action
219.29 to a Tribal court, the district court must hold a hearing on the motion.

219.30 **Subd. 6. Hearing.** If a district court holds a hearing under this section, the district court
219.31 must evaluate and make written findings about all relevant factors, including:

219.32 (1) whether an issue requires interpretation of Tribal law, including the Tribal constitution,
219.33 statutes, bylaws, ordinances, resolutions, treaties, or case law;

- 220.1 (2) whether the action involves Tribal traditional or cultural matters;
- 220.2 (3) whether the tribe is a party to the action;
- 220.3 (4) whether Tribal sovereignty, jurisdiction, or territory is an issue in the action;
- 220.4 (5) the Tribal membership status of each case participant in the action;
- 220.5 (6) where the claim arises that forms the basis of the action;
- 220.6 (7) the location of the residence of each case participant in the action and each child
- 220.7 who is a subject of the action;
- 220.8 (8) whether the parties have by contract chosen a forum or the law to be applied in the
- 220.9 event of a dispute;
- 220.10 (9) the timing of any motion to transfer the action to a Tribal court, each party's
- 220.11 expenditure of time and resources, the court's expenditure of time and resources, and the
- 220.12 district court's scheduling order;
- 220.13 (10) which court will hear and decide the action more expeditiously;
- 220.14 (11) the burden on each party if the court transfers the action to a Tribal court, including
- 220.15 costs, access to and admissibility of evidence, and matters of procedure; and
- 220.16 (12) any other factor that the court determines to be relevant.

220.17 Subd. 7. **Future exercise of jurisdiction.** Nothing in this section shall be construed to

220.18 limit the district court's exercise of jurisdiction when the Tribal court waives jurisdiction,

220.19 transfers the action back to district court, or otherwise declines to exercise jurisdiction over

220.20 the action.

220.21 Subd. 8. **Transfer to Red Lake Nation Tribal Court.** When a party or Tribal IV-D

220.22 agency brings a motion to transfer a child support, custody, or parenting time action to the

220.23 Red Lake Nation Tribal Court, the court must transfer the action to the Red Lake Nation

220.24 Tribal Court if the case participants and child resided within the boundaries of the Red Lake

220.25 Reservation for six months preceding the motion to transfer the action to the Red Lake

220.26 Nation Tribal Court.

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

220.28 Sec. 73. Minnesota Statutes 2020, section 548.091, subdivision 1a, is amended to read:

220.29 Subd. 1a. **Child support judgment by operation of law.** ~~(a)~~ Any payment or installment

220.30 of support required by a judgment or decree of dissolution or legal separation, determination

220.31 of parentage, an order under chapter 518C, an order under section 256.87, or an order under

221.1 section 260B.331 or 260C.331, that is not paid or withheld from the obligor's income as
221.2 required under section 518A.53, or which is ordered as child support by judgment, decree,
221.3 or order by a court in any other state, is a judgment by operation of law on and after the
221.4 date it is due, is entitled to full faith and credit in this state and any other state, and shall be
221.5 entered and docketed by the court administrator on the filing of affidavits as provided in
221.6 subdivision 2a. ~~Except as otherwise provided by paragraphs (b) and (c), interest accrues~~
221.7 ~~from the date the unpaid amount due is greater than the current support due at the annual~~
221.8 ~~rate provided in section 549.09, subdivision 1, not to exceed an annual rate of 18 percent.~~
221.9 A payment or installment of support that becomes a judgment by operation of law between
221.10 the date on which a party served notice of a motion for modification under section 518A.39,
221.11 subdivision 2, and the date of the court's order on modification may be modified under that
221.12 subdivision. Beginning August 1, 2022, interest does not accrue on a past, current, or future
221.13 judgment for child support, confinement and pregnancy expenses, or genetic testing fees.

221.14 ~~(b) Notwithstanding the provisions of section 549.09, upon motion to the court and upon~~
221.15 ~~proof by the obligor of 12 consecutive months of complete and timely payments of both~~
221.16 ~~current support and court-ordered paybacks of a child support debt or arrearage, the court~~
221.17 ~~may order interest on the remaining debt or arrearage to stop accruing. Timely payments~~
221.18 ~~are those made in the month in which they are due. If, after that time, the obligor fails to~~
221.19 ~~make complete and timely payments of both current support and court-ordered paybacks~~
221.20 ~~of child support debt or arrearage, the public authority or the obligee may move the court~~
221.21 ~~for the reinstatement of interest as of the month in which the obligor ceased making complete~~
221.22 ~~and timely payments.~~

221.23 ~~The court shall provide copies of all orders issued under this section to the public~~
221.24 ~~authority. The state court administrator shall prepare and make available to the court and~~
221.25 ~~the parties forms to be submitted by the parties in support of a motion under this paragraph.~~

221.26 ~~(c) Notwithstanding the provisions of section 549.09, upon motion to the court, the court~~
221.27 ~~may order interest on a child support debt or arrearage to stop accruing where the court~~
221.28 ~~finds that the obligor is:~~

221.29 ~~(1) unable to pay support because of a significant physical or mental disability;~~

221.30 ~~(2) a recipient of Supplemental Security Income (SSI), Title II Older Americans Survivor's~~
221.31 ~~Disability Insurance (OASDI), other disability benefits, or public assistance based upon~~
221.32 ~~need; or~~

222.1 ~~(3) institutionalized or incarcerated for at least 30 days for an offense other than~~
222.2 ~~nonsupport of the child or children involved, and is otherwise financially unable to pay~~
222.3 ~~support.~~

222.4 ~~(d) If the conditions in paragraph (c) no longer exist, upon motion to the court, the court~~
222.5 ~~may order interest accrual to resume retroactively from the date of service of the motion to~~
222.6 ~~resume the accrual of interest.~~

222.7 ~~(e) Notwithstanding section 549.09, the public authority must suspend the charging of~~
222.8 ~~interest when:~~

222.9 ~~(1) the obligor makes a request to the public authority that the public authority suspend~~
222.10 ~~the charging of interest;~~

222.11 ~~(2) the public authority provides full IV-D child support services; and~~

222.12 ~~(3) the obligor has made, through the public authority, 12 consecutive months of complete~~
222.13 ~~and timely payments of both current support and court-ordered paybacks of a child support~~
222.14 ~~debt or arrearage.~~

222.15 ~~Timely payments are those made in the month in which they are due.~~

222.16 ~~Interest charging must be suspended on the first of the month following the date of the~~
222.17 ~~written notice of the public authority's action to suspend the charging of interest. If, after~~
222.18 ~~interest charging has been suspended, the obligor fails to make complete and timely payments~~
222.19 ~~of both current support and court-ordered paybacks of child support debt or arrearage, the~~
222.20 ~~public authority may resume the charging of interest as of the first day of the month in which~~
222.21 ~~the obligor ceased making complete and timely payments.~~

222.22 ~~The public authority must provide written notice to the parties of the public authority's~~
222.23 ~~action to suspend or resume the charging of interest. The notice must inform the parties of~~
222.24 ~~the right to request a hearing to contest the public authority's action. The notice must be~~
222.25 ~~sent by first class mail to the parties' last known addresses.~~

222.26 ~~A party may contest the public authority's action to suspend or resume the charging of~~
222.27 ~~interest if the party makes a written request for a hearing within 30 days of the date of written~~
222.28 ~~notice. If a party makes a timely request for a hearing, the public authority must schedule~~
222.29 ~~a hearing and send written notice of the hearing to the parties by mail to the parties' last~~
222.30 ~~known addresses at least 14 days before the hearing. The hearing must be conducted in~~
222.31 ~~district court or in the expedited child support process if section 484.702 applies. The district~~
222.32 ~~court or child support magistrate must determine whether suspending or resuming the interest~~
222.33 ~~charging is appropriate and, if appropriate, the effective date.~~

223.1 **EFFECTIVE DATE.** This section is effective August 1, 2022.

223.2 Sec. 74. Minnesota Statutes 2020, section 548.091, subdivision 2a, is amended to read:

223.3 Subd. 2a. **Entry and docketing of child support judgment.** (a) On or after the date an
223.4 unpaid amount becomes a judgment by operation of law under subdivision 1a, the obligee
223.5 or the public authority may file with the court administrator:

223.6 (1) a statement identifying, or a copy of, the judgment or decree of dissolution or legal
223.7 separation, determination of parentage, order under chapter 518B or 518C, an order under
223.8 section 256.87, an order under section 260B.331 or 260C.331, or judgment, decree, or order
223.9 for child support by a court in any other state, which provides for periodic installments of
223.10 child support, or a judgment or notice of attorney fees and collection costs under section
223.11 518A.735;

223.12 (2) an affidavit of default. The affidavit of default must state the full name, occupation,
223.13 place of residence, and last known post office address of the obligor, the name of the obligee,
223.14 the date or dates payment was due and not received and judgment was obtained by operation
223.15 of law, the total amount of the judgments to be entered and docketed; and

223.16 (3) an affidavit of service of a notice of intent to enter and docket judgment and to recover
223.17 attorney fees and collection costs on the obligor, in person or by first class mail at the
223.18 obligor's last known post office address. Service is completed upon mailing in the manner
223.19 designated. Where applicable, a notice of interstate lien in the form promulgated under
223.20 United States Code, title 42, section 652(a), is sufficient to satisfy the requirements of clauses
223.21 (1) and (2).

223.22 (b) A judgment entered and docketed under this subdivision has the same effect and is
223.23 subject to the same procedures, defenses, and proceedings as any other judgment in district
223.24 court, and may be enforced or satisfied in the same manner as judgments under section
223.25 548.09, except as otherwise provided.

223.26 **(c) A judgment entered and docketed under this subdivision is not subject to interest**
223.27 **charging or accrual.**

223.28 **EFFECTIVE DATE.** This section is effective August 1, 2022.

223.29 Sec. 75. Minnesota Statutes 2020, section 548.091, subdivision 3b, is amended to read:

223.30 Subd. 3b. **Child support judgment administrative renewals.** Child support judgments
223.31 may be renewed by service of notice upon the debtor. Service must be by first class mail at
223.32 the last known address of the debtor, with service deemed complete upon mailing in the

224.1 manner designated, or in the manner provided for the service of civil process. Upon the
224.2 filing of the notice and proof of service, the court administrator shall administratively renew
224.3 the judgment for child support without any additional filing fee in the same court file as the
224.4 original child support judgment. The judgment must be renewed in an amount equal to the
224.5 unpaid principal plus the ~~accrued~~ unpaid interest accrued prior to August 1, 2022. Child
224.6 support judgments may be renewed multiple times until paid.

224.7 **EFFECTIVE DATE.** This section is effective August 1, 2022.

224.8 Sec. 76. Minnesota Statutes 2020, section 548.091, subdivision 9, is amended to read:

224.9 Subd. 9. **Payoff statement.** The public authority shall issue to the obligor, attorneys,
224.10 lenders, and closers, or their agents, a payoff statement setting forth conclusively the amount
224.11 necessary to satisfy the lien. Payoff statements must be issued within three business days
224.12 after receipt of a request by mail, personal delivery, telefacsimile, or electronic mail
224.13 transmission, and must be delivered to the requester by telefacsimile or electronic mail
224.14 transmission if requested and if appropriate technology is available to the public authority.
224.15 If the payoff statement includes amounts for unpaid maintenance, the statement shall specify
224.16 that the public authority does not calculate accrued interest and that an interest balance in
224.17 addition to the payoff statement may be owed.

224.18 **EFFECTIVE DATE.** This section is effective August 1, 2022.

224.19 Sec. 77. Minnesota Statutes 2020, section 548.091, subdivision 10, is amended to read:

224.20 Subd. 10. **Release of lien.** Upon payment of the child support amount due, the public
224.21 authority shall execute and deliver a satisfaction of the judgment lien within five business
224.22 days. The public authority is not responsible for satisfaction of judgments for unpaid
224.23 maintenance.

224.24 **EFFECTIVE DATE.** This section is effective August 1, 2022.

224.25 Sec. 78. Minnesota Statutes 2020, section 549.09, subdivision 1, is amended to read:

224.26 Subdivision 1. **When owed; rate.** (a) When a judgment or award is for the recovery of
224.27 money, including a judgment for the recovery of taxes, interest from the time of the verdict,
224.28 award, or report until judgment is finally entered shall be computed by the court administrator
224.29 or arbitrator as provided in paragraph (c) and added to the judgment or award.

224.30 (b) Except as otherwise provided by contract or allowed by law, preverdict, preaward,
224.31 or prereport interest on pecuniary damages shall be computed as provided in paragraph (c)

225.1 from the time of the commencement of the action or a demand for arbitration, or the time
225.2 of a written notice of claim, whichever occurs first, except as provided herein. The action
225.3 must be commenced within two years of a written notice of claim for interest to begin to
225.4 accrue from the time of the notice of claim. If either party serves a written offer of settlement,
225.5 the other party may serve a written acceptance or a written counteroffer within 30 days.
225.6 After that time, interest on the judgment or award shall be calculated by the judge or arbitrator
225.7 in the following manner. The prevailing party shall receive interest on any judgment or
225.8 award from the time of commencement of the action or a demand for arbitration, or the time
225.9 of a written notice of claim, or as to special damages from the time when special damages
225.10 were incurred, if later, until the time of verdict, award, or report only if the amount of its
225.11 offer is closer to the judgment or award than the amount of the opposing party's offer. If
225.12 the amount of the losing party's offer was closer to the judgment or award than the prevailing
225.13 party's offer, the prevailing party shall receive interest only on the amount of the settlement
225.14 offer or the judgment or award, whichever is less, and only from the time of commencement
225.15 of the action or a demand for arbitration, or the time of a written notice of claim, or as to
225.16 special damages from when the special damages were incurred, if later, until the time the
225.17 settlement offer was made. Subsequent offers and counteroffers supersede the legal effect
225.18 of earlier offers and counteroffers. For the purposes of clause (2), the amount of settlement
225.19 offer must be allocated between past and future damages in the same proportion as determined
225.20 by the trier of fact. Except as otherwise provided by contract or allowed by law, preverdict,
225.21 preaward, or prereport interest shall not be awarded on the following:

225.22 (1) judgments, awards, or benefits in workers' compensation cases, but not including
225.23 third-party actions;

225.24 (2) judgments or awards for future damages;

225.25 (3) punitive damages, fines, or other damages that are noncompensatory in nature;

225.26 (4) judgments or awards not in excess of the amount specified in section 491A.01; and

225.27 (5) that portion of any verdict, award, or report which is founded upon interest, or costs,
225.28 disbursements, attorney fees, or other similar items added by the court or arbitrator.

225.29 (c)(1)(i) For a judgment or award of \$50,000 or less or a judgment or award for or against
225.30 the state or a political subdivision of the state, regardless of the amount, or a judgment or
225.31 award in a family court action, except for a child support judgment, regardless of the amount,
225.32 the interest shall be computed as simple interest per annum. The rate of interest shall be
225.33 based on the secondary market yield of one year United States Treasury bills, calculated on
225.34 a bank discount basis as provided in this section.

226.1 On or before the 20th day of December of each year the state court administrator shall
226.2 determine the rate from the one-year constant maturity treasury yield for the most recent
226.3 calendar month, reported on a monthly basis in the latest statistical release of the board of
226.4 governors of the Federal Reserve System. This yield, rounded to the nearest one percent,
226.5 or four percent, whichever is greater, shall be the annual interest rate during the succeeding
226.6 calendar year. The state court administrator shall communicate the interest rates to the court
226.7 administrators and sheriffs for use in computing the interest on verdicts and shall make the
226.8 interest rates available to arbitrators.

226.9 This item applies to any section that references section 549.09 by citation for the purposes
226.10 of computing an interest rate on any amount owed to or by the state or a political subdivision
226.11 of the state, regardless of the amount.

226.12 (ii) The court, in a family court action, may order a lower interest rate or no interest rate
226.13 if the parties agree or if the court makes findings explaining why application of a lower
226.14 interest rate or no interest rate is necessary to avoid causing an unfair hardship to the debtor.
226.15 This item does not apply to child support or spousal maintenance judgments subject to
226.16 section 548.091.

226.17 (2) For a judgment or award over \$50,000, other than a judgment or award for or against
226.18 the state or a political subdivision of the state or a judgment or award in a family court
226.19 action, the interest rate shall be ten percent per year until paid.

226.20 (3) When a judgment creditor, or the judgment creditor's attorney or agent, has received
226.21 a payment after entry of judgment, whether the payment is made voluntarily by or on behalf
226.22 of the judgment debtor, or is collected by legal process other than execution levy where a
226.23 proper return has been filed with the court administrator, the judgment creditor, or the
226.24 judgment creditor's attorney, before applying to the court administrator for an execution
226.25 shall file with the court administrator an affidavit of partial satisfaction. The affidavit must
226.26 state the dates and amounts of payments made upon the judgment after the most recent
226.27 affidavit of partial satisfaction filed, if any; the part of each payment that is applied to taxable
226.28 disbursements and to accrued interest and to the unpaid principal balance of the judgment;
226.29 and the accrued, but the unpaid interest owing, if any, after application of each payment.

226.30 (4) Beginning August 1, 2022, interest shall not accrue on past, current, or future child
226.31 support judgments.

226.32 (d) This section does not apply to arbitrations between employers and employees under
226.33 chapter 179 or 179A. An arbitrator is neither required to nor prohibited from awarding
226.34 interest under chapter 179 or under section 179A.16 for essential employees.

227.1 (e) For purposes of this subdivision:

227.2 (1) "state" includes a department, board, agency, commission, court, or other entity in
227.3 the executive, legislative, or judicial branch of the state; and

227.4 (2) "political subdivision" includes a town, statutory or home rule charter city, county,
227.5 school district, or any other political subdivision of the state.

227.6 **EFFECTIVE DATE.** This section is effective August 1, 2022.

227.7 Sec. 79. **DIRECTION TO THE COMMISSIONER; QUALIFIED RESIDENTIAL**
227.8 **TREATMENT TRANSITION SUPPORTS.**

227.9 The commissioner of human services shall consult with stakeholders to develop policies
227.10 regarding aftercare supports for the transition of a child from a qualified residential treatment
227.11 program, as defined in Minnesota Statutes, section 260C.007, subdivision 26d, to
227.12 reunification with the child's parent or legal guardian, including potential placement in a
227.13 less restrictive setting prior to reunification that aligns with the child's permanency plan and
227.14 person-centered support plan, when applicable. The policies must be consistent with
227.15 Minnesota Rules, part 2960.0190, and Minnesota Statutes, section 245A.25, subdivision 4,
227.16 paragraph (i), and address the coordination of the qualified residential treatment program
227.17 discharge planning and aftercare supports where needed, the county social services case
227.18 plan, and services from community-based providers, to maintain the child's progress with
227.19 behavioral health goals in the child's treatment plan. The commissioner must complete
227.20 development of the policy guidance by December 31, 2022.

227.21 Sec. 80. **REVISOR INSTRUCTION.**

227.22 The revisor of statutes shall place the following first grade headnote in Minnesota
227.23 Statutes, chapter 260C, preceding Minnesota Statutes, sections 260C.70 to 260C.714:
227.24 **PLACEMENT OF CHILDREN IN QUALIFIED RESIDENTIAL TREATMENT.**

227.25 **ARTICLE 11**

227.26 **BEHAVIORAL HEALTH**

227.27 Section 1. Minnesota Statutes 2020, section 245.735, subdivision 3, is amended to read:

227.28 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall
227.29 establish a state certification process for certified community behavioral health clinics
227.30 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this
227.31 section to be eligible for reimbursement under medical assistance, without service area

228.1 limits based on geographic area or region. The commissioner shall consult with CCBHC
228.2 stakeholders before establishing and implementing changes in the certification process and
228.3 requirements. Entities that choose to be CCBHCs must:

228.4 ~~(1) comply with the CCBHC criteria published by the United States Department of~~
228.5 ~~Health and Human Services;~~

228.6 (1) comply with state licensing requirements and other requirements issued by the
228.7 commissioner;

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

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

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

228.17 (5) comply with quality assurance reporting requirements and other reporting
228.18 requirements, including any required reporting of encounter data, clinical outcomes data,
228.19 and quality data;

228.20 (6) provide crisis mental health and substance use services, withdrawal management
228.21 services, emergency crisis intervention services, and stabilization services through existing
228.22 mobile crisis services; screening, assessment, and diagnosis services, including risk
228.23 assessments and level of care determinations; person- and family-centered treatment planning;
228.24 outpatient mental health and substance use services; targeted case management; psychiatric
228.25 rehabilitation services; peer support and counselor services and family support services;
228.26 and intensive community-based mental health services, including mental health services
228.27 for members of the armed forces and veterans; CCBHCs must directly provide the majority
228.28 of these services to enrollees, but may coordinate some services with another entity through
228.29 a collaboration or agreement, pursuant to paragraph (b);

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

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

229.4 (ii) other community services, supports, and providers, including schools, child welfare
229.5 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally
229.6 licensed health care and mental health facilities, urban Indian health clinics, Department of
229.7 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
229.8 and hospital outpatient clinics;

229.9 (8) be certified as mental health clinics under section 245.69, subdivision 2;

229.10 (9) comply with standards established by the commissioner relating to mental health
229.11 services in Minnesota Rules, parts 9505.0370 to 9505.0372 CCBHC screenings, assessments,
229.12 and evaluations;

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

229.14 (11) be certified to provide children's therapeutic services and supports under section
229.15 256B.0943;

229.16 (12) be certified to provide adult rehabilitative mental health services under section
229.17 256B.0623;

229.18 (13) be enrolled to provide mental health crisis response services under sections
229.19 256B.0624 and 256B.0944;

229.20 (14) be enrolled to provide mental health targeted case management under section
229.21 256B.0625, subdivision 20;

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

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

229.26 (17) comply with standards relating to peer services under sections 256B.0615,
229.27 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
229.28 services are provided.

229.29 (b) If ~~an entity~~ a certified CCBHC is unable to provide one or more of the services listed
229.30 in paragraph (a), clauses (6) to (17), the ~~commissioner may certify the entity as a CCBHC;~~
229.31 ~~if the entity has a current~~ may contract with another entity that has the required authority
229.32 to provide that service and that meets ~~federal CCBHC~~ the following criteria as a designated

230.1 collaborating organization, ~~or, to the extent allowed by the federal CCBHC criteria, the~~
230.2 ~~commissioner may approve a referral arrangement. The CCBHC must meet federal~~
230.3 ~~requirements regarding the type and scope of services to be provided directly by the CCBHC.:~~

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

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

230.8 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
230.9 and financial responsibility for the services that the entity provides under the agreement;
230.10 and

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

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

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

230.30 (e) The commissioner shall issue a list of required evidence-based practices to be
230.31 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
230.32 The commissioner may update the list to reflect advances in outcomes research and medical
230.33 services for persons living with mental illnesses or substance use disorders. The commissioner
230.34 shall take into consideration the adequacy of evidence to support the efficacy of the practice,

231.1 the quality of workforce available, and the current availability of the practice in the state.
231.2 At least 30 days before issuing the initial list and any revisions, the commissioner shall
231.3 provide stakeholders with an opportunity to comment.

231.4 (f) The commissioner shall recertify CCBHCs at least every three years. The
231.5 commissioner shall establish a process for decertification and shall require corrective action,
231.6 medical assistance repayment, or decertification of a CCBHC that no longer meets the
231.7 requirements in this section or that fails to meet the standards provided by the commissioner
231.8 in the application and certification process.

231.9 EFFECTIVE DATE. This section is effective July 1, 2021, or upon federal approval,
231.10 whichever is later. The commissioner of human services shall notify the revisor of statutes
231.11 when federal approval is obtained or denied.

231.12 Sec. 2. Minnesota Statutes 2020, section 245.735, subdivision 5, is amended to read:

231.13 Subd. 5. **Information systems support.** The commissioner and the state chief information
231.14 officer shall provide information systems support to the projects as necessary to comply
231.15 with state and federal requirements.

231.16 Sec. 3. Minnesota Statutes 2020, section 245.735, is amended by adding a subdivision to
231.17 read:

231.18 Subd. 6. **Demonstration entities.** The commissioner may operate the demonstration
231.19 program established by section 223 of the Protecting Access to Medicare Act if federal
231.20 funding for the demonstration program remains available from the United States Department
231.21 of Health and Human Services. To the extent practicable, the commissioner shall align the
231.22 requirements of the demonstration program with the requirements under this section for
231.23 CCBHCs receiving medical assistance reimbursement. A CCBHC may not apply to
231.24 participate as a billing provider in both the CCBHC federal demonstration and the benefit
231.25 for CCBHCs under the medical assistance program.

231.26 Sec. 4. Minnesota Statutes 2020, section 256B.0625, subdivision 5m, is amended to read:

231.27 Subd. 5m. **Certified community behavioral health clinic services.** (a) Medical
231.28 assistance covers certified community behavioral health clinic (CCBHC) services that meet
231.29 the requirements of section 245.735, subdivision 3.

231.30 (b) The commissioner shall ~~establish standards and methodologies for a~~ reimburse
231.31 CCBHCs on a per-visit basis under the prospective payment system for medical assistance
231.32 payments for services delivered by a CCBHC, in accordance with guidance issued by the

232.1 ~~Centers for Medicare and Medicaid Services~~ as described in paragraph (c). The commissioner
232.2 shall include a quality ~~bonus~~ incentive payment in the prospective payment system ~~based~~
232.3 ~~on federal criteria~~ as described in paragraph (e). There is no county share for medical
232.4 assistance services when reimbursed through the CCBHC prospective payment system.

232.5 ~~(c) Unless otherwise indicated in applicable federal requirements, the prospective payment~~
232.6 ~~system must continue to be based on the federal instructions issued for the federal section~~
232.7 ~~223 CCBHC demonstration, except:~~ The commissioner shall ensure that the prospective
232.8 payment system for CCBHC payments under medical assistance meets the following
232.9 requirements:

232.10 (1) the prospective payment rate shall be a provider-specific rate calculated for each
232.11 CCBHC, based on the daily cost of providing CCBHC services and the total annual allowable
232.12 costs for CCBHCs divided by the total annual number of CCBHC visits. For calculating
232.13 the payment rate, total annual visits include visits covered by medical assistance and visits
232.14 not covered by medical assistance. Allowable costs include but are not limited to the salaries
232.15 and benefits of medical assistance providers; the cost of CCBHC services provided under
232.16 section 245.735, subdivision 3, paragraph (a), clauses (6) and (7); and other costs such as
232.17 insurance or supplies needed to provide CCBHC services;

232.18 (2) payment shall be limited to one payment per day per medical assistance enrollee for
232.19 each CCBHC visit eligible for reimbursement. A CCBHC visit is eligible for reimbursement
232.20 if at least one of the CCBHC services listed under section 245.735, subdivision 3, paragraph
232.21 (a), clause (6), is furnished to a medical assistance enrollee by a health care practitioner or
232.22 licensed agency employed by or under contract with a CCBHC;

232.23 (3) new payment rates set by the commissioner for newly certified CCBHCs under
232.24 section 245.735, subdivision 3, shall be based on rates for established CCBHCs with a
232.25 similar scope of services. If no comparable CCBHC exists, the commissioner shall establish
232.26 a clinic-specific rate using audited historical cost report data adjusted for the estimated cost
232.27 of delivering CCBHC services, including the estimated cost of providing the full scope of
232.28 services and the projected change in visits resulting from the change in scope;

232.29 ~~(4)~~ (4) the commissioner shall rebase CCBHC rates at least once every three years and
232.30 no less than 12 months following an initial rate or a rate change due to a change in the scope
232.31 of services;

232.32 ~~(2)~~ (5) the commissioner shall provide for a 60-day appeals process after notice of the
232.33 results of the rebasing;

233.1 ~~(3) the prohibition against inclusion of new facilities in the demonstration does not apply~~
233.2 ~~after the demonstration ends;~~

233.3 ~~(4)~~ (6) the prospective payment rate under this section does not apply to services rendered
233.4 by CCBHCs to individuals who are dually eligible for Medicare and medical assistance
233.5 when Medicare is the primary payer for the service. An entity that receives a prospective
233.6 payment system rate that overlaps with the CCBHC rate is not eligible for the CCBHC rate;

233.7 ~~(5)~~ (7) payments for CCBHC services to individuals enrolled in managed care shall be
233.8 coordinated with the state's phase-out of CCBHC wrap payments. The commissioner shall
233.9 complete the phase-out of CCBHC wrap payments within 60 days of the implementation
233.10 of the prospective payment system in the Medicaid Management Information System
233.11 (MMIS), for CCBHCs reimbursed under this chapter, with a final settlement of payments
233.12 due made payable to CCBHCs no later than 18 months thereafter;

233.13 ~~(6) initial prospective payment rates for CCBHCs certified after July 1, 2019, shall be~~
233.14 ~~based on rates for comparable CCBHCs. If no comparable provider exists, the commissioner~~
233.15 ~~shall compute a CCBHC-specific rate based upon the CCBHC's audited costs adjusted for~~
233.16 ~~changes in the scope of services;~~

233.17 ~~(7)~~ (8) the prospective payment rate for each CCBHC shall be ~~adjusted annually~~ updated
233.18 by trending each provider-specific rate by the Medicare Economic Index as defined for the
233.19 federal section 223 CCBHC demonstration for primary care services. This update shall
233.20 occur each year in between rebasing periods determined by the commissioner in accordance
233.21 with clause (4). CCBHCs must provide data on costs and visits to the state annually using
233.22 the CCBHC cost report established by the commissioner; and

233.23 (9) a CCBHC may request a rate adjustment for changes in the CCBHC's scope of
233.24 services when such changes are expected to result in an adjustment to the CCBHC payment
233.25 rate by 2.5 percent or more. The CCBHC must provide the commissioner with information
233.26 regarding the changes in the scope of services, including the estimated cost of providing
233.27 the new or modified services and any projected increase or decrease in the number of visits
233.28 resulting from the change. Rate adjustments for changes in scope shall occur no more than
233.29 once per year in between rebasing periods per CCBHC and are effective on the date of the
233.30 annual CCBHC rate update.

233.31 ~~(8) the commissioner shall seek federal approval for a CCBHC rate methodology that~~
233.32 ~~allows for rate modifications based on changes in scope for an individual CCBHC, including~~
233.33 ~~for changes to the type, intensity, or duration of services. Upon federal approval, a CCBHC~~
233.34 ~~may submit a change of scope request to the commissioner if the change in scope would~~

234.1 ~~result in a change of 2.5 percent or more in the prospective payment system rate currently~~
234.2 ~~received by the CCBHC. CCBHC change of scope requests must be according to a format~~
234.3 ~~and timeline to be determined by the commissioner in consultation with CCBHCs.~~

234.4 (d) Managed care plans and county-based purchasing plans shall reimburse CCBHC
234.5 providers at the prospective payment rate. The commissioner shall monitor the effect of
234.6 this requirement on the rate of access to the services delivered by CCBHC providers. If, for
234.7 any contract year, federal approval is not received for this paragraph, the commissioner
234.8 must adjust the capitation rates paid to managed care plans and county-based purchasing
234.9 plans for that contract year to reflect the removal of this provision. Contracts between
234.10 managed care plans and county-based purchasing plans and providers to whom this paragraph
234.11 applies must allow recovery of payments from those providers if capitation rates are adjusted
234.12 in accordance with this paragraph. Payment recoveries must not exceed the amount equal
234.13 to any increase in rates that results from this provision. This paragraph expires if federal
234.14 approval is not received for this paragraph at any time.

234.15 (e) The commissioner shall implement a quality incentive payment program for CCBHCs
234.16 that meets the following requirements:

234.17 (1) a CCBHC shall receive a quality incentive payment upon meeting specific numeric
234.18 thresholds for performance metrics established by the commissioner, in addition to payments
234.19 for which the CCBHC is eligible under the prospective payment system described in
234.20 paragraph (c);

234.21 (2) a CCBHC must be certified and enrolled as a CCBHC for the entire measurement
234.22 year to be eligible for incentive payments;

234.23 (3) each CCBHC shall receive written notice of the criteria that must be met in order to
234.24 receive quality incentive payments at least 90 days prior to the measurement year; and

234.25 (4) a CCBHC must provide the commissioner with data needed to determine incentive
234.26 payment eligibility within six months following the measurement year. The commissioner
234.27 shall notify CCBHC providers of their performance on the required measures and the
234.28 incentive payment amount within 12 months following the measurement year.

234.29 (f) All claims to managed care plans for CCBHC services as provided under this section
234.30 shall be submitted directly to, and paid by, the commissioner on the dates specified no later
234.31 than January 1 of the following calendar year, if:

234.32 (1) one or more managed care plans does not comply with the federal requirement for
234.33 payment of clean claims to CCBHCs, as defined in Code of Federal Regulations, title 42,

235.1 section 447.45(b), and the managed care plan does not resolve the payment issue within 30
235.2 days of noncompliance; and

235.3 (2) the total amount of clean claims not paid in accordance with federal requirements
235.4 by one or more managed care plans is 50 percent of, or greater than, the total CCBHC claims
235.5 eligible for payment by managed care plans.

235.6 If the conditions in this paragraph are met between January 1 and June 30 of a calendar
235.7 year, claims shall be submitted to and paid by the commissioner beginning on January 1 of
235.8 the following year. If the conditions in this paragraph are met between July 1 and December
235.9 31 of a calendar year, claims shall be submitted to and paid by the commissioner beginning
235.10 on July 1 of the following year.

235.11 **EFFECTIVE DATE.** This section is effective July 1, 2021, or upon federal approval,
235.12 whichever is later. The commissioner of human services shall notify the revisor of statutes
235.13 when federal approval is obtained or denied.

235.14 Sec. 5. Minnesota Statutes 2020, section 297E.02, subdivision 3, is amended to read:

235.15 Subd. 3. **Collection; disposition.** (a) Taxes imposed by this section are due and payable
235.16 to the commissioner when the gambling tax return is required to be filed. Distributors must
235.17 file their monthly sales figures with the commissioner on a form prescribed by the
235.18 commissioner. Returns covering the taxes imposed under this section must be filed with
235.19 the commissioner on or before the 20th day of the month following the close of the previous
235.20 calendar month. The commissioner shall prescribe the content, format, and manner of returns
235.21 or other documents pursuant to section 270C.30. The proceeds, along with the revenue
235.22 received from all license fees and other fees under sections 349.11 to 349.191, 349.211,
235.23 and 349.213, must be paid to the commissioner of management and budget for deposit in
235.24 the general fund.

235.25 (b) The sales tax imposed by chapter 297A on the sale of pull-tabs and tipboards by the
235.26 distributor is imposed on the retail sales price. The retail sale of pull-tabs or tipboards by
235.27 the organization is exempt from taxes imposed by chapter 297A and is exempt from all
235.28 local taxes and license fees except a fee authorized under section 349.16, subdivision 8.

235.29 (c) One-half of one percent of the revenue deposited in the general fund under paragraph
235.30 (a), is appropriated to the commissioner of human services for the compulsive gambling
235.31 treatment program established under section 245.98. One-half of one percent of the revenue
235.32 deposited in the general fund under paragraph (a), is appropriated to the commissioner of
235.33 human services for a grant to the state affiliate recognized by the National Council on

236.1 Problem Gambling to increase public awareness of problem gambling, education and training
236.2 for individuals and organizations providing effective treatment services to problem gamblers
236.3 and their families, and research relating to problem gambling. Money appropriated by this
236.4 paragraph must supplement and must not replace existing state funding for these programs.

236.5 (d) The commissioner of human services must provide to the state affiliate recognized
236.6 by the National Council on Problem Gambling a monthly statement of the amounts deposited
236.7 under paragraph (c). Beginning January 1, 2022, the commissioner of human services must
236.8 provide to the chairs and ranking minority members of the legislative committees with
236.9 jurisdiction over treatment for problem gambling and to the state affiliate recognized by the
236.10 National Council on Problem Gambling an annual reconciliation of the amounts deposited
236.11 under paragraph (c). The annual reconciliation under this paragraph must include the amount
236.12 allocated to the commissioner of human services for the compulsive gambling treatment
236.13 program established under section 245.98, and the amount allocated to the state affiliate
236.14 recognized by the National Council on Problem Gambling.

236.15 Sec. 6. **DIRECTION TO COMMISSIONERS OF HEALTH AND HUMAN**
236.16 **SERVICES; COMPULSIVE GAMBLING PROGRAMMING AND FUNDING.**

236.17 By September 1, 2022, the commissioner of human services shall consult with the
236.18 commissioner of health and report to the chairs and ranking minority members of the
236.19 legislative committees with jurisdiction over health and human services with a
236.20 recommendation on whether the revenue appropriated to the commissioner of human services
236.21 for a grant to the state affiliate recognized by the National Council on Problem Gambling
236.22 under Minnesota Statutes, section 297E.02, subdivision 3, paragraph (c), is more properly
236.23 appropriated to and managed by an agency other than the Department of Human Services.
236.24 The commissioners shall also recommend whether the compulsive gambling treatment
236.25 program in Minnesota Statutes, section 245.98, should continue to be managed by the
236.26 Department of Human Services or be managed by another agency.

236.27 Sec. 7. **REVISOR INSTRUCTION.**

236.28 The revisor of statutes shall replace "EXCELLENCE IN MENTAL HEALTH
236.29 DEMONSTRATION PROJECT" with "CERTIFIED COMMUNITY BEHAVIORAL
236.30 HEALTH CLINIC SERVICES" in the section headnote for Minnesota Statutes, section
236.31 245.735.

237.1 Sec. 8. **REPEALER.**

237.2 Minnesota Statutes 2020, section 245.735, subdivisions 1, 2, and 4, are repealed.

237.3

ARTICLE 12

237.4

DISABILITY SERVICES AND

237.5

CONTINUING CARE FOR OLDER ADULTS

237.6 Section 1. Minnesota Statutes 2020, section 256.9741, subdivision 1, is amended to read:

237.7 Subdivision 1. **Long-term care facility.** "Long-term care facility" means a nursing home
237.8 licensed under sections 144A.02 to 144A.10; a boarding care home licensed under sections
237.9 144.50 to 144.56; an assisted living facility or an assisted living facility with dementia care
237.10 licensed under chapter 144G; ~~or~~ a licensed or registered residential setting that provides or
237.11 arranges for the provision of home care services; or a setting defined under section 144G.08,
237.12 subdivision 7, clauses (10) to (13), that provides or arranges for the provision of home care
237.13 services.

237.14 **EFFECTIVE DATE.** This section is effective August 1, 2021.

237.15 Sec. 2. Minnesota Statutes 2020, section 256B.0911, subdivision 3a, is amended to read:

237.16 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
237.17 planning, or other assistance intended to support community-based living, including persons
237.18 who need assessment in order to determine waiver or alternative care program eligibility,
237.19 must be visited by a long-term care consultation team within 20 calendar days after the date
237.20 on which an assessment was requested or recommended. Upon statewide implementation
237.21 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
237.22 requesting personal care assistance services. The commissioner shall provide at least a
237.23 90-day notice to lead agencies prior to the effective date of this requirement. Face-to-face
237.24 assessments must be conducted according to paragraphs (b) to (i).

237.25 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified
237.26 assessors to conduct the assessment. For a person with complex health care needs, a public
237.27 health or registered nurse from the team must be consulted.

237.28 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
237.29 be used to complete a comprehensive, conversation-based, person-centered assessment.
237.30 The assessment must include the health, psychological, functional, environmental, and
237.31 social needs of the individual necessary to develop a person-centered community support
237.32 plan that meets the individual's needs and preferences.

238.1 (d) The assessment must be conducted by a certified assessor in a face-to-face
238.2 conversational interview with the person being assessed. The person's legal representative
238.3 must provide input during the assessment process and may do so remotely if requested. At
238.4 the request of the person, other individuals may participate in the assessment to provide
238.5 information on the needs, strengths, and preferences of the person necessary to develop a
238.6 community support plan that ensures the person's health and safety. Except for legal
238.7 representatives or family members invited by the person, persons participating in the
238.8 assessment may not be a provider of service or have any financial interest in the provision
238.9 of services. For persons who are to be assessed for elderly waiver customized living or adult
238.10 day services under chapter 256S, with the permission of the person being assessed or the
238.11 person's designated or legal representative, the client's current or proposed provider of
238.12 services may submit a copy of the provider's nursing assessment or written report outlining
238.13 its recommendations regarding the client's care needs. The person conducting the assessment
238.14 must notify the provider of the date by which this information is to be submitted. This
238.15 information shall be provided to the person conducting the assessment prior to the assessment.
238.16 For a person who is to be assessed for waiver services under section 256B.092 or 256B.49,
238.17 with the permission of the person being assessed or the person's designated legal
238.18 representative, the person's current provider of services may submit a written report outlining
238.19 recommendations regarding the person's care needs the person completed in consultation
238.20 with someone who is known to the person and has interaction with the person on a regular
238.21 basis. The provider must submit the report at least 60 days before the end of the person's
238.22 current service agreement. The certified assessor must consider the content of the submitted
238.23 report prior to finalizing the person's assessment or reassessment.

238.24 (e) The certified assessor and the individual responsible for developing the coordinated
238.25 service and support plan must complete the community support plan and the coordinated
238.26 service and support plan no more than 60 calendar days from the assessment visit. The
238.27 person or the person's legal representative must be provided with a written community
238.28 support plan within the timelines established by the commissioner, regardless of whether
238.29 the person is eligible for Minnesota health care programs.

238.30 (f) For a person being assessed for elderly waiver services under chapter 256S, a provider
238.31 who submitted information under paragraph (d) shall receive the final written community
238.32 support plan when available and the Residential Services Workbook.

238.33 (g) The written community support plan must include:

238.34 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

- 239.1 (2) the individual's options and choices to meet identified needs, including:
- 239.2 (i) all available options for case management services and providers;
- 239.3 (ii) all available options for employment services, settings, and providers;
- 239.4 (iii) all available options for living arrangements;
- 239.5 (iv) all available options for self-directed services and supports, including self-directed
- 239.6 budget options; and
- 239.7 (v) service provided in a non-disability-specific setting;
- 239.8 (3) identification of health and safety risks and how those risks will be addressed,
- 239.9 including personal risk management strategies;
- 239.10 (4) referral information; and
- 239.11 (5) informal caregiver supports, if applicable.
- 239.12 For a person determined eligible for state plan home care under subdivision 1a, paragraph
- 239.13 (b), clause (1), the person or person's representative must also receive a copy of the home
- 239.14 care service plan developed by the certified assessor.
- 239.15 (h) A person may request assistance in identifying community supports without
- 239.16 participating in a complete assessment. Upon a request for assistance identifying community
- 239.17 support, the person must be transferred or referred to long-term care options counseling
- 239.18 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
- 239.19 telephone assistance and follow up.
- 239.20 (i) The person has the right to make the final decision:
- 239.21 (1) between institutional placement and community placement after the recommendations
- 239.22 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);
- 239.23 (2) between community placement in a setting controlled by a provider and living
- 239.24 independently in a setting not controlled by a provider;
- 239.25 (3) between day services and employment services; and
- 239.26 (4) regarding available options for self-directed services and supports, including
- 239.27 self-directed funding options.
- 239.28 (j) The lead agency must give the person receiving long-term care consultation services
- 239.29 or the person's legal representative, materials, and forms supplied by the commissioner
- 239.30 containing the following information:

240.1 (1) written recommendations for community-based services and consumer-directed
240.2 options;

240.3 (2) documentation that the most cost-effective alternatives available were offered to the
240.4 individual. For purposes of this clause, "cost-effective" means community services and
240.5 living arrangements that cost the same as or less than institutional care. For an individual
240.6 found to meet eligibility criteria for home and community-based service programs under
240.7 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally
240.8 approved waiver plan for each program;

240.9 (3) the need for and purpose of preadmission screening conducted by long-term care
240.10 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
240.11 nursing facility placement. If the individual selects nursing facility placement, the lead
240.12 agency shall forward information needed to complete the level of care determinations and
240.13 screening for developmental disability and mental illness collected during the assessment
240.14 to the long-term care options counselor using forms provided by the commissioner;

240.15 (4) the role of long-term care consultation assessment and support planning in eligibility
240.16 determination for waiver and alternative care programs, and state plan home care, case
240.17 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
240.18 and (b);

240.19 (5) information about Minnesota health care programs;

240.20 (6) the person's freedom to accept or reject the recommendations of the team;

240.21 (7) the person's right to confidentiality under the Minnesota Government Data Practices
240.22 Act, chapter 13;

240.23 (8) the certified assessor's decision regarding the person's need for institutional level of
240.24 care as determined under criteria established in subdivision 4e and the certified assessor's
240.25 decision regarding eligibility for all services and programs as defined in subdivision 1a,
240.26 paragraphs (a), clause (6), and (b);

240.27 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
240.28 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
240.29 (8), and (b), and incorporating the decision regarding the need for institutional level of care
240.30 or the lead agency's final decisions regarding public programs eligibility according to section
240.31 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
240.32 to the person and must visually point out where in the document the right to appeal is stated;
240.33 and

241.1 (10) documentation that available options for employment services, independent living,
241.2 and self-directed services and supports were described to the individual.

241.3 (k) Face-to-face assessment completed as part of an eligibility determination for multiple
241.4 programs for the alternative care, elderly waiver, developmental disabilities, community
241.5 access for disability inclusion, community alternative care, and brain injury waiver programs
241.6 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish
241.7 service eligibility for no more than 60 calendar days after the date of assessment.

241.8 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
241.9 to the date of assessment. If an assessment was completed more than 60 days before the
241.10 effective waiver or alternative care program eligibility start date, assessment and support
241.11 plan information must be updated and documented in the department's Medicaid Management
241.12 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
241.13 state plan services, the effective date of eligibility for programs included in paragraph (k)
241.14 cannot be prior to the date the most recent updated assessment is completed.

241.15 (m) If an eligibility update is completed within 90 days of the previous face-to-face
241.16 assessment and documented in the department's Medicaid Management Information System
241.17 (MMIS), the effective date of eligibility for programs included in paragraph (k) is the date
241.18 of the previous face-to-face assessment when all other eligibility requirements are met.

241.19 (n) If a person who receives home and community-based waiver services under section
241.20 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer
241.21 a hospital, institution of mental disease, nursing facility, intensive residential treatment
241.22 services program, transitional care unit, or inpatient substance use disorder treatment setting,
241.23 the person may return to the community with home and community-based waiver services
241.24 under the same waiver, without requiring an assessment or reassessment under this section,
241.25 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall
241.26 change annual long-term care consultation reassessment requirements, payment for
241.27 institutional or treatment services, medical assistance financial eligibility, or any other law.

241.28 ~~(n)~~ (o) At the time of reassessment, the certified assessor shall assess each person
241.29 receiving waiver residential supports and services currently residing in a community
241.30 residential setting, licensed adult foster care home that is either not the primary residence
241.31 of the license holder or in which the license holder is not the primary caregiver, family adult
241.32 foster care residence, customized living setting, or supervised living facility to determine
241.33 if that person would prefer to be served in a community-living setting as defined in section
241.34 256B.49, subdivision 23, in a setting not controlled by a provider, or to receive integrated

242.1 community supports as described in section 245D.03, subdivision 1, paragraph (c), clause
242.2 (8). The certified assessor shall offer the person, through a person-centered planning process,
242.3 the option to receive alternative housing and service options.

242.4 ~~(o)~~ (p) At the time of reassessment, the certified assessor shall assess each person
242.5 receiving waiver day services to determine if that person would prefer to receive employment
242.6 services as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7).
242.7 The certified assessor shall describe to the person through a person-centered planning process
242.8 the option to receive employment services.

242.9 ~~(p)~~ (q) At the time of reassessment, the certified assessor shall assess each person
242.10 receiving non-self-directed waiver services to determine if that person would prefer an
242.11 available service and setting option that would permit self-directed services and supports.
242.12 The certified assessor shall describe to the person through a person-centered planning process
242.13 the option to receive self-directed services and supports.

242.14 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
242.15 shall notify the revisor of statutes when federal approval is obtained.

242.16 Sec. 3. Minnesota Statutes 2020, section 256I.05, subdivision 1a, is amended to read:

242.17 Subd. 1a. **Supplementary service rates.** (a) Subject to the provisions of section 256I.04,
242.18 subdivision 3, the ~~county~~ agency may negotiate a payment not to exceed \$426.37 for other
242.19 services necessary to provide room and board if the residence is licensed by or registered
242.20 by the Department of Health, or licensed by the Department of Human Services to provide
242.21 services in addition to room and board, and if the provider of services is not also concurrently
242.22 receiving funding for services for a recipient under a home and community-based waiver
242.23 under title XIX of the federal Social Security Act; or funding from the medical assistance
242.24 program under section 256B.0659, for personal care services for residents in the setting; or
242.25 residing in a setting which receives funding under section 245.73. If funding is available
242.26 for other necessary services through a home and community-based waiver, or personal care
242.27 services under section 256B.0659, then the housing support rate is limited to the rate set in
242.28 subdivision 1. Unless otherwise provided in law, in no case may the supplementary service
242.29 rate exceed \$426.37. The registration and licensure requirement does not apply to
242.30 establishments which are exempt from state licensure because they are located on Indian
242.31 reservations and for which the tribe has prescribed health and safety requirements. Service
242.32 payments under this section may be prohibited under rules to prevent the supplanting of
242.33 federal funds with state funds. The commissioner shall pursue the feasibility of obtaining
242.34 the approval of the Secretary of Health and Human Services to provide home and

243.1 community-based waiver services under title XIX of the federal Social Security Act for
243.2 residents who are not eligible for an existing home and community-based waiver due to a
243.3 primary diagnosis of mental illness or chemical dependency and shall apply for a waiver if
243.4 it is determined to be cost-effective.

243.5 (b) The commissioner is authorized to make cost-neutral transfers from the housing
243.6 support fund for beds under this section to other funding programs administered by the
243.7 department after consultation with the ~~county or counties~~ agency in which the affected beds
243.8 are located. The commissioner may also make cost-neutral transfers from the housing support
243.9 fund to ~~county human service~~ agencies for beds permanently removed from the housing
243.10 support census under a plan submitted by the ~~county~~ agency and approved by the
243.11 commissioner. The commissioner shall report the amount of any transfers under this provision
243.12 annually to the legislature.

243.13 (c) ~~Counties~~ Agencies must not negotiate supplementary service rates with providers of
243.14 housing support that are licensed as board and lodging with special services and that do not
243.15 encourage a policy of sobriety on their premises and make referrals to available community
243.16 services for volunteer and employment opportunities for residents.

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

243.18 Sec. 4. Minnesota Statutes 2020, section 256I.05, subdivision 11, is amended to read:

243.19 Subd. 11. **Transfer of emergency shelter funds.** (a) The commissioner shall make a
243.20 cost-neutral transfer of funding from the housing support fund to ~~county human service~~
243.21 ~~agencies~~ the agency for emergency shelter beds removed from the housing support census
243.22 under a biennial plan submitted by the ~~county~~ agency and approved by the commissioner.
243.23 The plan must describe: (1) anticipated and actual outcomes for persons experiencing
243.24 homelessness in emergency shelters; (2) improved efficiencies in administration; (3)
243.25 requirements for individual eligibility; and (4) plans for quality assurance monitoring and
243.26 quality assurance outcomes. The commissioner shall review the ~~county~~ agency plan to
243.27 monitor implementation and outcomes at least biennially, and more frequently if the
243.28 commissioner deems necessary.

243.29 (b) The funding under paragraph (a) may be used for the provision of room and board
243.30 or supplemental services according to section 256I.03, subdivisions 2 and 8. Providers must
243.31 meet the requirements of section 256I.04, subdivisions 2a to 2f. Funding must be allocated
243.32 annually, and the room and board portion of the allocation shall be adjusted according to
243.33 the percentage change in the housing support room and board rate. The room and board
243.34 portion of the allocation shall be determined at the time of transfer. The commissioner or

244.1 ~~county~~ agency may return beds to the housing support fund with 180 days' notice, including
244.2 financial reconciliation.

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

244.4 Sec. 5. **GOVERNOR'S COUNCIL ON AN AGE-FRIENDLY MINNESOTA.**

244.5 The Governor's Council on an Age-Friendly Minnesota, established in Executive Order
244.6 19-38, shall: (1) work to advance age-friendly policies; and (2) coordinate state, local, and
244.7 private partners' collaborative work on emergency preparedness, with a focus on older
244.8 adults, communities, and persons in zip codes most impacted by the COVID-19 pandemic.
244.9 The Governor's Council on an Age-Friendly Minnesota is extended and expires October 1,
244.10 2022.

244.11 Sec. 6. **REVISOR INSTRUCTION.**

244.12 (a) The revisor of statutes, in consultation with the Office of Senate Counsel, Research
244.13 and Fiscal Analysis, the Office of the House Research Department, and the commissioner
244.14 of human services, shall prepare legislation for the 2022 legislative session to recodify
244.15 Minnesota Statutes, sections 256.975, subdivisions 7 to 7d, and 256B.0911.

244.16 (b) The revisor of statutes, in consultation with the Office of Senate Counsel, Research
244.17 and Fiscal Analysis, the Office of the House Research Department, and the commissioner
244.18 of human services, shall to the greatest extent practicable renumber as subdivisions the
244.19 paragraphs of Minnesota Statutes, section 256B.4914, prior to the publication of the 2021
244.20 Supplement of Minnesota Statutes, and shall without changing the meaning or effect of
244.21 these provisions minimize the use of internal cross-references, including by drafting new
244.22 technical definitions as substitutes for necessary cross-references or by other means
244.23 acceptable to the commissioner of human services.

244.24

ARTICLE 13

244.25

COMMUNITY SUPPORTS POLICY

244.26 Section 1. Minnesota Statutes 2020, section 245.4874, subdivision 1, is amended to read:

244.27 Subdivision 1. **Duties of county board.** (a) The county board must:

244.28 (1) develop a system of affordable and locally available children's mental health services
244.29 according to sections 245.487 to 245.4889;

244.30 (2) consider the assessment of unmet needs in the county as reported by the local
244.31 children's mental health advisory council under section 245.4875, subdivision 5, paragraph

- 245.1 (b), clause (3). The county shall provide, upon request of the local children's mental health
245.2 advisory council, readily available data to assist in the determination of unmet needs;
- 245.3 (3) assure that parents and providers in the county receive information about how to
245.4 gain access to services provided according to sections 245.487 to 245.4889;
- 245.5 (4) coordinate the delivery of children's mental health services with services provided
245.6 by social services, education, corrections, health, and vocational agencies to improve the
245.7 availability of mental health services to children and the cost-effectiveness of their delivery;
- 245.8 (5) assure that mental health services delivered according to sections 245.487 to 245.4889
245.9 are delivered expeditiously and are appropriate to the child's diagnostic assessment and
245.10 individual treatment plan;
- 245.11 (6) provide for case management services to each child with severe emotional disturbance
245.12 according to sections 245.486; 245.4871, subdivisions 3 and 4; and 245.4881, subdivisions
245.13 1, 3, and 5;
- 245.14 (7) provide for screening of each child under section 245.4885 upon admission to a
245.15 residential treatment facility, acute care hospital inpatient treatment, or informal admission
245.16 to a regional treatment center;
- 245.17 (8) prudently administer grants and purchase-of-service contracts that the county board
245.18 determines are necessary to fulfill its responsibilities under sections 245.487 to 245.4889;
- 245.19 (9) assure that mental health professionals, mental health practitioners, and case managers
245.20 employed by or under contract to the county to provide mental health services are qualified
245.21 under section 245.4871;
- 245.22 (10) assure that children's mental health services are coordinated with adult mental health
245.23 services specified in sections 245.461 to 245.486 so that a continuum of mental health
245.24 services is available to serve persons with mental illness, regardless of the person's age;
- 245.25 (11) assure that culturally competent mental health consultants are used as necessary to
245.26 assist the county board in assessing and providing appropriate treatment for children of
245.27 cultural or racial minority heritage; and
- 245.28 (12) consistent with section 245.486, arrange for or provide a children's mental health
245.29 screening for:
- 245.30 (i) a child receiving child protective services;
- 245.31 (ii) a child in out-of-home placement;
- 245.32 (iii) a child for whom parental rights have been terminated;

246.1 (iv) a child found to be delinquent; or

246.2 (v) a child found to have committed a juvenile petty offense for the third or subsequent
246.3 time.

246.4 A children's mental health screening is not required when a screening or diagnostic
246.5 assessment has been performed within the previous 180 days, or the child is currently under
246.6 the care of a mental health professional.

246.7 (b) When a child is receiving protective services or is in out-of-home placement, the
246.8 court or county agency must notify a parent or guardian whose parental rights have not been
246.9 terminated of the potential mental health screening and the option to prevent the screening
246.10 by notifying the court or county agency in writing.

246.11 (c) When a child is found to be delinquent or a child is found to have committed a
246.12 juvenile petty offense for the third or subsequent time, the court or county agency must
246.13 obtain written informed consent from the parent or legal guardian before a screening is
246.14 conducted unless the court, notwithstanding the parent's failure to consent, determines that
246.15 the screening is in the child's best interest.

246.16 (d) The screening shall be conducted with a screening instrument approved by the
246.17 commissioner of human services according to criteria that are updated and issued annually
246.18 to ensure that approved screening instruments are valid and useful for child welfare and
246.19 juvenile justice populations. Screenings shall be conducted by a mental health practitioner
246.20 as defined in section 245.4871, subdivision 26, or a probation officer or local social services
246.21 agency staff person who is trained in the use of the screening instrument. Training in the
246.22 use of the instrument shall include:

246.23 (1) training in the administration of the instrument;

246.24 (2) the interpretation of its validity given the child's current circumstances;

246.25 (3) the state and federal data practices laws and confidentiality standards;

246.26 (4) the parental consent requirement; and

246.27 (5) providing respect for families and cultural values.

246.28 If the screen indicates a need for assessment, the child's family, or if the family lacks
246.29 mental health insurance, the local social services agency, in consultation with the child's
246.30 family, shall have conducted a diagnostic assessment, including a functional assessment.

246.31 The administration of the screening shall safeguard the privacy of children receiving the

246.32 screening and their families and shall comply with the Minnesota Government Data Practices

247.1 Act, chapter 13, and the federal Health Insurance Portability and Accountability Act of
 247.2 1996, Public Law 104-191. Screening results ~~shall be considered private data and the~~
 247.3 ~~commissioner shall not collect individual screening results~~ are classified as private data on
 247.4 individuals, as defined by section 13.02, subdivision 12. The county board or Tribal nation
 247.5 may provide the commissioner with access to the screening results for the purposes of
 247.6 program evaluation and improvement.

247.7 (e) When the county board refers clients to providers of children's therapeutic services
 247.8 and supports under section 256B.0943, the county board must clearly identify the desired
 247.9 services components not covered under section 256B.0943 and identify the reimbursement
 247.10 source for those requested services, the method of payment, and the payment rate to the
 247.11 provider.

247.12 Sec. 2. Minnesota Statutes 2020, section 245.697, subdivision 1, is amended to read:

247.13 Subdivision 1. **Creation.** (a) A State Advisory Council on Mental Health is created. The
 247.14 council must have members appointed by the governor in accordance with federal
 247.15 requirements. In making the appointments, the governor shall consider appropriate
 247.16 representation of communities of color. The council must be composed of:

247.17 (1) the assistant commissioner of ~~mental health~~ for the Department of Human Services
 247.18 who oversees behavioral health policy;

247.19 (2) a representative of the Department of Human Services responsible for the medical
 247.20 assistance program;

247.21 (3) a representative of the Department of Health;

247.22 ~~(3)~~ (4) one member of each of the following professions:

247.23 (i) psychiatry;

247.24 (ii) psychology;

247.25 (iii) social work;

247.26 (iv) nursing;

247.27 (v) marriage and family therapy; and

247.28 (vi) professional clinical counseling;

247.29 ~~(4)~~ (5) one representative from each of the following advocacy groups: Mental Health
 247.30 Association of Minnesota, NAMI-MN, ~~Mental Health Consumer/Survivor Network of~~

248.1 ~~Minnesota, and~~ Minnesota Disability Law Center, American Indian Mental Health Advisory
 248.2 Council, and a consumer-run mental health advocacy group;
 248.3 ~~(5)~~ (6) providers of mental health services;
 248.4 ~~(6)~~ (7) consumers of mental health services;
 248.5 ~~(7)~~ (8) family members of persons with mental illnesses;
 248.6 ~~(8)~~ (9) legislators;
 248.7 ~~(9)~~ (10) social service agency directors;
 248.8 ~~(10)~~ (11) county commissioners; and
 248.9 ~~(11)~~ (12) other members reflecting a broad range of community interests, including
 248.10 family physicians, or members as the United States Secretary of Health and Human Services
 248.11 may prescribe by regulation or as may be selected by the governor.

248.12 (b) The council shall select a chair. Terms, compensation, and removal of members and
 248.13 filling of vacancies are governed by section 15.059. Notwithstanding provisions of section
 248.14 15.059, the council and its subcommittee on children's mental health do not expire. The
 248.15 commissioner of human services shall provide staff support and supplies to the council.

248.16 Sec. 3. Minnesota Statutes 2020, section 252.43, is amended to read:

248.17 **252.43 COMMISSIONER'S DUTIES.**

248.18 (a) The commissioner shall supervise lead agencies' provision of day services to adults
 248.19 with disabilities. The commissioner shall:

248.20 (1) determine the need for day ~~services~~ programs under ~~section~~ sections 256B.4914 and
 248.21 252.41 to 252.46;

248.22 (2) establish payment rates as provided under section 256B.4914;

248.23 (3) adopt rules for the administration and provision of day services under sections
 248.24 245A.01 to 245A.16; 252.28, subdivision 2; or 252.41 to 252.46; or Minnesota Rules,
 248.25 parts 9525.1200 to 9525.1330;

248.26 (4) enter into interagency agreements necessary to ensure effective coordination and
 248.27 provision of day services;

248.28 (5) monitor and evaluate the costs and effectiveness of day services; and

248.29 (6) provide information and technical help to lead agencies and vendors in their
 248.30 administration and provision of day services.

249.1 (b) A determination of need in paragraph (a), clause (1), shall not be required for a
249.2 change in day service provider name or ownership.

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

249.4 Sec. 4. Minnesota Statutes 2020, section 252A.01, subdivision 1, is amended to read:

249.5 Subdivision 1. **Policy.** (a) It is the policy of the state of Minnesota to provide a
249.6 coordinated approach to the supervision, protection, and habilitation of its adult citizens
249.7 with a developmental disability. In furtherance of this policy, sections 252A.01 to 252A.21
249.8 are enacted to authorize the commissioner of human services to:

249.9 (1) supervise those adult citizens with a developmental disability who are unable to fully
249.10 provide for their own needs and for whom no qualified person is willing and able to seek
249.11 guardianship ~~or conservatorship~~ under sections 524.5-101 to 524.5-502; and

249.12 (2) protect adults with a developmental disability from violation of their human and civil
249.13 rights by ~~assuring~~ ensuring that they receive the full range of needed social, financial,
249.14 residential, and habilitative services to which they are lawfully entitled.

249.15 (b) Public guardianship ~~or conservatorship~~ is the most restrictive form of guardianship
249.16 ~~or conservatorship~~ and should be imposed only when ~~no other acceptable alternative is~~
249.17 available less restrictive alternatives have been attempted and determined to be insufficient
249.18 to meet the person's needs. Less restrictive alternatives include but are not limited to
249.19 supported decision making, community or residential services, or appointment of a health
249.20 care agent.

249.21 Sec. 5. Minnesota Statutes 2020, section 252A.02, subdivision 2, is amended to read:

249.22 Subd. 2. **Person with a developmental disability.** "Person with a developmental
249.23 disability" refers to any person age 18 or older who:

249.24 (1) has been diagnosed as having significantly subaverage intellectual functioning existing
249.25 concurrently with demonstrated deficits in adaptive behavior such as to require supervision
249.26 and protection for the person's welfare or the public welfare. a developmental disability;

249.27 (2) is impaired to the extent of lacking sufficient understanding or capacity to make
249.28 personal decisions; and

249.29 (3) is unable to meet personal needs for medical care, nutrition, clothing, shelter, or
249.30 safety, even with appropriate technological and supported decision-making assistance.

250.1 Sec. 6. Minnesota Statutes 2020, section 252A.02, subdivision 9, is amended to read:

250.2 Subd. 9. **Ward Person subject to public guardianship.** ~~"Ward"~~ "Person subject to
250.3 public guardianship" means a person with a developmental disability for whom the court
250.4 has appointed a public guardian.

250.5 Sec. 7. Minnesota Statutes 2020, section 252A.02, subdivision 11, is amended to read:

250.6 Subd. 11. **Interested person.** "Interested person" means an interested responsible adult,
250.7 ~~including, but not limited to, a public official, guardian, spouse, parent, adult sibling, legal~~
250.8 ~~counsel, adult child, or next of kin of a person alleged to have a developmental disability,~~
250.9 including but not limited to:

250.10 (1) the person subject to guardianship, the protected person, or the respondent;

250.11 (2) a nominated guardian or conservator;

250.12 (3) a legal representative;

250.13 (4) a spouse; a parent, including a stepparent; adult children, including adult stepchildren
250.14 of a living spouse; and siblings. If no such persons are living or can be located, the next of
250.15 kin of the person subject to public guardianship or the respondent is an interested person;

250.16 (5) a representative of a state ombudsman's office or a federal protection and advocacy
250.17 program that has notified the commissioner or lead agency that it has a matter regarding
250.18 the protected person subject to guardianship, person subject to conservatorship, or respondent;
250.19 and

250.20 (6) a health care agent or proxy appointed pursuant to a health care directive as defined
250.21 in section 145C.01, subdivision 5a; a living will under chapter 145B; or other similar
250.22 documentation executed in another state and enforceable under the laws of this state.

250.23 Sec. 8. Minnesota Statutes 2020, section 252A.02, subdivision 12, is amended to read:

250.24 Subd. 12. **Comprehensive evaluation.** (a) "Comprehensive evaluation" ~~shall consist~~
250.25 consists of:

250.26 (1) a medical report on the health status and physical condition of the proposed ~~ward,~~
250.27 person subject to public guardianship prepared under the direction of a licensed physician
250.28 or advanced practice registered nurse;

250.29 (2) a report on the ~~proposed ward's~~ intellectual capacity and functional abilities, ~~specifying~~
250.30 of the proposed person subject to public guardianship that specifies the tests and other data

251.1 used in reaching its conclusions; and is prepared by a psychologist who is qualified in the
251.2 diagnosis of developmental disability; and

251.3 (3) a report from the case manager that includes:

251.4 (i) the most current assessment of individual service needs as described in rules of the
251.5 commissioner;

251.6 (ii) the most current ~~individual service~~ coordinated service and support plan under section
251.7 256B.092, subdivision 1b; and

251.8 (iii) a description of contacts with and responses of near relatives of the proposed ~~ward~~
251.9 person subject to public guardianship notifying ~~them~~ the near relatives that a nomination
251.10 for public guardianship has been made and advising ~~them~~ the near relatives that they may
251.11 seek private guardianship.

251.12 (b) Each report under paragraph (a), clause (3), shall contain recommendations as to the
251.13 amount of assistance and supervision required by the proposed ~~ward~~ person subject to public
251.14 guardianship to function as independently as possible in society. To be considered part of
251.15 the comprehensive evaluation, the reports must be completed no more than one year before
251.16 filing the petition under section 252A.05.

251.17 Sec. 9. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision to
251.18 read:

251.19 Subd. 16. **Protected person.** "Protected person" means a person for whom a guardian
251.20 or conservator has been appointed or other protective order has been sought. A protected
251.21 person may be a minor.

251.22 Sec. 10. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision
251.23 to read:

251.24 Subd. 17. **Respondent.** "Respondent" means an individual for whom the appointment
251.25 of a guardian or conservator or other protective order is sought.

251.26 Sec. 11. Minnesota Statutes 2020, section 252A.02, is amended by adding a subdivision
251.27 to read:

251.28 Subd. 18. **Supported decision making.** "Supported decision making" means assistance
251.29 to an individual with understanding the nature and consequences of personal and financial
251.30 decisions from one or more persons of the individual's choosing to enable the individual to

252.1 make the personal and financial decisions and, when consistent with the individual's wishes,
 252.2 to communicate the individual's decisions.

252.3 Sec. 12. Minnesota Statutes 2020, section 252A.03, subdivision 3, is amended to read:

252.4 Subd. 3. **Standard for acceptance.** The commissioner shall accept the nomination if:
 252.5 ~~the comprehensive evaluation concludes that:~~

252.6 ~~(1) the person alleged to have developmental disability is, in fact, developmentally~~
 252.7 ~~disabled;~~ (1) the person's assessment confirms that they are a person with a developmental
 252.8 disability under section 252A.02, subdivision 2;

252.9 (2) the person is in need of the supervision and protection of a ~~conservator or~~ guardian;
 252.10 ~~and~~

252.11 (3) no qualified person is willing to assume guardianship ~~or conservatorship~~ under
 252.12 sections 524.5-101 to 524.5-502.; and

252.13 (4) the person subject to public guardianship was included in the process prior to the
 252.14 submission of the nomination.

252.15 Sec. 13. Minnesota Statutes 2020, section 252A.03, subdivision 4, is amended to read:

252.16 Subd. 4. **Alternatives.** (a) Public guardianship ~~or conservatorship~~ may be imposed only
 252.17 when:

252.18 (1) the person subject to guardianship is impaired to the extent of lacking sufficient
 252.19 understanding or capacity to make personal decisions;

252.20 (2) the person subject to guardianship is unable to meet personal needs for medical care,
 252.21 nutrition, clothing, shelter, or safety, even with appropriate technological and supported
 252.22 decision-making assistance; and

252.23 (3) no acceptable, less restrictive form of guardianship or conservatorship is available.

252.24 (b) The commissioner shall seek parents, near relatives, and other interested persons to
 252.25 assume guardianship for persons with developmental disabilities who are currently under
 252.26 public guardianship. If a person seeks to become a guardian ~~or conservator~~, costs to the
 252.27 person may be reimbursed under section 524.5-502. The commissioner must provide technical
 252.28 assistance to parents, near relatives, and interested persons seeking to become guardians ~~or~~
 252.29 ~~conservators.~~

253.1 Sec. 14. Minnesota Statutes 2020, section 252A.04, subdivision 1, is amended to read:

253.2 Subdivision 1. **Local agency.** Upon receipt of a written nomination, the commissioner
253.3 shall promptly order the local agency of the county in which the proposed ~~ward person~~
253.4 subject to public guardianship resides to coordinate or arrange for a comprehensive evaluation
253.5 of the proposed ~~ward person~~ subject to public guardianship.

253.6 Sec. 15. Minnesota Statutes 2020, section 252A.04, subdivision 2, is amended to read:

253.7 Subd. 2. **Medication; treatment.** A proposed ~~ward person~~ subject to public guardianship
253.8 who, at the time the comprehensive evaluation is to be performed, has been under medical
253.9 care shall not be so under the influence or so suffer the effects of drugs, medication, or other
253.10 treatment as to be hampered in the testing or evaluation process. When in the opinion of
253.11 the licensed physician or advanced practice registered nurse attending the proposed ~~ward~~
253.12 person subject to public guardianship, the discontinuance of medication or other treatment
253.13 is not in the ~~proposed ward's~~ best interest of the proposed person subject to public
253.14 guardianship, the physician or advanced practice registered nurse shall record a list of all
253.15 drugs, medication, or other treatment ~~which~~ that the proposed ~~ward person~~ subject to public
253.16 guardianship received 48 hours immediately prior to any examination, test, or interview
253.17 conducted in preparation for the comprehensive evaluation.

253.18 Sec. 16. Minnesota Statutes 2020, section 252A.04, subdivision 4, is amended to read:

253.19 Subd. 4. **File.** The comprehensive evaluation shall be kept on file at the Department of
253.20 Human Services and shall be open to the inspection of the proposed ~~ward person~~ subject to
253.21 public guardianship and ~~such~~ other persons ~~as may be given permission~~ permitted by the
253.22 commissioner.

253.23 Sec. 17. Minnesota Statutes 2020, section 252A.05, is amended to read:

253.24 **252A.05 COMMISSIONER'S PETITION FOR APPOINTMENT AS PUBLIC**
253.25 **GUARDIAN ~~OR PUBLIC CONSERVATOR.~~**

253.26 In every case in which the commissioner agrees to accept a nomination, the local agency,
253.27 within 20 working days of receipt of the commissioner's acceptance, shall petition on behalf
253.28 of the commissioner in the county or court of the county of residence of the person with a
253.29 developmental disability for appointment to act as ~~public conservator or~~ public guardian of
253.30 the person with a developmental disability.

254.1 Sec. 18. Minnesota Statutes 2020, section 252A.06, subdivision 1, is amended to read:

254.2 Subdivision 1. **Who may file.** ~~The commissioner, the local agency, a person with a~~
 254.3 ~~developmental disability or any parent, spouse or relative of a person with a developmental~~
 254.4 ~~disability may file~~ A verified petition alleging that the appointment of a public conservator
 254.5 ~~or public guardian is required~~ may be filed by: the commissioner; the local agency; a person
 254.6 with a developmental disability; or a parent, stepparent, spouse, or relative of a person with
 254.7 a developmental disability.

254.8 Sec. 19. Minnesota Statutes 2020, section 252A.06, subdivision 2, is amended to read:

254.9 Subd. 2. **Contents.** The petition shall set forth:

254.10 (1) the name and address of the petitioner; and, in the case of a petition brought by a
 254.11 person other than the commissioner, whether the petitioner is a parent, spouse, or relative
 254.12 ~~of the proposed ward~~ of the proposed person subject to guardianship;

254.13 (2) whether the commissioner has accepted a nomination to act as ~~public conservator~~
 254.14 ~~or public guardian;~~

254.15 (3) the name, address, and date of birth of the proposed ~~ward~~ person subject to public
 254.16 guardianship;

254.17 (4) the names and addresses of the nearest relatives and spouse, if any, of the proposed
 254.18 ~~ward~~ person subject to public guardianship;

254.19 (5) the probable value and general character of the ~~proposed ward's~~ real and personal
 254.20 property of the proposed person subject to public guardianship and the probable amount of
 254.21 ~~the proposed ward's debts~~ of the proposed person subject to public guardianship; and

254.22 (6) the facts supporting the establishment of public ~~conservatorship or~~ guardianship,
 254.23 including that no family member or other qualified individual is willing to assume
 254.24 ~~guardianship or conservatorship~~ responsibilities under sections 524.5-101 to 524.5-502;
 254.25 and.

254.26 ~~(7) if conservatorship is requested, the powers the petitioner believes are necessary to~~
 254.27 ~~protect and supervise the proposed conservatee.~~

254.28 Sec. 20. Minnesota Statutes 2020, section 252A.07, subdivision 1, is amended to read:

254.29 Subdivision 1. **With petition.** When a petition is brought by the commissioner or local
 254.30 agency, a copy of the comprehensive evaluation shall be filed with the petition. If a petition
 254.31 is brought by a person other than the commissioner or local agency and a comprehensive

255.1 evaluation has been prepared within a year of the filing of the petition, the local agency
255.2 shall ~~forward~~ send a copy of the comprehensive evaluation to the court upon notice of the
255.3 filing of the petition. If a comprehensive evaluation has not been prepared within a year of
255.4 the filing of the petition, the local agency, upon notice of the filing of the petition, shall
255.5 arrange for a comprehensive evaluation to be prepared and ~~forwarded~~ provided to the court
255.6 within 90 days.

255.7 Sec. 21. Minnesota Statutes 2020, section 252A.07, subdivision 2, is amended to read:

255.8 Subd. 2. **Copies.** A copy of the comprehensive evaluation shall be made available by
255.9 the court to the proposed ~~ward~~ person subject to public guardianship, the ~~proposed ward's~~
255.10 counsel of the proposed person subject to public guardianship, the county attorney, the
255.11 attorney general, and the petitioner.

255.12 Sec. 22. Minnesota Statutes 2020, section 252A.07, subdivision 3, is amended to read:

255.13 Subd. 3. **Evaluation required; exception.** (a) No action for the appointment of a public
255.14 guardian may proceed to hearing unless a comprehensive evaluation has been first filed
255.15 with the court; ~~provided, however, that an action may proceed and a guardian appointed.~~

255.16 (b) Paragraph (a) does not apply if the director of the local agency responsible for
255.17 conducting the comprehensive evaluation has filed an affidavit that the proposed ~~ward~~
255.18 person subject to public guardianship refused to participate in the comprehensive evaluation
255.19 and the court finds on the basis of clear and convincing evidence that the proposed ~~ward~~
255.20 person subject to public guardianship is developmentally disabled and in need of the
255.21 supervision and protection of a guardian.

255.22 Sec. 23. Minnesota Statutes 2020, section 252A.081, subdivision 2, is amended to read:

255.23 Subd. 2. **Service of notice.** Service of notice on the ~~ward~~ person subject to public
255.24 guardianship or proposed ~~ward~~ person subject to public guardianship must be made by a
255.25 nonuniformed person or nonuniformed visitor. To the extent possible, the ~~process server or~~
255.26 ~~visitor~~ person or visitor serving the notice shall explain the document's meaning to the
255.27 proposed ~~ward~~ person subject to public guardianship. In addition to the persons required to
255.28 be served under sections 524.5-113, 524.5-205, and 524.5-304, the mailed notice of the
255.29 hearing must be served on the commissioner, the local agency, and the county attorney.

256.1 Sec. 24. Minnesota Statutes 2020, section 252A.081, subdivision 3, is amended to read:

256.2 Subd. 3. **Attorney.** In place of the notice of attorney provisions in sections 524.5-205
256.3 and 524.5-304, the notice must state that the court will appoint an attorney for the proposed
256.4 ~~ward~~ person subject to public guardianship unless an attorney is provided by other persons.

256.5 Sec. 25. Minnesota Statutes 2020, section 252A.081, subdivision 5, is amended to read:

256.6 Subd. 5. **Defective notice of service.** A defect in the service of notice or process, other
256.7 than personal service upon the proposed ~~ward or conservatee~~ person subject to public
256.8 guardianship or service upon the commissioner and local agency within the time allowed
256.9 and the form prescribed in this section and sections 524.5-113, 524.5-205, and 524.5-304,
256.10 does not invalidate any public guardianship ~~or conservatorship~~ proceedings.

256.11 Sec. 26. Minnesota Statutes 2020, section 252A.09, subdivision 1, is amended to read:

256.12 Subdivision 1. **Attorney appointment.** Upon the filing of the petition, the court shall
256.13 appoint an attorney for the proposed ~~ward~~ person subject to public guardianship, unless
256.14 such counsel is provided by others.

256.15 Sec. 27. Minnesota Statutes 2020, section 252A.09, subdivision 2, is amended to read:

256.16 Subd. 2. **Representation.** Counsel shall visit with and, to the extent possible, consult
256.17 with the proposed ~~ward~~ person subject to public guardianship prior to the hearing and shall
256.18 be given adequate time to prepare ~~therefor~~ for the hearing. Counsel shall be given the full
256.19 right of subpoena and shall be supplied with a copy of all documents filed with or issued
256.20 by the court.

256.21 Sec. 28. Minnesota Statutes 2020, section 252A.101, subdivision 2, is amended to read:

256.22 Subd. 2. **Waiver of presence.** The proposed ~~ward~~ person subject to public guardianship
256.23 may waive the right to be present at the hearing only if the proposed ~~ward~~ person subject
256.24 to public guardianship has met with counsel and specifically waived the right to appear.

256.25 Sec. 29. Minnesota Statutes 2020, section 252A.101, subdivision 3, is amended to read:

256.26 Subd. 3. **Medical care.** If, at the time of the hearing, the proposed ~~ward~~ person subject
256.27 to public guardianship has been under medical care, the ~~ward~~ person subject to public
256.28 guardianship has the same rights regarding limitation on the use of drugs, medication, or
256.29 other treatment before the hearing that are available under section 252A.04, subdivision 2.

257.1 Sec. 30. Minnesota Statutes 2020, section 252A.101, subdivision 5, is amended to read:

257.2 Subd. 5. **Findings.** (a) In all cases the court shall make specific written findings of fact,
257.3 conclusions of law, and direct entry of an appropriate judgment or order. The court shall
257.4 order the appointment of the commissioner as guardian ~~or conservator~~ if it finds that:

257.5 (1) the proposed ~~ward or conservatee~~ person subject to public guardianship is a person
257.6 with a developmental disability as defined in section 252A.02, subdivision 2;

257.7 (2) the proposed ~~ward or conservatee~~ person subject to public guardianship is incapable
257.8 of exercising specific legal rights, which must be enumerated in ~~its~~ the court's findings;

257.9 (3) the proposed ~~ward or conservatee~~ person subject to public guardianship is in need
257.10 of the supervision and protection of a public guardian ~~or conservator~~; and

257.11 (4) no appropriate alternatives to public guardianship ~~or public conservatorship~~ exist
257.12 that are less restrictive of the person's civil rights and liberties, such as appointing a private
257.13 guardian, or conservator supported decision maker, or health care agent; or arranging
257.14 residential or community services under sections 524.5-101 to 524.5-502.

257.15 (b) The court shall grant the specific powers that are necessary for the commissioner to
257.16 act as public guardian ~~or conservator~~ on behalf of the ~~ward or conservatee~~ person subject
257.17 to public guardianship.

257.18 Sec. 31. Minnesota Statutes 2020, section 252A.101, subdivision 6, is amended to read:

257.19 Subd. 6. **Notice of order; appeal.** A copy of the order shall be served by mail upon the
257.20 ~~ward or conservatee~~ person subject to public guardianship and the ~~ward's~~ counsel of the
257.21 person subject to public guardianship. The order must be accompanied by a notice that
257.22 advises the ~~ward or conservatee~~ person subject to public guardianship of the right to appeal
257.23 the guardianship ~~or conservatorship~~ appointment within 30 days.

257.24 Sec. 32. Minnesota Statutes 2020, section 252A.101, subdivision 7, is amended to read:

257.25 Subd. 7. **Letters of guardianship.** (a) Letters of guardianship ~~or conservatorship~~ must
257.26 be issued by the court and contain:

257.27 (1) the name, address, and telephone number of the ~~ward or conservatee~~ person subject
257.28 to public guardianship; and

257.29 (2) the powers to be exercised on behalf of the ~~ward or conservatee~~ person subject to
257.30 public guardianship.

258.1 (b) The letters under paragraph (a) must be served by mail upon the ~~ward or conservatee~~
258.2 person subject to public guardianship, the ward's counsel of the person subject to public
258.3 guardianship, the commissioner, and the local agency.

258.4 Sec. 33. Minnesota Statutes 2020, section 252A.101, subdivision 8, is amended to read:

258.5 Subd. 8. **Dismissal.** If upon the completion of the hearing and consideration of the record,
258.6 the court finds that the proposed ~~ward~~ person subject to public guardianship is not
258.7 developmentally disabled or is developmentally disabled but not in need of the supervision
258.8 and protection of a ~~conservator or public guardian, if the court~~ shall dismiss the application
258.9 and shall notify the proposed ~~ward~~ person subject to public guardianship, the ward's counsel
258.10 of the person subject to public guardianship, and the petitioner of the court's findings.

258.11 Sec. 34. Minnesota Statutes 2020, section 252A.111, subdivision 2, is amended to read:

258.12 Subd. 2. **Additional powers.** In addition to the powers contained in sections 524.5-207
258.13 and 524.5-313, the powers of a public guardian that the court may grant include:

258.14 (1) the power to permit or withhold permission for the ~~ward~~ person subject to public
258.15 guardianship to marry;

258.16 (2) the power to begin legal action or defend against legal action in the name of the ~~ward~~
258.17 person subject to public guardianship; and

258.18 (3) the power to consent to the adoption of the ~~ward~~ person subject to public guardianship
258.19 as provided in section 259.24.

258.20 Sec. 35. Minnesota Statutes 2020, section 252A.111, subdivision 4, is amended to read:

258.21 Subd. 4. **Appointment of conservator.** If the ~~ward~~ person subject to public guardianship
258.22 has a personal estate beyond that which is necessary for the ~~ward's~~ personal and immediate
258.23 needs of the person subject to public guardianship, the commissioner shall determine whether
258.24 a conservator should be appointed. The commissioner shall consult with the parents, spouse,
258.25 or nearest relative of the ~~ward~~ person subject to public guardianship. The commissioner
258.26 may petition the court for the appointment of a private conservator of the ~~ward~~ person
258.27 subject to public guardianship. The commissioner cannot act as conservator for public ~~wards~~
258.28 persons subject to public guardianship or public protected persons.

259.1 Sec. 36. Minnesota Statutes 2020, section 252A.111, subdivision 6, is amended to read:

259.2 Subd. 6. **Special duties.** In exercising powers and duties under this chapter, the
259.3 commissioner shall:

259.4 (1) maintain close contact with the ~~ward~~ person subject to public guardianship, visiting
259.5 at least twice a year;

259.6 (2) protect and exercise the legal rights of the ~~ward~~ person subject to public guardianship;

259.7 (3) take actions and make decisions on behalf of the ~~ward~~ person subject to public
259.8 guardianship that encourage and allow the maximum level of independent functioning in a
259.9 manner least restrictive of the ~~ward's~~ personal freedom of the person subject to public
259.10 guardianship consistent with the need for supervision and protection; and

259.11 (4) permit and encourage maximum self-reliance on the part of the ~~ward~~ person subject
259.12 to public guardianship and permit and encourage input by the nearest relative of the ~~ward~~
259.13 person subject to public guardianship in planning and decision making on behalf of the
259.14 ~~ward~~ person subject to public guardianship.

259.15 Sec. 37. Minnesota Statutes 2020, section 252A.12, is amended to read:

259.16 **252A.12 APPOINTMENT OF ~~CONSERVATOR~~ PUBLIC GUARDIAN NOT A**
259.17 **FINDING OF INCOMPETENCY.**

259.18 An appointment of the commissioner as ~~conservator~~ public guardian shall not constitute
259.19 a judicial finding that the person with a developmental disability is legally incompetent
259.20 except for the restrictions ~~which~~ that the conservatorship public guardianship places on the
259.21 ~~conservatee~~ person subject to public guardianship. The appointment of a ~~conservator~~ public
259.22 guardian shall not deprive the ~~conservatee~~ person subject to public guardianship of the right
259.23 to vote.

259.24 Sec. 38. Minnesota Statutes 2020, section 252A.16, is amended to read:

259.25 **252A.16 ANNUAL REVIEW.**

259.26 Subdivision 1. **Review required.** The commissioner shall require an annual review of
259.27 the physical, mental, and social adjustment and progress of every ~~ward and conservatee~~
259.28 person subject to public guardianship. A copy of this review shall be kept on file at the
259.29 Department of Human Services and may be inspected by the ~~ward or conservatee~~ person
259.30 subject to public guardianship, the ~~ward's or conservatee's~~ parents, spouse, or relatives of
259.31 the person subject to public guardianship, and other persons who receive the permission of

260.1 the commissioner. The review shall contain information required under Minnesota Rules,
260.2 part 9525.3065, subpart 1.

260.3 Subd. 2. **Assessment of need for continued guardianship.** The commissioner shall
260.4 annually review the legal status of each ~~ward~~ person subject to public guardianship in light
260.5 of the progress indicated in the annual review. If the commissioner determines the ~~ward~~
260.6 person subject to public guardianship is no longer in need of public guardianship ~~or~~
260.7 ~~conservatorship~~ or is capable of functioning under a less restrictive ~~conservatorship~~
260.8 guardianship, the commissioner or local agency shall petition the court pursuant to section
260.9 252A.19 to restore the ~~ward~~ person subject to public guardianship to capacity or for a
260.10 modification of the court's previous order.

260.11 Sec. 39. Minnesota Statutes 2020, section 252A.17, is amended to read:

260.12 **252A.17 EFFECT OF SUCCESSION IN OFFICE.**

260.13 The appointment by the court of the commissioner ~~of human services~~ as public
260.14 ~~conservator~~ or guardian shall be by the title of the commissioner's office. The authority of
260.15 the commissioner as public ~~conservator~~ or guardian shall cease upon the termination of the
260.16 commissioner's term of office and shall vest in a successor or successors in office without
260.17 further court proceedings.

260.18 Sec. 40. Minnesota Statutes 2020, section 252A.19, subdivision 2, is amended to read:

260.19 Subd. 2. **Petition.** The commissioner, ~~ward~~ person subject to public guardianship, or
260.20 any interested person may petition the appointing court or the court to which venue has
260.21 been transferred ~~for an order to~~ :

260.22 (1) for an order to remove the guardianship ~~or to~~;

260.23 (2) for an order to limit or expand the powers of the guardianship ~~or to~~;

260.24 (3) for an order to appoint a guardian ~~or conservator~~ under sections 524.5-101 to
260.25 524.5-502 ~~or to~~;

260.26 (4) for an order to restore the ~~ward~~ person subject to public guardianship or protected
260.27 person to full legal capacity ~~or to~~;

260.28 (5) to review de novo any decision made by the public guardian ~~or public conservator~~
260.29 for or on behalf of a ~~ward~~ person subject to public guardianship or protected person; or

260.30 (6) for any other order as the court may deem just and equitable.

261.1 Sec. 41. Minnesota Statutes 2020, section 252A.19, subdivision 4, is amended to read:

261.2 Subd. 4. **Comprehensive evaluation.** The commissioner shall, at the court's request,
261.3 arrange for the preparation of a comprehensive evaluation of the ~~ward~~ person subject to
261.4 public guardianship or protected person.

261.5 Sec. 42. Minnesota Statutes 2020, section 252A.19, subdivision 5, is amended to read:

261.6 Subd. 5. **Court order.** Upon proof of the allegations of the petition the court shall enter
261.7 an order removing the guardianship or limiting or expanding the powers of the guardianship
261.8 or restoring the ~~ward~~ person subject to public guardianship or protected person to full legal
261.9 capacity or may enter such other order as the court may deem just and equitable.

261.10 Sec. 43. Minnesota Statutes 2020, section 252A.19, subdivision 7, is amended to read:

261.11 Subd. 7. **Attorney general's role; commissioner's role.** The attorney general may
261.12 appear and represent the commissioner in such proceedings. The commissioner shall support
261.13 or oppose the petition if the commissioner deems such action necessary for the protection
261.14 and supervision of the ~~ward~~ person subject to public guardianship or protected person.

261.15 Sec. 44. Minnesota Statutes 2020, section 252A.19, subdivision 8, is amended to read:

261.16 Subd. 8. ~~Court-appointed~~ **Court-appointed counsel.** In all such proceedings, the
261.17 protected person or ~~ward~~ person subject to public guardianship shall be afforded an
261.18 opportunity to be represented by counsel, and if neither the protected person or ~~ward~~ person
261.19 subject to public guardianship nor others provide counsel the court shall appoint counsel to
261.20 represent the protected person or ~~ward~~ person subject to public guardianship.

261.21 Sec. 45. Minnesota Statutes 2020, section 252A.20, is amended to read:

261.22 **252A.20 COSTS OF HEARINGS.**

261.23 Subdivision 1. **Witness and attorney fees.** In each proceeding under sections 252A.01
261.24 to 252A.21, the court shall allow and order paid to each witness subpoenaed the fees and
261.25 mileage prescribed by law; to each physician, advanced practice registered nurse,
261.26 psychologist, or social worker who assists in the preparation of the comprehensive evaluation
261.27 and who is not ~~in the employ of~~ employed by the local agency or the state Department of
261.28 Human Services, a reasonable sum for services and for travel; and to the ~~ward's~~ counsel of
261.29 the person subject to public guardianship, when appointed by the court, a reasonable sum
261.30 for travel and for each day or portion of a day actually employed in court or actually

262.1 consumed in preparing for the hearing. Upon order the county auditor shall issue a warrant
262.2 on the county treasurer for payment of the amount allowed.

262.3 Subd. 2. **Expenses.** When the settlement of the ~~ward~~ person subject to public guardianship
262.4 is found to be in another county, the court shall transmit to the county auditor a statement
262.5 of the expenses incurred pursuant to subdivision 1. The auditor shall transmit the statement
262.6 to the auditor of the county of the ~~ward's~~ settlement of the person subject to public
262.7 guardianship and this claim shall be paid as other claims against that county. If the auditor
262.8 to whom this claim is transmitted denies the claim, the auditor shall transmit it, together
262.9 with the objections thereto, to the commissioner, who shall determine the question of
262.10 settlement and certify findings to each auditor. If the claim is not paid within 30 days after
262.11 such certification, an action may be maintained thereon in the district court of the claimant
262.12 county.

262.13 Subd. 3. **Change of venue; cost of proceedings.** Whenever venue of a proceeding has
262.14 been transferred under sections 252A.01 to 252A.21, the costs of such proceedings shall be
262.15 reimbursed to the county of the ~~ward's~~ settlement of the person subject to public guardianship
262.16 by the state.

262.17 Sec. 46. Minnesota Statutes 2020, section 252A.21, subdivision 2, is amended to read:

262.18 Subd. 2. **Rules.** The commissioner shall adopt rules to implement this chapter. The rules
262.19 must include standards for performance of guardianship ~~or conservatorship~~ duties including;
262.20 but not limited to: twice a year visits with the ~~ward~~ person subject to public guardianship;
262.21 a requirement that the duties of guardianship ~~or conservatorship~~ and case management not
262.22 be performed by the same person; specific standards for action on "do not resuscitate" orders
262.23 as recommended by a physician, an advanced practice registered nurse, or a physician
262.24 assistant; sterilization requests; and the use of psychotropic medication and aversive
262.25 procedures.

262.26 Sec. 47. Minnesota Statutes 2020, section 252A.21, subdivision 4, is amended to read:

262.27 Subd. 4. **Private guardianships ~~and conservatorships~~.** Nothing in sections 252A.01
262.28 to 252A.21 shall impair the right of individuals to establish private guardianships ~~or~~
262.29 ~~conservatorships~~ in accordance with applicable law.

262.30 Sec. 48. Minnesota Statutes 2020, section 254B.03, subdivision 2, is amended to read:

262.31 Subd. 2. **Chemical dependency fund payment.** (a) Payment from the chemical
262.32 dependency fund is limited to payments for services identified in section 254B.05, other

263.1 than detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, ~~that, if~~
263.2 ~~located outside of federally recognized tribal lands, would be required to be licensed by the~~
263.3 ~~commissioner as a chemical dependency treatment or rehabilitation program under sections~~
263.4 ~~245A.01 to 245A.16, and services other than~~ detoxification provided in another state that
263.5 would be required to be licensed as a chemical dependency program if the program were
263.6 in the state. Out of state vendors must also provide the commissioner with assurances that
263.7 the program complies substantially with state licensing requirements and possesses all
263.8 licenses and certifications required by the host state to provide chemical dependency
263.9 treatment. Vendors receiving payments from the chemical dependency fund must not require
263.10 co-payment from a recipient of benefits for services provided under this subdivision. The
263.11 vendor is prohibited from using the client's public benefits to offset the cost of services paid
263.12 under this section. The vendor shall not require the client to use public benefits for room
263.13 or board costs. This includes but is not limited to cash assistance benefits under chapters
263.14 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP benefits is a right of a client
263.15 receiving services through the consolidated chemical dependency treatment fund or through
263.16 state contracted managed care entities. Payment from the chemical dependency fund shall
263.17 be made for necessary room and board costs provided by vendors meeting the criteria under
263.18 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner
263.19 of health according to sections 144.50 to 144.56 to a client who is:

263.20 (1) determined to meet the criteria for placement in a residential chemical dependency
263.21 treatment program according to rules adopted under section 254A.03, subdivision 3; and

263.22 (2) concurrently receiving a chemical dependency treatment service in a program licensed
263.23 by the commissioner and reimbursed by the chemical dependency fund.

263.24 (b) A county may, from its own resources, provide chemical dependency services for
263.25 which state payments are not made. A county may elect to use the same invoice procedures
263.26 and obtain the same state payment services as are used for chemical dependency services
263.27 for which state payments are made under this section if county payments are made to the
263.28 state in advance of state payments to vendors. When a county uses the state system for
263.29 payment, the commissioner shall make monthly billings to the county using the most recent
263.30 available information to determine the anticipated services for which payments will be made
263.31 in the coming month. Adjustment of any overestimate or underestimate based on actual
263.32 expenditures shall be made by the state agency by adjusting the estimate for any succeeding
263.33 month.

263.34 (c) The commissioner shall coordinate chemical dependency services and determine
263.35 whether there is a need for any proposed expansion of chemical dependency treatment

264.1 services. The commissioner shall deny vendor certification to any provider that has not
264.2 received prior approval from the commissioner for the creation of new programs or the
264.3 expansion of existing program capacity. The commissioner shall consider the provider's
264.4 capacity to obtain clients from outside the state based on plans, agreements, and previous
264.5 utilization history, when determining the need for new treatment services.

264.6 Sec. 49. Minnesota Statutes 2020, section 256B.051, subdivision 1, is amended to read:

264.7 Subdivision 1. **Purpose.** Housing ~~support~~ stabilization services are established to provide
264.8 housing ~~support~~ stabilization services to an individual with a disability that limits the
264.9 individual's ability to obtain or maintain stable housing. The services support an individual's
264.10 transition to housing in the community and increase long-term stability in housing, to avoid
264.11 future periods of being at risk of homelessness or institutionalization.

264.12 Sec. 50. Minnesota Statutes 2020, section 256B.051, subdivision 3, is amended to read:

264.13 Subd. 3. **Eligibility.** An individual with a disability is eligible for housing ~~support~~
264.14 stabilization services if the individual:

264.15 (1) is 18 years of age or older;

264.16 (2) is enrolled in medical assistance;

264.17 (3) has an assessment of functional need that determines a need for services due to
264.18 limitations caused by the individual's disability;

264.19 (4) resides in or plans to transition to a community-based setting as defined in Code of
264.20 Federal Regulations, title 42, section 441.301 (c); and

264.21 (5) has housing instability evidenced by:

264.22 (i) being homeless or at-risk of homelessness;

264.23 (ii) being in the process of transitioning from, or having transitioned in the past six
264.24 months from, an institution or licensed or registered setting;

264.25 (iii) being eligible for waiver services under chapter 256S or section 256B.092 or
264.26 256B.49; or

264.27 (iv) having been identified by a long-term care consultation under section 256B.0911
264.28 as at risk of institutionalization.

- 265.1 Sec. 51. Minnesota Statutes 2020, section 256B.051, subdivision 5, is amended to read:
- 265.2 Subd. 5. **Housing ~~support~~ stabilization services.** (a) Housing ~~support~~ stabilization
- 265.3 services include housing transition services and housing and tenancy sustaining services.
- 265.4 (b) Housing transition services are defined as:
- 265.5 (1) tenant screening and housing assessment;
- 265.6 (2) assistance with the housing search and application process;
- 265.7 (3) identifying resources to cover onetime moving expenses;
- 265.8 (4) ensuring a new living arrangement is safe and ready for move-in;
- 265.9 (5) assisting in arranging for and supporting details of a move; and
- 265.10 (6) developing a housing support crisis plan.
- 265.11 (c) Housing and tenancy sustaining services include:
- 265.12 (1) prevention and early identification of behaviors that may jeopardize continued stable
- 265.13 housing;
- 265.14 (2) education and training on roles, rights, and responsibilities of the tenant and the
- 265.15 property manager;
- 265.16 (3) coaching to develop and maintain key relationships with property managers and
- 265.17 neighbors;
- 265.18 (4) advocacy and referral to community resources to prevent eviction when housing is
- 265.19 at risk;
- 265.20 (5) assistance with housing recertification process;
- 265.21 (6) coordination with the tenant to regularly review, update, and modify the housing
- 265.22 support and crisis plan; and
- 265.23 (7) continuing training on being a good tenant, lease compliance, and household
- 265.24 management.
- 265.25 (d) A housing ~~support~~ stabilization service may include person-centered planning for
- 265.26 people who are not eligible to receive person-centered planning through any other service,
- 265.27 if the person-centered planning is provided by a consultation service provider that is under
- 265.28 contract with the department and enrolled as a Minnesota health care program.

266.1 Sec. 52. Minnesota Statutes 2020, section 256B.051, subdivision 6, is amended to read:

266.2 Subd. 6. **Provider qualifications and duties.** A provider eligible for reimbursement
266.3 under this section shall:

266.4 (1) enroll as a medical assistance Minnesota health care program provider and meet all
266.5 applicable provider standards and requirements;

266.6 (2) demonstrate compliance with federal and state laws and policies for housing ~~support~~
266.7 stabilization services as determined by the commissioner;

266.8 (3) comply with background study requirements under chapter 245C and maintain
266.9 documentation of background study requests and results; ~~and~~

266.10 (4) directly provide housing ~~support~~ stabilization services and not use a subcontractor
266.11 or reporting agent; and

266.12 (5) complete annual vulnerable adult training.

266.13 Sec. 53. Minnesota Statutes 2020, section 256B.051, subdivision 7, is amended to read:

266.14 Subd. 7. **Housing support supplemental service rates.** Supplemental service rates for
266.15 individuals in settings according to sections 144D.025, 256I.04, subdivision 3, paragraph
266.16 (a), clause (3), and 256I.05, subdivision 1g, shall be reduced by one-half over a two-year
266.17 period. This reduction only applies to supplemental service rates for individuals eligible for
266.18 housing ~~support~~ stabilization services under this section.

266.19 Sec. 54. Minnesota Statutes 2020, section 256B.051, is amended by adding a subdivision
266.20 to read:

266.21 Subd. 8. **Documentation requirements.** (a) Documentation may be collected and
266.22 maintained electronically or in paper form by providers and must be produced upon request
266.23 by the commissioner.

266.24 (b) Documentation of a delivered service must be in English and must be legible according
266.25 to the standard of a reasonable person.

266.26 (c) If the service is reimbursed at an hourly or specified minute-based rate, each
266.27 documentation of the provision of a service, unless otherwise specified, must include:

266.28 (1) the date the documentation occurred;

266.29 (2) the day, month, and year the service was provided;

267.1 (3) the start and stop times with a.m. and p.m. designations, except for person-centered
267.2 planning services described under subdivision 5, paragraph (d);

267.3 (4) the service name or description of the service provided; and

267.4 (5) the name, signature, and title, if any, of the provider of service. If the service is
267.5 provided by multiple staff members, the provider may designate a staff member responsible
267.6 for verifying services and completing the documentation required by this paragraph.

267.7 Sec. 55. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

267.8 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
267.9 nonresidential rehabilitative mental health services.

267.10 (a) The treatment team must use team treatment, not an individual treatment model.

267.11 (b) Services must be available at times that meet client needs.

267.12 (c) Services must be age-appropriate and meet the specific needs of the client.

267.13 (d) The initial functional assessment must be completed within ten days of intake and
267.14 updated at least every six months or prior to discharge from the service, whichever comes
267.15 first.

267.16 (e) The treatment team must complete an individual treatment plan for each client and
267.17 the individual treatment plan must:

267.18 (1) be based on the information in the client's diagnostic assessment and baselines;

267.19 (2) identify goals and objectives of treatment, a treatment strategy, a schedule for
267.20 accomplishing treatment goals and objectives, and the individuals responsible for providing
267.21 treatment services and supports;

267.22 (3) be developed after completion of the client's diagnostic assessment by a mental health
267.23 professional or clinical trainee and before the provision of children's therapeutic services
267.24 and supports;

267.25 (4) be developed through a child-centered, family-driven, culturally appropriate planning
267.26 process, including allowing parents and guardians to observe or participate in individual
267.27 and family treatment services, assessments, and treatment planning;

267.28 (5) be reviewed at least once every six months and revised to document treatment progress
267.29 on each treatment objective and next goals or, if progress is not documented, to document
267.30 changes in treatment;

268.1 (6) be signed by the clinical supervisor and by the client or by the client's parent or other
268.2 person authorized by statute to consent to mental health services for the client. A client's
268.3 parent may approve the client's individual treatment plan by secure electronic signature or
268.4 by documented oral approval that is later verified by written signature;

268.5 (7) be completed in consultation with the client's current therapist and key providers and
268.6 provide for ongoing consultation with the client's current therapist to ensure therapeutic
268.7 continuity and to facilitate the client's return to the community. For clients under the age of
268.8 18, the treatment team must consult with parents and guardians in developing the treatment
268.9 plan;

268.10 (8) if a need for substance use disorder treatment is indicated by validated assessment:

268.11 (i) identify goals, objectives, and strategies of substance use disorder treatment; develop
268.12 a schedule for accomplishing treatment goals and objectives; and identify the individuals
268.13 responsible for providing treatment services and supports;

268.14 (ii) be reviewed at least once every 90 days and revised, if necessary;

268.15 (9) be signed by the clinical supervisor and by the client and, if the client is a minor, by
268.16 the client's parent or other person authorized by statute to consent to mental health treatment
268.17 and substance use disorder treatment for the client; and

268.18 (10) provide for the client's transition out of intensive nonresidential rehabilitative mental
268.19 health services by defining the team's actions to assist the client and subsequent providers
268.20 in the transition to less intensive or "stepped down" services.

268.21 (f) The treatment team shall actively and assertively engage the client's family members
268.22 and significant others by establishing communication and collaboration with the family and
268.23 significant others and educating the family and significant others about the client's mental
268.24 illness, symptom management, and the family's role in treatment, unless the team knows or
268.25 has reason to suspect that the client has suffered or faces a threat of suffering any physical
268.26 or mental injury, abuse, or neglect from a family member or significant other.

268.27 (g) For a client age 18 or older, the treatment team may disclose to a family member,
268.28 other relative, or a close personal friend of the client, or other person identified by the client,
268.29 the protected health information directly relevant to such person's involvement with the
268.30 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
268.31 client is present, the treatment team shall obtain the client's agreement, provide the client
268.32 with an opportunity to object, or reasonably infer from the circumstances, based on the
268.33 exercise of professional judgment, that the client does not object. If the client is not present

269.1 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
269.2 team may, in the exercise of professional judgment, determine whether the disclosure is in
269.3 the best interests of the client and, if so, disclose only the protected health information that
269.4 is directly relevant to the family member's, relative's, friend's, or client-identified person's
269.5 involvement with the client's health care. The client may orally agree or object to the
269.6 disclosure and may prohibit or restrict disclosure to specific individuals.

269.7 (h) The treatment team shall provide interventions to promote positive interpersonal
269.8 relationships.

269.9 Sec. 56. Minnesota Statutes 2020, section 256B.4912, subdivision 13, is amended to read:

269.10 Subd. 13. **Waiver transportation documentation and billing requirements.** (a) A
269.11 waiver transportation service must be a waiver transportation service that: (1) is not covered
269.12 by medical transportation under the Medicaid state plan; and (2) is not included as a
269.13 component of another waiver service.

269.14 (b) In addition to the documentation requirements in subdivision 12, a waiver
269.15 transportation service provider must maintain:

269.16 (1) odometer and other records pursuant to section 256B.0625, subdivision 17b, paragraph
269.17 (b), clause (3), sufficient to distinguish an individual trip with a specific vehicle and driver
269.18 for a waiver transportation service that is billed directly by the mile. A common carrier as
269.19 defined by Minnesota Rules, part 9505.0315, subpart 1, item B, or a publicly operated transit
269.20 system provider are exempt from this clause; and

269.21 (2) documentation demonstrating that a vehicle and a driver meet the ~~standards determined~~
269.22 ~~by the Department of Human Services on vehicle and driver qualifications in section~~
269.23 ~~256B.0625, subdivision 17, paragraph (e)~~ transportation waiver service provider standards
269.24 and qualifications according to the federally approved waiver plan.

269.25 Sec. 57. Minnesota Statutes 2020, section 256B.69, subdivision 5a, is amended to read:

269.26 Subd. 5a. **Managed care contracts.** (a) Managed care contracts under this section and
269.27 section 256L.12 shall be entered into or renewed on a calendar year basis. The commissioner
269.28 may issue separate contracts with requirements specific to services to medical assistance
269.29 recipients age 65 and older.

269.30 (b) A prepaid health plan providing covered health services for eligible persons pursuant
269.31 to chapters 256B and 256L is responsible for complying with the terms of its contract with
269.32 the commissioner. Requirements applicable to managed care programs under chapters 256B

270.1 and 256L established after the effective date of a contract with the commissioner take effect
270.2 when the contract is next issued or renewed.

270.3 (c) The commissioner shall withhold five percent of managed care plan payments under
270.4 this section and county-based purchasing plan payments under section 256B.692 for the
270.5 prepaid medical assistance program pending completion of performance targets. Each
270.6 performance target must be quantifiable, objective, measurable, and reasonably attainable,
270.7 except in the case of a performance target based on a federal or state law or rule. Criteria
270.8 for assessment of each performance target must be outlined in writing prior to the contract
270.9 effective date. Clinical or utilization performance targets and their related criteria must
270.10 consider evidence-based research and reasonable interventions when available or applicable
270.11 to the populations served, and must be developed with input from external clinical experts
270.12 and stakeholders, including managed care plans, county-based purchasing plans, and
270.13 providers. The managed care or county-based purchasing plan must demonstrate, to the
270.14 commissioner's satisfaction, that the data submitted regarding attainment of the performance
270.15 target is accurate. The commissioner shall periodically change the administrative measures
270.16 used as performance targets in order to improve plan performance across a broader range
270.17 of administrative services. The performance targets must include measurement of plan
270.18 efforts to contain spending on health care services and administrative activities. The
270.19 commissioner may adopt plan-specific performance targets that take into account factors
270.20 affecting only one plan, including characteristics of the plan's enrollee population. The
270.21 withheld funds must be returned no sooner than July of the following year if performance
270.22 targets in the contract are achieved. The commissioner may exclude special demonstration
270.23 projects under subdivision 23.

270.24 (d) The commissioner shall require that managed care plans use the assessment and
270.25 authorization processes, forms, timelines, standards, documentation, and data reporting
270.26 requirements, protocols, billing processes, and policies consistent with medical assistance
270.27 fee-for-service or the Department of Human Services contract requirements for all personal
270.28 care assistance services under section 256B.0659 and community first services and supports
270.29 under section 256B.85.

270.30 (e) Effective for services rendered on or after January 1, 2012, the commissioner shall
270.31 include as part of the performance targets described in paragraph (c) a reduction in the health
270.32 plan's emergency department utilization rate for medical assistance and MinnesotaCare
270.33 enrollees, as determined by the commissioner. For 2012, the reduction shall be based on
270.34 the health plan's utilization in 2009. To earn the return of the withhold each subsequent
270.35 year, the managed care plan or county-based purchasing plan must achieve a qualifying

271.1 reduction of no less than ten percent of the plan's emergency department utilization rate for
271.2 medical assistance and MinnesotaCare enrollees, excluding enrollees in programs described
271.3 in subdivisions 23 and 28, compared to the previous measurement year until the final
271.4 performance target is reached. When measuring performance, the commissioner must
271.5 consider the difference in health risk in a managed care or county-based purchasing plan's
271.6 membership in the baseline year compared to the measurement year, and work with the
271.7 managed care or county-based purchasing plan to account for differences that they agree
271.8 are significant.

271.9 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
271.10 the following calendar year if the managed care plan or county-based purchasing plan
271.11 demonstrates to the satisfaction of the commissioner that a reduction in the utilization rate
271.12 was achieved. The commissioner shall structure the withhold so that the commissioner
271.13 returns a portion of the withheld funds in amounts commensurate with achieved reductions
271.14 in utilization less than the targeted amount.

271.15 The withhold described in this paragraph shall continue for each consecutive contract
271.16 period until the plan's emergency room utilization rate for state health care program enrollees
271.17 is reduced by 25 percent of the plan's emergency room utilization rate for medical assistance
271.18 and MinnesotaCare enrollees for calendar year 2009. Hospitals shall cooperate with the
271.19 health plans in meeting this performance target and shall accept payment withholds that
271.20 may be returned to the hospitals if the performance target is achieved.

271.21 (f) Effective for services rendered on or after January 1, 2012, the commissioner shall
271.22 include as part of the performance targets described in paragraph (c) a reduction in the plan's
271.23 hospitalization admission rate for medical assistance and MinnesotaCare enrollees, as
271.24 determined by the commissioner. To earn the return of the withhold each year, the managed
271.25 care plan or county-based purchasing plan must achieve a qualifying reduction of no less
271.26 than five percent of the plan's hospital admission rate for medical assistance and
271.27 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and
271.28 28, compared to the previous calendar year until the final performance target is reached.
271.29 When measuring performance, the commissioner must consider the difference in health risk
271.30 in a managed care or county-based purchasing plan's membership in the baseline year
271.31 compared to the measurement year, and work with the managed care or county-based
271.32 purchasing plan to account for differences that they agree are significant.

271.33 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
271.34 the following calendar year if the managed care plan or county-based purchasing plan
271.35 demonstrates to the satisfaction of the commissioner that this reduction in the hospitalization

272.1 rate was achieved. The commissioner shall structure the withhold so that the commissioner
272.2 returns a portion of the withheld funds in amounts commensurate with achieved reductions
272.3 in utilization less than the targeted amount.

272.4 The withhold described in this paragraph shall continue until there is a 25 percent
272.5 reduction in the hospital admission rate compared to the hospital admission rates in calendar
272.6 year 2011, as determined by the commissioner. The hospital admissions in this performance
272.7 target do not include the admissions applicable to the subsequent hospital admission
272.8 performance target under paragraph (g). Hospitals shall cooperate with the plans in meeting
272.9 this performance target and shall accept payment withholds that may be returned to the
272.10 hospitals if the performance target is achieved.

272.11 (g) Effective for services rendered on or after January 1, 2012, the commissioner shall
272.12 include as part of the performance targets described in paragraph (c) a reduction in the plan's
272.13 hospitalization admission rates for subsequent hospitalizations within 30 days of a previous
272.14 hospitalization of a patient regardless of the reason, for medical assistance and MinnesotaCare
272.15 enrollees, as determined by the commissioner. To earn the return of the withhold each year,
272.16 the managed care plan or county-based purchasing plan must achieve a qualifying reduction
272.17 of the subsequent hospitalization rate for medical assistance and MinnesotaCare enrollees,
272.18 excluding enrollees in programs described in subdivisions 23 and 28, of no less than five
272.19 percent compared to the previous calendar year until the final performance target is reached.

272.20 The withheld funds must be returned no sooner than July 1 and no later than July 31 of
272.21 the following calendar year if the managed care plan or county-based purchasing plan
272.22 demonstrates to the satisfaction of the commissioner that a qualifying reduction in the
272.23 subsequent hospitalization rate was achieved. The commissioner shall structure the withhold
272.24 so that the commissioner returns a portion of the withheld funds in amounts commensurate
272.25 with achieved reductions in utilization less than the targeted amount.

272.26 The withhold described in this paragraph must continue for each consecutive contract
272.27 period until the plan's subsequent hospitalization rate for medical assistance and
272.28 MinnesotaCare enrollees, excluding enrollees in programs described in subdivisions 23 and
272.29 28, is reduced by 25 percent of the plan's subsequent hospitalization rate for calendar year
272.30 2011. Hospitals shall cooperate with the plans in meeting this performance target and shall
272.31 accept payment withholds that must be returned to the hospitals if the performance target
272.32 is achieved.

272.33 (h) Effective for services rendered on or after January 1, 2013, through December 31,
272.34 2013, the commissioner shall withhold 4.5 percent of managed care plan payments under

273.1 this section and county-based purchasing plan payments under section 256B.692 for the
273.2 prepaid medical assistance program. The withheld funds must be returned no sooner than
273.3 July 1 and no later than July 31 of the following year. The commissioner may exclude
273.4 special demonstration projects under subdivision 23.

273.5 (i) Effective for services rendered on or after January 1, 2014, the commissioner shall
273.6 withhold three percent of managed care plan payments under this section and county-based
273.7 purchasing plan payments under section 256B.692 for the prepaid medical assistance
273.8 program. The withheld funds must be returned no sooner than July 1 and no later than July
273.9 31 of the following year. The commissioner may exclude special demonstration projects
273.10 under subdivision 23.

273.11 (j) A managed care plan or a county-based purchasing plan under section 256B.692 may
273.12 include as admitted assets under section 62D.044 any amount withheld under this section
273.13 that is reasonably expected to be returned.

273.14 (k) Contracts between the commissioner and a prepaid health plan are exempt from the
273.15 set-aside and preference provisions of section 16C.16, subdivisions 6, paragraph (a), and
273.16 7.

273.17 (l) The return of the withhold under paragraphs (h) and (i) is not subject to the
273.18 requirements of paragraph (c).

273.19 (m) Managed care plans and county-based purchasing plans shall maintain current and
273.20 fully executed agreements for all subcontractors, including bargaining groups, for
273.21 administrative services that are expensed to the state's public health care programs.
273.22 Subcontractor agreements determined to be material, as defined by the commissioner after
273.23 taking into account state contracting and relevant statutory requirements, must be in the
273.24 form of a written instrument or electronic document containing the elements of offer,
273.25 acceptance, consideration, payment terms, scope, duration of the contract, and how the
273.26 subcontractor services relate to state public health care programs. Upon request, the
273.27 commissioner shall have access to all subcontractor documentation under this paragraph.
273.28 Nothing in this paragraph shall allow release of information that is nonpublic data pursuant
273.29 to section 13.02.

273.30 Sec. 58. Minnesota Statutes 2020, section 256B.85, subdivision 1, is amended to read:

273.31 Subdivision 1. **Basis and scope.** (a) Upon federal approval, the commissioner shall
273.32 establish a state plan option for the provision of home and community-based personal
273.33 assistance service and supports called "community first services and supports (CFSS)."

274.1 (b) CFSS is a participant-controlled method of selecting and providing services and
274.2 supports that allows the participant maximum control of the services and supports.
274.3 Participants may choose the degree to which they direct and manage their supports by
274.4 choosing to have a significant and meaningful role in the management of services and
274.5 supports including by directly employing support workers with the necessary supports to
274.6 perform that function.

274.7 (c) CFSS is available statewide to eligible people to assist with accomplishing activities
274.8 of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related
274.9 procedures and tasks through hands-on assistance to accomplish the task or constant
274.10 supervision and cueing to accomplish the task; and to assist with acquiring, maintaining,
274.11 and enhancing the skills necessary to accomplish ADLs, IADLs, and health-related
274.12 procedures and tasks. CFSS allows payment for the participant for certain supports and
274.13 goods such as environmental modifications and technology that are intended to replace or
274.14 decrease the need for human assistance.

274.15 (d) Upon federal approval, CFSS will replace the personal care assistance program under
274.16 sections 256.476, 256B.0625, subdivisions 19a and 19c, and 256B.0659.

274.17 (e) For the purposes of this section, notwithstanding the provisions of section 144A.43,
274.18 subdivision 3, supports purchased under CFSS are not considered home care services.

274.19 Sec. 59. Minnesota Statutes 2020, section 256B.85, subdivision 2, is amended to read:

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

274.22 (b) "Activities of daily living" or "ADLs" means ~~eating, toileting, grooming, dressing,~~
274.23 ~~bathing, mobility, positioning, and transferring.;~~

274.24 (1) dressing, including assistance with choosing, applying, and changing clothing and
274.25 applying special appliances, wraps, or clothing;

274.26 (2) grooming, including assistance with basic hair care, oral care, shaving, applying
274.27 cosmetics and deodorant, and care of eyeglasses and hearing aids. Grooming includes nail
274.28 care, except for recipients who are diabetic or have poor circulation;

274.29 (3) bathing, including assistance with basic personal hygiene and skin care;

274.30 (4) eating, including assistance with hand washing and applying orthotics required for
274.31 eating, transfers, or feeding;

275.1 (5) transfers, including assistance with transferring the participant from one seating or
275.2 reclining area to another;

275.3 (6) mobility, including assistance with ambulation and use of a wheelchair. Mobility
275.4 does not include providing transportation for a participant;

275.5 (7) positioning, including assistance with positioning or turning a participant for necessary
275.6 care and comfort; and

275.7 (8) toileting, including assistance with bowel or bladder elimination and care, transfers,
275.8 mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing
275.9 the perineal area, inspection of the skin, and adjusting clothing.

275.10 (c) "Agency-provider model" means a method of CFSS under which a qualified agency
275.11 provides services and supports through the agency's own employees and policies. The agency
275.12 must allow the participant to have a significant role in the selection and dismissal of support
275.13 workers of their choice for the delivery of their specific services and supports.

275.14 (d) "Behavior" means a description of a need for services and supports used to determine
275.15 the home care rating and additional service units. The presence of Level I behavior is used
275.16 to determine the home care rating.

275.17 (e) "Budget model" means a service delivery method of CFSS that allows the use of a
275.18 service budget and assistance from a financial management services (FMS) provider for a
275.19 participant to directly employ support workers and purchase supports and goods.

275.20 (f) "Complex health-related needs" means an intervention listed in clauses (1) to (8) that
275.21 has been ordered by a physician, advanced practice registered nurse, or physician's assistant
275.22 and is specified in a community support plan, including:

275.23 (1) tube feedings requiring:

275.24 (i) a gastrojejunostomy tube; or

275.25 (ii) continuous tube feeding lasting longer than 12 hours per day;

275.26 (2) wounds described as:

275.27 (i) stage III or stage IV;

275.28 (ii) multiple wounds;

275.29 (iii) requiring sterile or clean dressing changes or a wound vac; or

275.30 (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized
275.31 care;

- 276.1 (3) parenteral therapy described as:
- 276.2 (i) IV therapy more than two times per week lasting longer than four hours for each
276.3 treatment; or
- 276.4 (ii) total parenteral nutrition (TPN) daily;
- 276.5 (4) respiratory interventions, including:
- 276.6 (i) oxygen required more than eight hours per day;
- 276.7 (ii) respiratory vest more than one time per day;
- 276.8 (iii) bronchial drainage treatments more than two times per day;
- 276.9 (iv) sterile or clean suctioning more than six times per day;
- 276.10 (v) dependence on another to apply respiratory ventilation augmentation devices such
276.11 as BiPAP and CPAP; and
- 276.12 (vi) ventilator dependence under section 256B.0651;
- 276.13 (5) insertion and maintenance of catheter, including:
- 276.14 (i) sterile catheter changes more than one time per month;
- 276.15 (ii) clean intermittent catheterization, and including self-catheterization more than six
276.16 times per day; or
- 276.17 (iii) bladder irrigations;
- 276.18 (6) bowel program more than two times per week requiring more than 30 minutes to
276.19 perform each time;
- 276.20 (7) neurological intervention, including:
- 276.21 (i) seizures more than two times per week and requiring significant physical assistance
276.22 to maintain safety; or
- 276.23 (ii) swallowing disorders diagnosed by a physician, advanced practice registered nurse,
276.24 or physician's assistant and requiring specialized assistance from another on a daily basis;
276.25 and
- 276.26 (8) other congenital or acquired diseases creating a need for significantly increased direct
276.27 hands-on assistance and interventions in six to eight activities of daily living.
- 276.28 (g) "Community first services and supports" or "CFSS" means the assistance and supports
276.29 program under this section needed for accomplishing activities of daily living, instrumental
276.30 activities of daily living, and health-related tasks through hands-on assistance to accomplish

277.1 the task or constant supervision and cueing to accomplish the task, or the purchase of goods
277.2 as defined in subdivision 7, clause (3), that replace the need for human assistance.

277.3 (h) "Community first services and supports service delivery plan" or "CFSS service
277.4 delivery plan" means a written document detailing the services and supports chosen by the
277.5 participant to meet assessed needs that are within the approved CFSS service authorization,
277.6 as determined in subdivision 8. Services and supports are based on the coordinated service
277.7 and support plan identified in ~~section~~ sections 256B.092, subdivision 1b, and 256S.10.

277.8 (i) "Consultation services" means a Minnesota health care program enrolled provider
277.9 organization that provides assistance to the participant in making informed choices about
277.10 CFSS services in general and self-directed tasks in particular, and in developing a
277.11 person-centered CFSS service delivery plan to achieve quality service outcomes.

277.12 (j) "Critical activities of daily living" means transferring, mobility, eating, and toileting.

277.13 (k) "Dependency" in activities of daily living means a person requires hands-on assistance
277.14 or constant supervision and cueing to accomplish one or more of the activities of daily living
277.15 every day or on the days during the week that the activity is performed; however, a child
277.16 ~~may~~ must not be found to be dependent in an activity of daily living if, because of the child's
277.17 age, an adult would either perform the activity for the child or assist the child with the
277.18 activity and the assistance needed is the assistance appropriate for a typical child of the
277.19 same age.

277.20 (l) "Extended CFSS" means CFSS services and supports provided under CFSS that are
277.21 included in the CFSS service delivery plan through one of the home and community-based
277.22 services waivers and as approved and authorized under chapter 256S and sections 256B.092,
277.23 subdivision 5, and 256B.49, which exceed the amount, duration, and frequency of the state
277.24 plan CFSS services for participants. Extended CFSS excludes the purchase of goods.

277.25 (m) "Financial management services provider" or "FMS provider" means a qualified
277.26 organization required for participants using the budget model under subdivision 13 that is
277.27 an enrolled provider with the department to provide vendor fiscal/employer agent financial
277.28 management services (FMS).

277.29 (n) "Health-related procedures and tasks" means procedures and tasks related to the
277.30 specific assessed health needs of a participant that can be taught or assigned by a
277.31 state-licensed health care or mental health professional and performed by a support worker.

277.32 (o) "Instrumental activities of daily living" means activities related to living independently
277.33 in the community, including but not limited to: meal planning, preparation, and cooking;

278.1 shopping for food, clothing, or other essential items; laundry; housecleaning; assistance
278.2 with medications; managing finances; communicating needs and preferences during activities;
278.3 arranging supports; and assistance with traveling around and participating in the community.

278.4 (p) "Lead agency" has the meaning given in section 256B.0911, subdivision 1a, paragraph
278.5 (e).

278.6 (q) "Legal representative" means parent of a minor, a court-appointed guardian, or
278.7 another representative with legal authority to make decisions about services and supports
278.8 for the participant. Other representatives with legal authority to make decisions include but
278.9 are not limited to a health care agent or an attorney-in-fact authorized through a health care
278.10 directive or power of attorney.

278.11 (r) "Level I behavior" means physical aggression toward ~~towards~~ self or others or
278.12 destruction of property that requires the immediate response of another person.

278.13 (s) "Medication assistance" means providing verbal or visual reminders to take regularly
278.14 scheduled medication, and includes any of the following supports listed in clauses (1) to
278.15 (3) and other types of assistance, except that a support worker ~~may~~ must not determine
278.16 medication dose or time for medication or inject medications into veins, muscles, or skin:

278.17 (1) under the direction of the participant or the participant's representative, bringing
278.18 medications to the participant including medications given through a nebulizer, opening a
278.19 container of previously set-up medications, emptying the container into the participant's
278.20 hand, opening and giving the medication in the original container to the participant, or
278.21 bringing to the participant liquids or food to accompany the medication;

278.22 (2) organizing medications as directed by the participant or the participant's representative;
278.23 and

278.24 (3) providing verbal or visual reminders to perform regularly scheduled medications.

278.25 (t) "Participant" means a person who is eligible for CFSS.

278.26 (u) "Participant's representative" means a parent, family member, advocate, or other
278.27 adult authorized by the participant or participant's legal representative, if any, to serve as a
278.28 representative in connection with the provision of CFSS. ~~This authorization must be in~~
278.29 ~~writing or by another method that clearly indicates the participant's free choice and may be~~
278.30 ~~withdrawn at any time. The participant's representative must have no financial interest in~~
278.31 ~~the provision of any services included in the participant's CFSS service delivery plan and~~
278.32 ~~must be capable of providing the support necessary to assist the participant in the use of~~
278.33 ~~CFSS. If through the assessment process described in subdivision 5 a participant is~~

279.1 ~~determined to be in need of a participant's representative, one must be selected.~~ If the
279.2 participant is unable to assist in the selection of a participant's representative, the legal
279.3 representative shall appoint one. ~~Two persons may be designated as a participant's~~
279.4 ~~representative for reasons such as divided households and court-ordered custodies. Duties~~
279.5 ~~of a participant's representatives may include:~~

279.6 ~~(1) being available while services are provided in a method agreed upon by the participant~~
279.7 ~~or the participant's legal representative and documented in the participant's CFSS service~~
279.8 ~~delivery plan;~~

279.9 ~~(2) monitoring CFSS services to ensure the participant's CFSS service delivery plan is~~
279.10 ~~being followed; and~~

279.11 ~~(3) reviewing and signing CFSS time sheets after services are provided to provide~~
279.12 ~~verification of the CFSS services.~~

279.13 (v) "Person-centered planning process" means a process that is directed by the participant
279.14 to plan for CFSS services and supports.

279.15 (w) "Service budget" means the authorized dollar amount used for the budget model or
279.16 for the purchase of goods.

279.17 (x) "Shared services" means the provision of CFSS services by the same CFSS support
279.18 worker to two or three participants who voluntarily enter into ~~an~~ a written agreement to
279.19 receive services at the same time ~~and~~₂ in the same setting ~~by, and through~~ the same ~~employer~~
279.20 agency-provider or FMS provider.

279.21 (y) "Support worker" means a qualified and trained employee of the agency-provider
279.22 as required by subdivision 11b or of the participant employer under the budget model as
279.23 required by subdivision 14 who has direct contact with the participant and provides services
279.24 as specified within the participant's CFSS service delivery plan.

279.25 (z) "Unit" means the increment of service based on hours or minutes identified in the
279.26 service agreement.

279.27 (aa) "Vendor fiscal employer agent" means an agency that provides financial management
279.28 services.

279.29 (bb) "Wages and benefits" means the hourly wages and salaries, the employer's share
279.30 of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation,
279.31 mileage reimbursement, health and dental insurance, life insurance, disability insurance,
279.32 long-term care insurance, uniform allowance, contributions to employee retirement accounts,
279.33 or other forms of employee compensation and benefits.

280.1 (cc) "Worker training and development" means services provided according to subdivision
280.2 18a for developing workers' skills as required by the participant's individual CFSS service
280.3 delivery plan that are arranged for or provided by the agency-provider or purchased by the
280.4 participant employer. These services include training, education, direct observation and
280.5 supervision, and evaluation and coaching of job skills and tasks, including supervision of
280.6 health-related tasks or behavioral supports.

280.7 Sec. 60. Minnesota Statutes 2020, section 256B.85, subdivision 3, is amended to read:

280.8 Subd. 3. **Eligibility.** (a) CFSS is available to a person who ~~meets one of the following:~~

280.9 ~~(1) is an enrollee of medical assistance as determined under section 256B.055, 256B.056,~~
280.10 ~~or 256B.057, subdivisions 5 and 9;~~

280.11 (1) is determined eligible for medical assistance under this chapter, excluding those
280.12 under section 256B.057, subdivisions 3, 3a, 3b, and 4;

280.13 (2) is a participant in the alternative care program under section 256B.0913;

280.14 (3) is a waiver participant as defined under chapter 256S or section 256B.092, 256B.093,
280.15 or 256B.49; or

280.16 (4) has medical services identified in a person's individualized education program and
280.17 is eligible for services as determined in section 256B.0625, subdivision 26.

280.18 (b) In addition to meeting the eligibility criteria in paragraph (a), a person must also
280.19 meet all of the following:

280.20 (1) require assistance and be determined dependent in one activity of daily living or
280.21 Level I behavior based on assessment under section 256B.0911; and

280.22 (2) is not a participant under a family support grant under section 252.32.

280.23 (c) A pregnant woman eligible for medical assistance under section 256B.055, subdivision
280.24 6, is eligible for CFSS without federal financial participation if the woman: (1) is eligible
280.25 for CFSS under paragraphs (a) and (b); and (2) does not meet institutional level of care, as
280.26 determined under section 256B.0911.

280.27 Sec. 61. Minnesota Statutes 2020, section 256B.85, subdivision 4, is amended to read:

280.28 Subd. 4. **Eligibility for other services.** Selection of CFSS by a participant must not
280.29 restrict access to other medically necessary care and services furnished under the state plan
280.30 benefit or other services available through the alternative care program.

281.1 Sec. 62. Minnesota Statutes 2020, section 256B.85, subdivision 5, is amended to read:

281.2 Subd. 5. **Assessment requirements.** (a) The assessment of functional need must:

281.3 (1) be conducted by a certified assessor according to the criteria established in section
281.4 256B.0911, subdivision 3a;

281.5 (2) be conducted face-to-face, initially and at least annually thereafter, or when there is
281.6 a significant change in the participant's condition or a change in the need for services and
281.7 supports, or at the request of the participant when the participant experiences a change in
281.8 condition or needs a change in the services or supports; and

281.9 (3) be completed using the format established by the commissioner.

281.10 (b) The results of the assessment and any recommendations and authorizations for CFSS
281.11 must be determined and communicated in writing by the lead agency's ~~certified~~ assessor as
281.12 defined in section 256B.0911 to the participant ~~and the agency-provider or FMS provider~~
281.13 ~~chosen by the participant~~ or the participant's representative and chosen CFSS providers
281.14 within 40 calendar ten business days and must include the participant's right to appeal the
281.15 assessment under section 256.045, subdivision 3.

281.16 (c) The lead agency assessor may authorize a temporary authorization for CFSS services
281.17 to be provided under the agency-provider model. The lead agency assessor may authorize
281.18 a temporary authorization for CFSS services to be provided under the agency-provider
281.19 model without using the assessment process described in this subdivision. Authorization
281.20 for a temporary level of CFSS services under the agency-provider model is limited to the
281.21 time specified by the commissioner, but shall not exceed 45 days. The level of services
281.22 authorized under this paragraph shall have no bearing on a future authorization. ~~Participants~~
281.23 ~~approved for a temporary authorization shall access the consultation service~~ For CFSS
281.24 services needed beyond the 45-day temporary authorization, the lead agency must conduct
281.25 an assessment as described in this subdivision and participants must use consultation services
281.26 to complete their orientation and selection of a service model.

281.27 Sec. 63. Minnesota Statutes 2020, section 256B.85, subdivision 6, is amended to read:

281.28 Subd. 6. **Community first services and supports service delivery plan.** (a) The CFSS
281.29 service delivery plan must be developed and evaluated through a person-centered planning
281.30 process by the participant, or the participant's representative or legal representative who
281.31 may be assisted by a consultation services provider. The CFSS service delivery plan must
281.32 reflect the services and supports that are important to the participant and for the participant
281.33 to meet the needs assessed by the certified assessor and identified in the coordinated service

282.1 and support plan identified in ~~section~~ sections 256B.092, subdivision 1b, and 256S.10. The
282.2 CFSS service delivery plan must be reviewed by the participant, the consultation services
282.3 provider, and the agency-provider or FMS provider prior to starting services and at least
282.4 annually upon reassessment, or when there is a significant change in the participant's
282.5 condition, or a change in the need for services and supports.

282.6 (b) The commissioner shall establish the format and criteria for the CFSS service delivery
282.7 plan.

282.8 (c) The CFSS service delivery plan must be person-centered and:

282.9 (1) specify the consultation services provider, agency-provider, or FMS provider selected
282.10 by the participant;

282.11 (2) reflect the setting in which the participant resides that is chosen by the participant;

282.12 (3) reflect the participant's strengths and preferences;

282.13 (4) include the methods and supports used to address the needs as identified through an
282.14 assessment of functional needs;

282.15 (5) include the participant's identified goals and desired outcomes;

282.16 (6) reflect the services and supports, paid and unpaid, that will assist the participant to
282.17 achieve identified goals, including the costs of the services and supports, and the providers
282.18 of those services and supports, including natural supports;

282.19 (7) identify the amount and frequency of face-to-face supports and amount and frequency
282.20 of remote supports and technology that will be used;

282.21 (8) identify risk factors and measures in place to minimize them, including individualized
282.22 backup plans;

282.23 (9) be understandable to the participant and the individuals providing support;

282.24 (10) identify the individual or entity responsible for monitoring the plan;

282.25 (11) be finalized and agreed to in writing by the participant and signed by ~~all~~ individuals
282.26 and providers responsible for its implementation;

282.27 (12) be distributed to the participant and other people involved in the plan;

282.28 (13) prevent the provision of unnecessary or inappropriate care;

282.29 (14) include a detailed budget for expenditures for budget model participants or
282.30 participants under the agency-provider model if purchasing goods; and

283.1 (15) include a plan for worker training and development provided according to
283.2 subdivision 18a detailing what service components will be used, when the service components
283.3 will be used, how they will be provided, and how these service components relate to the
283.4 participant's individual needs and CFSS support worker services.

283.5 (d) The CFSS service delivery plan must describe the units or dollar amount available
283.6 to the participant. The total units of agency-provider services or the service budget amount
283.7 for the budget model include both annual totals and a monthly average amount that cover
283.8 the number of months of the service agreement. The amount used each month may vary,
283.9 but additional funds must not be provided above the annual service authorization amount,
283.10 determined according to subdivision 8, unless a change in condition is assessed and
283.11 authorized by the certified assessor and documented in the coordinated service and support
283.12 plan and CFSS service delivery plan.

283.13 (e) In assisting with the development or modification of the CFSS service delivery plan
283.14 during the authorization time period, the consultation services provider shall:

283.15 (1) consult with the FMS provider on the spending budget when applicable; and

283.16 (2) consult with the participant or participant's representative, agency-provider, and case
283.17 manager/ or care coordinator.

283.18 (f) The CFSS service delivery plan must be approved by the consultation services provider
283.19 for participants without a case manager or care coordinator who is responsible for authorizing
283.20 services. A case manager or care coordinator must approve the plan for a waiver or alternative
283.21 care program participant.

283.22 Sec. 64. Minnesota Statutes 2020, section 256B.85, subdivision 7, is amended to read:

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

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

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

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

- 284.1 (i) relate to a need identified in a participant's CFSS service delivery plan; and
- 284.2 (ii) increase independence or substitute for human assistance, to the extent that
- 284.3 expenditures would otherwise be made for human assistance for the participant's assessed
- 284.4 needs;
- 284.5 (4) observation and redirection for behavior or symptoms where there is a need for
- 284.6 assistance;
- 284.7 (5) back-up systems or mechanisms, such as the use of pagers or other electronic devices,
- 284.8 to ensure continuity of the participant's services and supports;
- 284.9 (6) services provided by a consultation services provider as defined under subdivision
- 284.10 17, that is under contract with the department and enrolled as a Minnesota health care
- 284.11 program provider;
- 284.12 (7) services provided by an FMS provider as defined under subdivision 13a, that is an
- 284.13 enrolled provider with the department;
- 284.14 (8) CFSS services provided by a support worker who is a parent, stepparent, or legal
- 284.15 guardian of a participant under age 18, or who is the participant's spouse. These support
- 284.16 workers shall not:
- 284.17 (i) provide any medical assistance home and community-based services in excess of 40
- 284.18 hours per seven-day period regardless of the number of parents providing services,
- 284.19 combination of parents and spouses providing services, or number of children who receive
- 284.20 medical assistance services; and
- 284.21 (ii) have a wage that exceeds the current rate for a CFSS support worker including the
- 284.22 wage, benefits, and payroll taxes; and
- 284.23 (9) worker training and development services as described in subdivision 18a.
- 284.24 Sec. 65. Minnesota Statutes 2020, section 256B.85, subdivision 8, is amended to read:
- 284.25 Subd. 8. **Determination of CFSS service authorization amount.** (a) All community
- 284.26 first services and supports must be authorized by the commissioner or the commissioner's
- 284.27 designee before services begin. The authorization for CFSS must be completed as soon as
- 284.28 possible following an assessment but no later than 40 calendar days from the date of the
- 284.29 assessment.
- 284.30 (b) The amount of CFSS authorized must be based on the participant's home care rating
- 284.31 described in paragraphs (d) and (e) and any additional service units for which the participant
- 284.32 qualifies as described in paragraph (f).

285.1 (c) The home care rating shall be determined by the commissioner or the commissioner's
285.2 designee based on information submitted to the commissioner identifying the following for
285.3 a participant:

285.4 (1) the total number of dependencies of activities of daily living;

285.5 (2) the presence of complex health-related needs; and

285.6 (3) the presence of Level I behavior.

285.7 (d) The methodology to determine the total service units for CFSS for each home care
285.8 rating is based on the median paid units per day for each home care rating from fiscal year
285.9 2007 data for the PCA program.

285.10 (e) Each home care rating is designated by the letters P through Z and EN and has the
285.11 following base number of service units assigned:

285.12 (1) P home care rating requires Level I behavior or one to three dependencies in ADLs
285.13 and qualifies the person for five service units;

285.14 (2) Q home care rating requires Level I behavior and one to three dependencies in ADLs
285.15 and qualifies the person for six service units;

285.16 (3) R home care rating requires a complex health-related need and one to three
285.17 dependencies in ADLs and qualifies the person for seven service units;

285.18 (4) S home care rating requires four to six dependencies in ADLs and qualifies the person
285.19 for ten service units;

285.20 (5) T home care rating requires four to six dependencies in ADLs and Level I behavior
285.21 and qualifies the person for 11 service units;

285.22 (6) U home care rating requires four to six dependencies in ADLs and a complex
285.23 health-related need and qualifies the person for 14 service units;

285.24 (7) V home care rating requires seven to eight dependencies in ADLs and qualifies the
285.25 person for 17 service units;

285.26 (8) W home care rating requires seven to eight dependencies in ADLs and Level I
285.27 behavior and qualifies the person for 20 service units;

285.28 (9) Z home care rating requires seven to eight dependencies in ADLs and a complex
285.29 health-related need and qualifies the person for 30 service units; and

285.30 (10) EN home care rating includes ventilator dependency as defined in section 256B.0651,
285.31 subdivision 1, paragraph (g). A person who meets the definition of ventilator-dependent

286.1 and the EN home care rating and utilize a combination of CFSS and home care nursing
286.2 services is limited to a total of 96 service units per day for those services in combination.
286.3 Additional units may be authorized when a person's assessment indicates a need for two
286.4 staff to perform activities. Additional time is limited to 16 service units per day.

286.5 (f) Additional service units are provided through the assessment and identification of
286.6 the following:

286.7 (1) 30 additional minutes per day for a dependency in each critical activity of daily
286.8 living;

286.9 (2) 30 additional minutes per day for each complex health-related need; and

286.10 (3) 30 additional minutes per day ~~when the~~ for each behavior under this clause that
286.11 requires assistance at least four times per week ~~for one or more of the following behaviors:~~

286.12 (i) level I behavior that requires the immediate response of another person;

286.13 (ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior;
286.14 or

286.15 (iii) increased need for assistance for participants who are verbally aggressive or resistive
286.16 to care so that the time needed to perform activities of daily living is increased.

286.17 (g) The service budget for budget model participants shall be based on:

286.18 (1) assessed units as determined by the home care rating; and

286.19 (2) an adjustment needed for administrative expenses.

286.20 Sec. 66. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
286.21 to read:

286.22 Subd. 8a. **Authorization; exceptions.** All CFSS services must be authorized by the
286.23 commissioner or the commissioner's designee as described in subdivision 8 except when:

286.24 (1) the lead agency temporarily authorizes services in the agency-provider model as
286.25 described in subdivision 5, paragraph (c);

286.26 (2) CFSS services in the agency-provider model were required to treat an emergency
286.27 medical condition that if not immediately treated could cause a participant serious physical
286.28 or mental disability, continuation of severe pain, or death. The CFSS agency provider must
286.29 request retroactive authorization from the lead agency no later than five working days after
286.30 providing the initial emergency service. The CFSS agency provider must be able to
286.31 substantiate the emergency through documentation such as reports, notes, and admission

287.1 or discharge histories. A lead agency must follow the authorization process in subdivision
287.2 5 after the lead agency receives the request for authorization from the agency provider;

287.3 (3) the lead agency authorizes a temporary increase to the amount of services authorized
287.4 in the agency or budget model to accommodate the participant's temporary higher need for
287.5 services. Authorization for a temporary level of CFSS services is limited to the time specified
287.6 by the commissioner, but shall not exceed 45 days. The level of services authorized under
287.7 this clause shall have no bearing on a future authorization;

287.8 (4) a participant's medical assistance eligibility has lapsed, is then retroactively reinstated,
287.9 and an authorization for CFSS services is completed based on the date of a current
287.10 assessment, eligibility, and request for authorization;

287.11 (5) a third-party payer for CFSS services has denied or adjusted a payment. Authorization
287.12 requests must be submitted by the provider within 20 working days of the notice of denial
287.13 or adjustment. A copy of the notice must be included with the request;

287.14 (6) the commissioner has determined that a lead agency or state human services agency
287.15 has made an error; or

287.16 (7) a participant enrolled in managed care experiences a temporary disenrollment from
287.17 a health plan, in which case the commissioner shall accept the current health plan
287.18 authorization for CFSS services for up to 60 days. The request must be received within the
287.19 first 30 days of the disenrollment. If the recipient's reenrollment in managed care is after
287.20 the 60 days and before 90 days, the provider shall request an additional 30-day extension
287.21 of the current health plan authorization, for a total limit of 90 days from the time of
287.22 disenrollment.

287.23 Sec. 67. Minnesota Statutes 2020, section 256B.85, subdivision 9, is amended to read:

287.24 Subd. 9. **Noncovered services.** (a) Services or supports that are not eligible for payment
287.25 under this section include those that:

287.26 (1) are not authorized by the certified assessor or included in the CFSS service delivery
287.27 plan;

287.28 (2) are provided prior to the authorization of services and the approval of the CFSS
287.29 service delivery plan;

287.30 (3) are duplicative of other paid services in the CFSS service delivery plan;

- 288.1 (4) supplant natural unpaid supports that appropriately meet a need in the CFSS service
288.2 delivery plan, are provided voluntarily to the participant, and are selected by the participant
288.3 in lieu of other services and supports;
- 288.4 (5) are not effective means to meet the participant's needs; and
- 288.5 (6) are available through other funding sources, including, but not limited to, funding
288.6 through title IV-E of the Social Security Act.
- 288.7 (b) Additional services, goods, or supports that are not covered include:
- 288.8 (1) those that are not for the direct benefit of the participant, except that services for
288.9 caregivers such as training to improve the ability to provide CFSS are considered to directly
288.10 benefit the participant if chosen by the participant and approved in the support plan;
- 288.11 (2) any fees incurred by the participant, such as Minnesota health care programs fees
288.12 and co-pays, legal fees, or costs related to advocate agencies;
- 288.13 (3) insurance, except for insurance costs related to employee coverage;
- 288.14 (4) room and board costs for the participant;
- 288.15 (5) services, supports, or goods that are not related to the assessed needs;
- 288.16 (6) special education and related services provided under the Individuals with Disabilities
288.17 Education Act and vocational rehabilitation services provided under the Rehabilitation Act
288.18 of 1973;
- 288.19 (7) assistive technology devices and assistive technology services other than those for
288.20 back-up systems or mechanisms to ensure continuity of service and supports listed in
288.21 subdivision 7;
- 288.22 (8) medical supplies and equipment covered under medical assistance;
- 288.23 (9) environmental modifications, except as specified in subdivision 7;
- 288.24 (10) expenses for travel, lodging, or meals related to training the participant or the
288.25 participant's representative or legal representative;
- 288.26 (11) experimental treatments;
- 288.27 (12) any service or good covered by other state plan services, including prescription and
288.28 over-the-counter medications, compounds, and solutions and related fees, including premiums
288.29 and co-payments;
- 288.30 (13) membership dues or costs, except when the service is necessary and appropriate to
288.31 treat a health condition or to improve or maintain the adult participant's health condition.

- 289.1 The condition must be identified in the participant's CFSS service delivery plan and
289.2 monitored by a Minnesota health care program enrolled physician, advanced practice
289.3 registered nurse, or physician's assistant;
- 289.4 (14) vacation expenses other than the cost of direct services;
- 289.5 (15) vehicle maintenance or modifications not related to the disability, health condition,
289.6 or physical need;
- 289.7 (16) tickets and related costs to attend sporting or other recreational or entertainment
289.8 events;
- 289.9 (17) services provided and billed by a provider who is not an enrolled CFSS provider;
- 289.10 (18) CFSS provided by a participant's representative or paid legal guardian;
- 289.11 (19) services that are used solely as a child care or babysitting service;
- 289.12 (20) services that are the responsibility or in the daily rate of a residential or program
289.13 license holder under the terms of a service agreement and administrative rules;
- 289.14 (21) sterile procedures;
- 289.15 (22) giving of injections into veins, muscles, or skin;
- 289.16 (23) homemaker services that are not an integral part of the assessed CFSS service;
- 289.17 (24) home maintenance or chore services;
- 289.18 (25) home care services, including hospice services if elected by the participant, covered
289.19 by Medicare or any other insurance held by the participant;
- 289.20 (26) services to other members of the participant's household;
- 289.21 (27) services not specified as covered under medical assistance as CFSS;
- 289.22 (28) application of restraints or implementation of deprivation procedures;
- 289.23 (29) assessments by CFSS provider organizations or by independently enrolled registered
289.24 nurses;
- 289.25 (30) services provided in lieu of legally required staffing in a residential or child care
289.26 setting; ~~and~~
- 289.27 (31) services provided by ~~the residential or program~~ a foster care license holder ~~in a~~
289.28 ~~residence for more than four participants.~~ except when the home of the person receiving
289.29 services is the licensed foster care provider's primary residence;

290.1 (32) services that are the responsibility of the foster care provider under the terms of the
290.2 foster care placement agreement, assessment under sections 256N.24 and 260C.4411, and
290.3 administrative rules under sections 256N.24 and 260C.4411;

290.4 (33) services in a setting that has a licensed capacity greater than six, unless all conditions
290.5 for a variance under section 245A.04, subdivision 9a, are satisfied for a sibling, as defined
290.6 in section 260C.007, subdivision 32;

290.7 (34) services from a provider who owns or otherwise controls the living arrangement,
290.8 except when the provider of services is related by blood, marriage, or adoption or when the
290.9 provider is a licensed foster care provider who is not prohibited from providing services
290.10 under clauses (31) to (33);

290.11 (35) instrumental activities of daily living for children younger than 18 years of age,
290.12 except when immediate attention is needed for health or hygiene reasons integral to an
290.13 assessed need for assistance with activities of daily living, health-related procedures, and
290.14 tasks or behaviors; or

290.15 (36) services provided to a resident of a nursing facility, hospital, intermediate care
290.16 facility, or health care facility licensed by the commissioner of health.

290.17 Sec. 68. Minnesota Statutes 2020, section 256B.85, subdivision 10, is amended to read:

290.18 Subd. 10. **Agency-provider and FMS provider qualifications and duties.** (a)
290.19 Agency-providers identified in subdivision 11 and FMS providers identified in subdivision
290.20 13a shall:

290.21 (1) enroll as a medical assistance Minnesota health care programs provider and meet all
290.22 applicable provider standards and requirements including completion of required provider
290.23 training as determined by the commissioner;

290.24 (2) demonstrate compliance with federal and state laws and policies for CFSS as
290.25 determined by the commissioner;

290.26 (3) comply with background study requirements under chapter 245C and maintain
290.27 documentation of background study requests and results;

290.28 (4) verify and maintain records of all services and expenditures by the participant,
290.29 including hours worked by support workers;

290.30 (5) not engage in any agency-initiated direct contact or marketing in person, by telephone,
290.31 or other electronic means to potential participants, guardians, family members, or participants'
290.32 representatives;

- 291.1 (6) directly provide services and not use a subcontractor or reporting agent;
- 291.2 (7) meet the financial requirements established by the commissioner for financial
291.3 solvency;
- 291.4 (8) have never had a lead agency contract or provider agreement discontinued due to
291.5 fraud, or have never had an owner, board member, or manager fail a state or FBI-based
291.6 criminal background check while enrolled or seeking enrollment as a Minnesota health care
291.7 programs provider; and
- 291.8 (9) have an office located in Minnesota.
- 291.9 (b) In conducting general duties, agency-providers and FMS providers shall:
- 291.10 (1) pay support workers based upon actual hours of services provided;
- 291.11 (2) pay for worker training and development services based upon actual hours of services
291.12 provided or the unit cost of the training session purchased;
- 291.13 (3) withhold and pay all applicable federal and state payroll taxes;
- 291.14 (4) make arrangements and pay unemployment insurance, taxes, workers' compensation,
291.15 liability insurance, and other benefits, if any;
- 291.16 (5) enter into a written agreement with the participant, participant's representative, or
291.17 legal representative that assigns roles and responsibilities to be performed before services,
291.18 supports, or goods are provided and that meets the requirements of subdivisions 20a, 20b,
291.19 and 20c for agency-providers;
- 291.20 (6) report maltreatment as required under section 626.557 and chapter 260E;
- 291.21 (7) comply with the labor market reporting requirements described in section 256B.4912,
291.22 subdivision 1a;
- 291.23 (8) comply with any data requests from the department consistent with the Minnesota
291.24 Government Data Practices Act under chapter 13; ~~and~~
- 291.25 (9) maintain documentation for the requirements under subdivision 16, paragraph (e),
291.26 clause (2), to qualify for an enhanced rate under this section; and
- 291.27 (10) request reassessments 60 days before the end of the current authorization for CFSS
291.28 on forms provided by the commissioner.

292.1 Sec. 69. Minnesota Statutes 2020, section 256B.85, subdivision 11, is amended to read:

292.2 Subd. 11. **Agency-provider model.** (a) The agency-provider model includes services
292.3 provided by support workers and staff providing worker training and development services
292.4 who are employed by an agency-provider that meets the criteria established by the
292.5 commissioner, including required training.

292.6 (b) The agency-provider shall allow the participant to have a significant role in the
292.7 selection and dismissal of the support workers for the delivery of the services and supports
292.8 specified in the participant's CFSS service delivery plan. The agency must make a reasonable
292.9 effort to fulfill the participant's request for the participant's preferred support worker.

292.10 (c) A participant may use authorized units of CFSS services as needed within a service
292.11 agreement that is not greater than 12 months. Using authorized units in a flexible manner
292.12 in either the agency-provider model or the budget model does not increase the total amount
292.13 of services and supports authorized for a participant or included in the participant's CFSS
292.14 service delivery plan.

292.15 (d) A participant may share CFSS services. Two or three CFSS participants may share
292.16 services at the same time provided by the same support worker.

292.17 (e) The agency-provider must use a minimum of 72.5 percent of the revenue generated
292.18 by the medical assistance payment for CFSS for support worker wages and benefits, except
292.19 all of the revenue generated by a medical assistance rate increase due to a collective
292.20 bargaining agreement under section 179A.54 must be used for support worker wages and
292.21 benefits. The agency-provider must document how this requirement is being met. The
292.22 revenue generated by the worker training and development services and the reasonable costs
292.23 associated with the worker training and development services must not be used in making
292.24 this calculation.

292.25 (f) The agency-provider model must be used by ~~individuals~~ participants who are restricted
292.26 by the Minnesota restricted recipient program under Minnesota Rules, parts 9505.2160 to
292.27 9505.2245.

292.28 (g) Participants purchasing goods under this model, along with support worker services,
292.29 must:

292.30 (1) specify the goods in the CFSS service delivery plan and detailed budget for
292.31 expenditures that must be approved by the consultation services provider, case manager, or
292.32 care coordinator; and

292.33 (2) use the FMS provider for the billing and payment of such goods.

293.1 Sec. 70. Minnesota Statutes 2020, section 256B.85, subdivision 11b, is amended to read:

293.2 Subd. 11b. **Agency-provider model; support worker competency.** (a) The
 293.3 agency-provider must ensure that support workers are competent to meet the participant's
 293.4 assessed needs, goals, and additional requirements as written in the CFSS service delivery
 293.5 plan. ~~Within 30 days of any support worker beginning to provide services for a participant,~~
 293.6 The agency-provider must evaluate the competency of the support worker through direct
 293.7 observation of the support worker's performance of the job functions in a setting where the
 293.8 participant is using CFSS: within 30 days of:

293.9 (1) any support worker beginning to provide services for a participant; or

293.10 (2) any support worker beginning to provide shared services.

293.11 (b) The agency-provider must verify and maintain evidence of support worker
 293.12 competency, including documentation of the support worker's:

293.13 (1) education and experience relevant to the job responsibilities assigned to the support
 293.14 worker and the needs of the participant;

293.15 (2) relevant training received from sources other than the agency-provider;

293.16 (3) orientation and instruction to implement services and supports to participant needs
 293.17 and preferences as identified in the CFSS service delivery plan; ~~and~~

293.18 (4) orientation and instruction delivered by an individual competent to perform, teach,
 293.19 or assign the health-related tasks for tracheostomy suctioning and services to participants
 293.20 on ventilator support, including equipment operation and maintenance; and

293.21 ~~(4)~~ (5) periodic performance reviews completed by the agency-provider at least annually,
 293.22 including any evaluations required under subdivision 11a, paragraph (a). If a support worker
 293.23 is a minor, all evaluations of worker competency must be completed in person and in a
 293.24 setting where the participant is using CFSS.

293.25 (c) The agency-provider must develop a worker training and development plan with the
 293.26 participant to ensure support worker competency. The worker training and development
 293.27 plan must be updated when:

293.28 (1) the support worker begins providing services;

293.29 (2) the support worker begins providing shared services;

293.30 ~~(2)~~ (3) there is any change in condition or a modification to the CFSS service delivery
 293.31 plan; or

294.1 ~~(3)~~ (4) a performance review indicates that additional training is needed.

294.2 Sec. 71. Minnesota Statutes 2020, section 256B.85, subdivision 12, is amended to read:

294.3 Subd. 12. **Requirements for enrollment of CFSS agency-providers.** (a) All CFSS
294.4 agency-providers must provide, at the time of enrollment, reenrollment, and revalidation
294.5 as a CFSS agency-provider in a format determined by the commissioner, information and
294.6 documentation that includes, but is not limited to, the following:

294.7 (1) the CFSS agency-provider's current contact information including address, telephone
294.8 number, and e-mail address;

294.9 (2) proof of surety bond coverage. Upon new enrollment, or if the agency-provider's
294.10 Medicaid revenue in the previous calendar year is less than or equal to \$300,000, the
294.11 agency-provider must purchase a surety bond of \$50,000. If the agency-provider's Medicaid
294.12 revenue in the previous calendar year is greater than \$300,000, the agency-provider must
294.13 purchase a surety bond of \$100,000. The surety bond must be in a form approved by the
294.14 commissioner, must be renewed annually, and must allow for recovery of costs and fees in
294.15 pursuing a claim on the bond;

294.16 (3) proof of fidelity bond coverage in the amount of \$20,000 per provider location;

294.17 (4) proof of workers' compensation insurance coverage;

294.18 (5) proof of liability insurance;

294.19 (6) a ~~description~~ copy of the CFSS agency-provider's ~~organization~~ organizational chart
294.20 identifying the names and roles of all owners, managing employees, staff, board of directors,
294.21 and ~~the~~ additional documentation reporting any affiliations of the directors and owners to
294.22 other service providers;

294.23 (7) ~~a copy of~~ proof that the CFSS ~~agency-provider's~~ agency-provider has written policies
294.24 and procedures including: hiring of employees; training requirements; service delivery; and
294.25 employee and consumer safety, including the process for notification and resolution of
294.26 participant grievances, incident response, identification and prevention of communicable
294.27 diseases, and employee misconduct;

294.28 (8) ~~copies of all other forms~~ proof that the CFSS agency-provider ~~uses in the course of~~
294.29 ~~daily business including, but not limited to~~ has all of the following forms and documents:

294.30 (i) a copy of the CFSS agency-provider's time sheet; and

294.31 (ii) a copy of the participant's individual CFSS service delivery plan;

295.1 (9) a list of all training and classes that the CFSS agency-provider requires of its staff
295.2 providing CFSS services;

295.3 (10) documentation that the CFSS agency-provider and staff have successfully completed
295.4 all the training required by this section;

295.5 (11) documentation of the agency-provider's marketing practices;

295.6 (12) disclosure of ownership, leasing, or management of all residential properties that
295.7 are used or could be used for providing home care services;

295.8 (13) documentation that the agency-provider will use at least the following percentages
295.9 of revenue generated from the medical assistance rate paid for CFSS services for CFSS
295.10 support worker wages and benefits: 72.5 percent of revenue from CFSS providers, except
295.11 100 percent of the revenue generated by a medical assistance rate increase due to a collective
295.12 bargaining agreement under section 179A.54 must be used for support worker wages and
295.13 benefits. The revenue generated by the worker training and development services and the
295.14 reasonable costs associated with the worker training and development services shall not be
295.15 used in making this calculation; and

295.16 (14) documentation that the agency-provider does not burden participants' free exercise
295.17 of their right to choose service providers by requiring CFSS support workers to sign an
295.18 agreement not to work with any particular CFSS participant or for another CFSS
295.19 agency-provider after leaving the agency and that the agency is not taking action on any
295.20 such agreements or requirements regardless of the date signed.

295.21 (b) CFSS agency-providers shall provide to the commissioner the information specified
295.22 in paragraph (a).

295.23 (c) All CFSS agency-providers shall require all employees in management and
295.24 supervisory positions and owners of the agency who are active in the day-to-day management
295.25 and operations of the agency to complete mandatory training as determined by the
295.26 commissioner. Employees in management and supervisory positions and owners who are
295.27 active in the day-to-day operations of an agency who have completed the required training
295.28 as an employee with a CFSS agency-provider do not need to repeat the required training if
295.29 they are hired by another agency, ~~if~~ and they have completed the training within the past
295.30 three years. CFSS agency-provider billing staff shall complete training about CFSS program
295.31 financial management. Any new owners or employees in management and supervisory
295.32 positions involved in the day-to-day operations are required to complete mandatory training
295.33 as a requisite of working for the agency.

296.1 ~~(d) The commissioner shall send annual review notifications to agency providers 30~~
 296.2 ~~days prior to renewal. The notification must:~~

296.3 ~~(1) list the materials and information the agency provider is required to submit;~~

296.4 ~~(2) provide instructions on submitting information to the commissioner; and~~

296.5 ~~(3) provide a due date by which the commissioner must receive the requested information.~~

296.6 ~~Agency providers shall submit all required documentation for annual review within 30 days~~
 296.7 ~~of notification from the commissioner. If an agency provider fails to submit all the required~~
 296.8 ~~documentation, the commissioner may take action under subdivision 23a.~~

296.9 (d) Agency providers shall submit all required documentation in this section within 30
 296.10 days of notification from the commissioner. If an agency provider fails to submit all the
 296.11 required documentation, the commissioner may take action under subdivision 23a.

296.12 Sec. 72. Minnesota Statutes 2020, section 256B.85, subdivision 12b, is amended to read:

296.13 Subd. 12b. **CFSS agency-provider requirements; notice regarding termination of**
 296.14 **services.** (a) An agency-provider must provide written notice when it intends to terminate
 296.15 services with a participant at least ~~ten~~ 30 calendar days before the proposed service
 296.16 termination is to become effective, except in cases where:

296.17 (1) the participant engages in conduct that significantly alters the terms of the CFSS
 296.18 service delivery plan with the agency-provider;

296.19 (2) the participant or other persons at the setting where services are being provided
 296.20 engage in conduct that creates an imminent risk of harm to the support worker or other
 296.21 agency-provider staff; or

296.22 (3) an emergency or a significant change in the participant's condition occurs within a
 296.23 24-hour period that results in the participant's service needs exceeding the participant's
 296.24 identified needs in the current CFSS service delivery plan so that the agency-provider cannot
 296.25 safely meet the participant's needs.

296.26 (b) When a participant initiates a request to terminate CFSS services with the
 296.27 agency-provider, the agency-provider must give the participant a written ~~acknowledgement~~
 296.28 acknowledgment of the participant's service termination request that includes the date the
 296.29 request was received by the agency-provider and the requested date of termination.

296.30 (c) The agency-provider must participate in a coordinated transfer of the participant to
 296.31 a new agency-provider to ensure continuity of care.

297.1 Sec. 73. Minnesota Statutes 2020, section 256B.85, subdivision 13, is amended to read:

297.2 Subd. 13. **Budget model.** (a) Under the budget model participants exercise responsibility
297.3 and control over the services and supports described and budgeted within the CFSS service
297.4 delivery plan. Participants must use services specified in subdivision 13a provided by an
297.5 FMS provider. Under this model, participants may use their approved service budget
297.6 allocation to:

297.7 (1) directly employ support workers, and pay wages, federal and state payroll taxes, and
297.8 premiums for workers' compensation, liability, and health insurance coverage; and

297.9 (2) obtain supports and goods as defined in subdivision 7.

297.10 (b) Participants who are unable to fulfill any of the functions listed in paragraph (a) may
297.11 authorize a legal representative or participant's representative to do so on their behalf.

297.12 (c) If two or more participants using the budget model live in the same household and
297.13 have the same support worker, the participants must use the same FMS provider.

297.14 (d) If the FMS provider advises that there is a joint employer in the budget model, all
297.15 participants associated with that joint employer must use the same FMS provider.

297.16 ~~(e)~~ (e) The commissioner shall disenroll or exclude participants from the budget model
297.17 and transfer them to the agency-provider model under, but not limited to, the following
297.18 circumstances:

297.19 (1) when a participant has been restricted by the Minnesota restricted recipient program,
297.20 in which case the participant may be excluded for a specified time period under Minnesota
297.21 Rules, parts 9505.2160 to 9505.2245;

297.22 (2) when a participant exits the budget model during the participant's service plan year.
297.23 Upon transfer, the participant shall not access the budget model for the remainder of that
297.24 service plan year; or

297.25 (3) when the department determines that the participant or participant's representative
297.26 or legal representative is unable to fulfill the responsibilities under the budget model, as
297.27 specified in subdivision 14.

297.28 ~~(d)~~ (f) A participant may appeal in writing to the department under section 256.045,
297.29 subdivision 3, to contest the department's decision under paragraph ~~(e)~~ (e), clause (3), to
297.30 disenroll or exclude the participant from the budget model.

298.1 Sec. 74. Minnesota Statutes 2020, section 256B.85, subdivision 13a, is amended to read:

298.2 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider
298.3 include but are not limited to: filing and payment of federal and state payroll taxes on behalf
298.4 of the participant; initiating and complying with background study requirements under
298.5 chapter 245C and maintaining documentation of background study requests and results;
298.6 billing for approved CFSS services with authorized funds; monitoring expenditures;
298.7 accounting for and disbursing CFSS funds; providing assistance in obtaining and filing for
298.8 liability, workers' compensation, and unemployment coverage; and providing participant
298.9 instruction and technical assistance to the participant in fulfilling employer-related
298.10 requirements in accordance with section 3504 of the Internal Revenue Code and related
298.11 regulations and interpretations, including Code of Federal Regulations, title 26, section
298.12 31.3504-1.

298.13 (b) Agency-provider services shall not be provided by the FMS provider.

298.14 (c) The FMS provider shall provide service functions as determined by the commissioner
298.15 for budget model participants that include but are not limited to:

298.16 (1) assistance with the development of the detailed budget for expenditures portion of
298.17 the CFSS service delivery plan as requested by the consultation services provider or
298.18 participant;

298.19 (2) data recording and reporting of participant spending;

298.20 (3) other duties established by the department, including with respect to providing
298.21 assistance to the participant, participant's representative, or legal representative in performing
298.22 employer responsibilities regarding support workers. The support worker shall not be
298.23 considered the employee of the FMS provider; and

298.24 (4) billing, payment, and accounting of approved expenditures for goods.

298.25 (d) The FMS provider shall obtain an assurance statement from the participant employer
298.26 agreeing to follow state and federal regulations and CFSS policies regarding employment
298.27 of support workers.

298.28 (e) The FMS provider shall:

298.29 (1) not limit or restrict the participant's choice of service or support providers or service
298.30 delivery models consistent with any applicable state and federal requirements;

299.1 (2) provide the participant, consultation services provider, and case manager or care
299.2 coordinator, if applicable, with a monthly written summary of the spending for services and
299.3 supports that were billed against the spending budget;

299.4 (3) be knowledgeable of state and federal employment regulations, including those under
299.5 the Fair Labor Standards Act of 1938, and comply with the requirements under section 3504
299.6 of the Internal Revenue Code and related regulations and interpretations, including Code
299.7 of Federal Regulations, title 26, section 31.3504-1, regarding agency employer tax liability
299.8 for vendor fiscal/employer agent, and any requirements necessary to process employer and
299.9 employee deductions, provide appropriate and timely submission of employer tax liabilities,
299.10 and maintain documentation to support medical assistance claims;

299.11 (4) have current and adequate liability insurance and bonding and sufficient cash flow
299.12 as determined by the commissioner and have on staff or under contract a certified public
299.13 accountant or an individual with a baccalaureate degree in accounting;

299.14 (5) assume fiscal accountability for state funds designated for the program and be held
299.15 liable for any overpayments or violations of applicable statutes or rules, including but not
299.16 limited to the Minnesota False Claims Act, chapter 15C; ~~and~~

299.17 (6) maintain documentation of receipts, invoices, and bills to track all services and
299.18 supports expenditures for any goods purchased and maintain time records of support workers.
299.19 The documentation and time records must be maintained for a minimum of five years from
299.20 the claim date and be available for audit or review upon request by the commissioner. Claims
299.21 submitted by the FMS provider to the commissioner for payment must correspond with
299.22 services, amounts, and time periods as authorized in the participant's service budget and
299.23 service plan and must contain specific identifying information as determined by the
299.24 commissioner; and

299.25 (7) provide written notice to the participant or the participant's representative at least 30
299.26 calendar days before a proposed service termination becomes effective.

299.27 (f) The commissioner ~~of human services~~ shall:

299.28 (1) establish rates and payment methodology for the FMS provider;

299.29 (2) identify a process to ensure quality and performance standards for the FMS provider
299.30 and ensure statewide access to FMS providers; and

299.31 (3) establish a uniform protocol for delivering and administering CFSS services to be
299.32 used by eligible FMS providers.

300.1 Sec. 75. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
300.2 to read:

300.3 Subd. 14a. **Participant's representative responsibilities.** (a) If a participant is unable
300.4 to direct the participant's own care, the participant must use a participant's representative
300.5 to receive CFSS services. A participant's representative is required if:

300.6 (1) the person is under 18 years of age;

300.7 (2) the person has a court-appointed guardian; or

300.8 (3) an assessment according to section 256B.0659, subdivision 3a, determines that the
300.9 participant is in need of a participant's representative.

300.10 (b) A participant's representative must:

300.11 (1) be at least 18 years of age;

300.12 (2) actively participate in planning and directing CFSS services;

300.13 (3) have sufficient knowledge of the participant's circumstances to use CFSS services
300.14 consistent with the participant's health and safety needs identified in the participant's service
300.15 delivery plan;

300.16 (4) not have a financial interest in the provision of any services included in the
300.17 participant's CFSS service delivery plan; and

300.18 (5) be capable of providing the support necessary to assist the participant in the use of
300.19 CFSS services.

300.20 (c) A participant's representative must not be the:

300.21 (1) support worker;

300.22 (2) worker training and development service provider;

300.23 (3) agency-provider staff, unless related to the participant by blood, marriage, or adoption;

300.24 (4) consultation service provider, unless related to the participant by blood, marriage,
300.25 or adoption;

300.26 (5) FMS staff, unless related to the participant by blood, marriage, or adoption;

300.27 (6) FMS owner or manager; or

300.28 (7) lead agency staff acting as part of employment.

301.1 (d) A licensed family foster parent who lives with the participant may be the participant's
301.2 representative if the family foster parent meets the other participant's representative
301.3 requirements.

301.4 (e) There may be two persons designated as the participant's representative, including
301.5 instances of divided households and court-ordered custodies. Each person named as the
301.6 participant's representative must meet the program criteria and responsibilities.

301.7 (f) The participant or the participant's legal representative shall appoint a participant's
301.8 representative. The participant's representative must be identified at the time of assessment
301.9 and listed on the participant's service agreement and CFSS service delivery plan.

301.10 (g) A participant's representative must enter into a written agreement with an
301.11 agency-provider or FMS on a form determined by the commissioner and maintained in the
301.12 participant's file, to:

301.13 (1) be available while care is provided using a method agreed upon by the participant
301.14 or the participant's legal representative and documented in the participant's service delivery
301.15 plan;

301.16 (2) monitor CFSS services to ensure the participant's service delivery plan is followed;

301.17 (3) review and sign support worker time sheets after services are provided to verify the
301.18 provision of services;

301.19 (4) review and sign vendor paperwork to verify receipt of goods; and

301.20 (5) in the budget model, review and sign documentation to verify worker training and
301.21 development expenditures.

301.22 (h) A participant's representative may delegate responsibility to another adult who is not
301.23 the support worker during a temporary absence of at least 24 hours but not more than six
301.24 months. To delegate responsibility, the participant's representative must:

301.25 (1) ensure that the delegate serving as the participant's representative satisfies the
301.26 requirements of the participant's representative;

301.27 (2) ensure that the delegate performs the functions of the participant's representative;

301.28 (3) communicate to the CFSS agency-provider or FMS provider about the need for a
301.29 delegate by updating the written agreement to include the name of the delegate and the
301.30 delegate's contact information; and

301.31 (4) ensure that the delegate protects the participant's privacy according to federal and
301.32 state data privacy laws.

- 302.1 (i) The designation of a participant's representative remains in place until:
- 302.2 (1) the participant revokes the designation;
- 302.3 (2) the participant's representative withdraws the designation or becomes unable to fulfill
- 302.4 the duties;
- 302.5 (3) the legal authority to act as a participant's representative changes; or
- 302.6 (4) the participant's representative is disqualified.
- 302.7 (j) A lead agency may disqualify a participant's representative who engages in conduct
- 302.8 that creates an imminent risk of harm to the participant, the support workers, or other staff.
- 302.9 A participant's representative who fails to provide support required by the participant must
- 302.10 be referred to the common entry point.

302.11 Sec. 76. Minnesota Statutes 2020, section 256B.85, subdivision 15, is amended to read:

302.12 Subd. 15. **Documentation of support services provided; time sheets.** (a) CFSS services

302.13 provided to a participant by a support worker employed by either an agency-provider or the

302.14 participant employer must be documented daily by each support worker, on a time sheet.

302.15 Time sheets may be created, submitted, and maintained electronically. Time sheets must

302.16 be submitted by the support worker at least once per month to the:

302.17 (1) agency-provider when the participant is using the agency-provider model. The

302.18 agency-provider must maintain a record of the time sheet and provide a copy of the time

302.19 sheet to the participant; or

302.20 (2) participant and the participant's FMS provider when the participant is using the

302.21 budget model. The participant and the FMS provider must maintain a record of the time

302.22 sheet.

302.23 (b) The documentation on the time sheet must correspond to the participant's assessed

302.24 needs within the scope of CFSS covered services. The accuracy of the time sheets must be

302.25 verified by the:

302.26 (1) agency-provider when the participant is using the agency-provider model; or

302.27 (2) participant employer and the participant's FMS provider when the participant is using

302.28 the budget model.

302.29 (c) The time sheet must document the time the support worker provides services to the

302.30 participant. The following elements must be included in the time sheet:

302.31 (1) the support worker's full name and individual provider number;

- 303.1 (2) the agency-provider's name and telephone numbers, when responsible for the CFSS
303.2 service delivery plan;
- 303.3 (3) the participant's full name;
- 303.4 (4) the dates within the pay period established by the agency-provider or FMS provider,
303.5 including month, day, and year, and arrival and departure times with a.m. or p.m. notations
303.6 for days worked within the established pay period;
- 303.7 (5) the covered services provided to the participant on each date of service;
- 303.8 (6) ~~a~~ the signature line for of the participant or the participant's representative and a
303.9 statement that the participant's or participant's representative's signature is verification of
303.10 the time sheet's accuracy;
- 303.11 (7) the ~~personal~~ signature of the support worker;
- 303.12 (8) any shared care provided, if applicable;
- 303.13 (9) a statement that it is a federal crime to provide false information on CFSS billings
303.14 for medical assistance payments; and
- 303.15 (10) dates and location of participant stays in a hospital, care facility, or incarceration
303.16 occurring within the established pay period.

303.17 Sec. 77. Minnesota Statutes 2020, section 256B.85, subdivision 17a, is amended to read:

303.18 Subd. 17a. **Consultation services provider qualifications and**
303.19 **requirements.** Consultation services providers must meet the following qualifications and
303.20 requirements:

- 303.21 (1) meet the requirements under subdivision 10, paragraph (a), excluding clauses (4)
303.22 and (5);
- 303.23 (2) are under contract with the department;
- 303.24 (3) are not the FMS provider, the lead agency, or the CFSS or home and community-based
303.25 services waiver vendor or agency-provider to the participant;
- 303.26 (4) meet the service standards as established by the commissioner;
- 303.27 (5) have proof of surety bond coverage. Upon new enrollment, or if the consultation
303.28 service provider's Medicaid revenue in the previous calendar year is less than or equal to
303.29 \$300,000, the consultation service provider must purchase a surety bond of \$50,000. If the
303.30 agency-provider's Medicaid revenue in the previous calendar year is greater than \$300,000,
303.31 the consultation service provider must purchase a surety bond of \$100,000. The surety bond

304.1 must be in a form approved by the commissioner, must be renewed annually, and must
 304.2 allow for recovery of costs and fees in pursuing a claim on the bond;

304.3 ~~(5)~~ (6) employ lead professional staff with a minimum of ~~three~~ two years of experience
 304.4 in providing services such as support planning, support broker, case management or care
 304.5 coordination, or consultation services and consumer education to participants using a
 304.6 self-directed program using FMS under medical assistance;

304.7 (7) report maltreatment as required under chapter 260E and section 626.557;

304.8 ~~(6)~~ (8) comply with medical assistance provider requirements;

304.9 ~~(7)~~ (9) understand the CFSS program and its policies;

304.10 ~~(8)~~ (10) are knowledgeable about self-directed principles and the application of the
 304.11 person-centered planning process;

304.12 ~~(9)~~ (11) have general knowledge of the FMS provider duties and the vendor
 304.13 fiscal/employer agent model, including all applicable federal, state, and local laws and
 304.14 regulations regarding tax, labor, employment, and liability and workers' compensation
 304.15 coverage for household workers; and

304.16 ~~(10)~~ (12) have all employees, including lead professional staff, staff in management and
 304.17 supervisory positions, and owners of the agency who are active in the day-to-day management
 304.18 and operations of the agency, complete training as specified in the contract with the
 304.19 department.

304.20 Sec. 78. Minnesota Statutes 2020, section 256B.85, subdivision 18a, is amended to read:

304.21 Subd. 18a. **Worker training and development services.** (a) The commissioner shall
 304.22 develop the scope of tasks and functions, service standards, and service limits for worker
 304.23 training and development services.

304.24 (b) Worker training and development costs are in addition to the participant's assessed
 304.25 service units or service budget. Services provided according to this subdivision must:

304.26 (1) help support workers obtain and expand the skills and knowledge necessary to ensure
 304.27 competency in providing quality services as needed and defined in the participant's CFSS
 304.28 service delivery plan and as required under subdivisions 11b and 14;

304.29 (2) be provided or arranged for by the agency-provider under subdivision 11, or purchased
 304.30 by the participant employer under the budget model as identified in subdivision 13; ~~and~~

305.1 (3) be delivered by an individual competent to perform, teach, or assign the tasks,
305.2 including health-related tasks, identified in the plan through education, training, and work
305.3 experience relevant to the person's assessed needs; and

305.4 ~~(3)~~ (4) be described in the participant's CFSS service delivery plan and documented in
305.5 the participant's file.

305.6 (c) Services covered under worker training and development shall include:

305.7 (1) support worker training on the participant's individual assessed needs and condition,
305.8 provided individually or in a group setting by a skilled and knowledgeable trainer beyond
305.9 any training the participant or participant's representative provides;

305.10 (2) tuition for professional classes and workshops for the participant's support workers
305.11 that relate to the participant's assessed needs and condition;

305.12 (3) direct observation, monitoring, coaching, and documentation of support worker job
305.13 skills and tasks, beyond any training the participant or participant's representative provides,
305.14 including supervision of health-related tasks or behavioral supports that is conducted by an
305.15 appropriate professional based on the participant's assessed needs. These services must be
305.16 provided at the start of services or the start of a new support worker except as provided in
305.17 paragraph (d) and must be specified in the participant's CFSS service delivery plan; and

305.18 (4) the activities to evaluate CFSS services and ensure support worker competency
305.19 described in subdivisions 11a and 11b.

305.20 (d) The services in paragraph (c), clause (3), are not required to be provided for a new
305.21 support worker providing services for a participant due to staffing failures, unless the support
305.22 worker is expected to provide ongoing backup staffing coverage.

305.23 (e) Worker training and development services shall not include:

305.24 (1) general agency training, worker orientation, or training on CFSS self-directed models;

305.25 (2) payment for preparation or development time for the trainer or presenter;

305.26 (3) payment of the support worker's salary or compensation during the training;

305.27 (4) training or supervision provided by the participant, the participant's support worker,
305.28 or the participant's informal supports, including the participant's representative; or

305.29 (5) services in excess of ~~96 units~~ the limit set by the commissioner per annual service
305.30 agreement, unless approved by the department.

306.1 Sec. 79. Minnesota Statutes 2020, section 256B.85, subdivision 20b, is amended to read:

306.2 Subd. 20b. **Service-related rights under an agency-provider.** A participant receiving
306.3 CFSS from an agency-provider has service-related rights to:

306.4 (1) participate in and approve the initial development and ongoing modification and
306.5 evaluation of CFSS services provided to the participant;

306.6 (2) refuse or terminate services and be informed of the consequences of refusing or
306.7 terminating services;

306.8 (3) before services are initiated, be told the limits to the services available from the
306.9 agency-provider, including the agency-provider's knowledge, skill, and ability to meet the
306.10 participant's needs identified in the CFSS service delivery plan;

306.11 (4) a coordinated transfer of services when there will be a change in the agency-provider;

306.12 (5) before services are initiated, be told what the agency-provider charges for the services;

306.13 (6) before services are initiated, be told to what extent payment may be expected from
306.14 health insurance, public programs, or other sources, if known; and what charges the
306.15 participant may be responsible for paying;

306.16 (7) receive services from an individual who is competent and trained, who has
306.17 professional certification or licensure, as required, and who meets additional qualifications
306.18 identified in the participant's CFSS service delivery plan;

306.19 (8) have the participant's preferences for support workers identified and documented,
306.20 and have those preferences met when possible; and

306.21 (9) before services are initiated, be told the choices that are available from the
306.22 agency-provider for meeting the participant's assessed needs identified in the CFSS service
306.23 delivery plan, including but not limited to which support worker staff will be providing
306.24 services ~~and~~, the proposed frequency and schedule of visits, and any agreements for shared
306.25 services.

306.26 Sec. 80. Minnesota Statutes 2020, section 256B.85, subdivision 23, is amended to read:

306.27 Subd. 23. **Commissioner's access.** (a) When the commissioner is investigating a possible
306.28 overpayment of Medicaid funds, the commissioner must be given immediate access without
306.29 prior notice to the agency-provider, consultation services provider, or FMS provider's office
306.30 during regular business hours and to documentation and records related to services provided
306.31 and submission of claims for services provided. ~~Denying the commissioner access to records~~
306.32 ~~is cause for immediate suspension of payment and terminating~~ If the agency-provider's

307.1 ~~enrollment or agency-provider, FMS provider's enrollment~~ provider, or consultation services
307.2 provider denies the commissioner access to records, the provider's payment may be
307.3 immediately suspended or the provider's enrollment may be terminated according to section
307.4 256B.064 ~~or terminating the consultation services provider contract.~~

307.5 (b) The commissioner has the authority to request proof of compliance with laws, rules,
307.6 and policies from agency-providers, consultation services providers, FMS providers, and
307.7 participants.

307.8 (c) When relevant to an investigation conducted by the commissioner, the commissioner
307.9 must be given access to the business office, documents, and records of the agency-provider,
307.10 consultation services provider, or FMS provider, including records maintained in electronic
307.11 format; participants served by the program; and staff during regular business hours. The
307.12 commissioner must be given access without prior notice and as often as the commissioner
307.13 considers necessary if the commissioner is investigating an alleged violation of applicable
307.14 laws or rules. The commissioner may request and shall receive assistance from lead agencies
307.15 and other state, county, and municipal agencies and departments. The commissioner's access
307.16 includes being allowed to photocopy, photograph, and make audio and video recordings at
307.17 the commissioner's expense.

307.18 Sec. 81. Minnesota Statutes 2020, section 256B.85, subdivision 23a, is amended to read:

307.19 Subd. 23a. **Sanctions; information for participants upon termination of services.** (a)
307.20 The commissioner may withhold payment from the provider or suspend or terminate the
307.21 provider enrollment number if the provider fails to comply fully with applicable laws or
307.22 rules. The provider has the right to appeal the decision of the commissioner under section
307.23 256B.064.

307.24 (b) Notwithstanding subdivision 13, paragraph (c), if a participant employer fails to
307.25 comply fully with applicable laws or rules, the commissioner may disenroll the participant
307.26 from the budget model. A participant may appeal in writing to the department under section
307.27 256.045, subdivision 3, to contest the department's decision to disenroll the participant from
307.28 the budget model.

307.29 (c) Agency-providers of CFSS services or FMS providers must provide each participant
307.30 with a copy of participant protections in subdivision 20c at least 30 days prior to terminating
307.31 services to a participant, if the termination results from sanctions under this subdivision or
307.32 section 256B.064, such as a payment withhold or a suspension or termination of the provider
307.33 enrollment number. If a CFSS agency-provider ~~or~~, FMS provider, or consultation services
307.34 provider determines it is unable to continue providing services to a participant because of

308.1 an action under this subdivision or section 256B.064, the agency-provider ~~or~~₂ FMS provider,
308.2 or consultation services provider must notify the participant, the participant's representative,
308.3 and the commissioner 30 days prior to terminating services to the participant, and must
308.4 assist the commissioner and lead agency in supporting the participant in transitioning to
308.5 another CFSS agency-provider ~~or~~₂ FMS provider, or consultation services provider of the
308.6 participant's choice.

308.7 (d) In the event the commissioner withholds payment from a CFSS agency-provider ~~or~~₂
308.8 FMS provider, or consultation services provider, or suspends or terminates a provider
308.9 enrollment number of a CFSS agency-provider ~~or~~₂ FMS provider, or consultation services
308.10 provider under this subdivision or section 256B.064, the commissioner may inform the
308.11 Office of Ombudsman for Long-Term Care and the lead agencies for all participants with
308.12 active service agreements with the agency-provider ~~or~~₂ FMS provider, or consultation
308.13 services provider. At the commissioner's request, the lead agencies must contact participants
308.14 to ensure that the participants are continuing to receive needed care, and that the participants
308.15 have been given free choice of agency-provider ~~or~~₂ FMS provider, or consultation services
308.16 provider if they transfer to another CFSS agency-provider ~~or~~₂ FMS provider, or consultation
308.17 services provider. In addition, the commissioner or the commissioner's delegate may directly
308.18 notify participants who receive care from the agency-provider ~~or~~₂ FMS provider, or
308.19 consultation services provider that payments have been or will be withheld or that the
308.20 provider's participation in medical assistance has been or will be suspended or terminated,
308.21 if the commissioner determines that the notification is necessary to protect the welfare of
308.22 the participants.

308.23 Sec. 82. Minnesota Statutes 2020, section 256L.03, subdivision 1, is amended to read:

308.24 Subdivision 1. **Covered health services.** (a) "Covered health services" means the health
308.25 services reimbursed under chapter 256B, with the exception of special education services,
308.26 home care nursing services, adult dental care services other than services covered under
308.27 section 256B.0625, subdivision 9, orthodontic services, nonemergency medical transportation
308.28 services, personal care assistance and case management services, community first services
308.29 and supports under Minnesota Statutes, section 256B.85, behavioral health home services
308.30 under section 256B.0757, housing stabilization services under section 256B.051, and nursing
308.31 home or intermediate care facilities services.

308.32 (b) No public funds shall be used for coverage of abortion under MinnesotaCare except
308.33 where the life of the female would be endangered or substantial and irreversible impairment

309.1 of a major bodily function would result if the fetus were carried to term; or where the
309.2 pregnancy is the result of rape or incest.

309.3 (c) Covered health services shall be expanded as provided in this section.

309.4 (d) For the purposes of covered health services under this section, "child" means an
309.5 individual younger than 19 years of age.

309.6 **Sec. 83. REVISOR INSTRUCTION.**

309.7 (a) In Minnesota Statutes, sections 245A.191, paragraph (a); 245G.02, subdivision 3;
309.8 246.18, subdivision 2; 246.23, subdivision 2; 246.64, subdivision 3; 254A.03, subdivision
309.9 3; 254A.19, subdivision 4; 254B.03, subdivision 2; 254B.04, subdivision 1; 254B.05,
309.10 subdivisions 1a and 4; 254B.051; 254B.06, subdivision 1; 254B.12, subdivisions 1 and 2;
309.11 254B.13, subdivisions 2a and 5; 254B.14, subdivision 5; 256L.03, subdivision 2; and 295.53,
309.12 subdivision 1, the revisor of statutes must change the term "consolidated chemical
309.13 dependency treatment fund" or similar terms to "behavioral health fund." The revisor may
309.14 make grammatical changes related to the term change.

309.15 (b) In Minnesota Statutes, sections 245C.03, subdivision 13, and 256B.051, the revisor
309.16 of statutes must change the term "housing support services" or similar terms to "housing
309.17 stabilization services." The revisor may make grammatical changes related to the term
309.18 change.

309.19 (c) In Minnesota Statutes, section 245C.03, subdivision 10, the revisor of statutes must
309.20 change the term "group residential housing" to "housing support." The revisor may make
309.21 grammatical changes related to the term change.

309.22 **Sec. 84. REPEALER.**

309.23 (a) Minnesota Statutes 2020, section 252.28, subdivisions 1 and 5, are repealed.

309.24 (b) Minnesota Statutes 2020, sections 252A.02, subdivisions 8 and 10; and 252A.21,
309.25 subdivision 3, are repealed.

309.26 **EFFECTIVE DATE.** Paragraph (a) is effective the day following final enactment.

309.27 Paragraph (b) is effective August 1, 2021.

ARTICLE 14

MISCELLANEOUS

Section 1. [62A.082] NONDISCRIMINATION IN ACCESS TO TRANSPLANTS.

Subdivision 1. Definitions. (a) For the purposes of this section, the following terms have the meanings given unless the context clearly requires otherwise.

(b) "Disability" has the meaning given in section 363A.03, subdivision 12.

(c) "Enrollee" means a natural person covered by a health plan or group health plan and includes an insured, policy holder, subscriber, covered person, member, contract holder, or certificate holder.

(d) "Organ transplant" means the transplantation or transfusion of a part of a human body into the body of another for the purpose of treating or curing a medical condition.

Subd. 2. Transplant discrimination prohibited. A health plan or group health plan that provides coverage for anatomical gifts, organ transplants, or related treatment and services shall not:

(1) deny coverage to an enrollee based on the enrollee's disability;

(2) deny eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the health plan or group health plan solely for the purpose of avoiding the requirements of this section;

(3) penalize or otherwise reduce or limit the reimbursement of a health care provider, or provide monetary or nonmonetary incentives to a health care provider, to induce the provider to provide care to a patient in a manner inconsistent with this section; or

(4) reduce or limit an enrollee's coverage benefits because of the enrollee's disability for medical services and other services related to organ transplantation performed pursuant to this section as determined in consultation with the enrollee's treating health care provider and the enrollee.

Subd. 3. Collective bargaining. In the case of a group health plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers, any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement imposed pursuant to this section shall not be treated as a termination of the collective bargaining agreement.

311.1 Subd. 4. Coverage limitation. Nothing in this section shall be deemed to require a health
311.2 plan or group health plan to provide coverage for a medically inappropriate organ transplant.

311.3 Sec. 2. [363A.50] NONDISCRIMINATION IN ACCESS TO TRANSPLANTS.

311.4 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
311.5 the meanings given unless the context clearly requires otherwise.

311.6 (b) "Anatomical gift" has the meaning given in section 525A.02, subdivision 4.

311.7 (c) "Auxiliary aids and services" include, but are not limited to:

311.8 (1) qualified interpreters or other effective methods of making aurally delivered materials
311.9 available to individuals with hearing impairments;

311.10 (2) qualified readers, taped texts, texts in accessible electronic format, or other effective
311.11 methods of making visually delivered materials available to individuals with visual
311.12 impairments;

311.13 (3) the provision of information in a format that is accessible for individuals with
311.14 cognitive, neurological, developmental, intellectual, or physical disabilities;

311.15 (4) the provision of supported decision-making services; and

311.16 (5) the acquisition or modification of equipment or devices.

311.17 (d) "Covered entity" means:

311.18 (1) any licensed provider of health care services, including licensed health care
311.19 practitioners, hospitals, nursing facilities, laboratories, intermediate care facilities, psychiatric
311.20 residential treatment facilities, institutions for individuals with intellectual or developmental
311.21 disabilities, and prison health centers; or

311.22 (2) any entity responsible for matching anatomical gift donors to potential recipients.

311.23 (e) "Disability" has the meaning given in section 363A.03, subdivision 12.

311.24 (f) "Organ transplant" means the transplantation or infusion of a part of a human body
311.25 into the body of another for the purpose of treating or curing a medical condition.

311.26 (g) "Qualified individual" means an individual who, with or without available support
311.27 networks, the provision of auxiliary aids and services, or reasonable modifications to policies
311.28 or practices, meets the essential eligibility requirements for the receipt of an anatomical
311.29 gift.

311.30 (h) "Reasonable modifications" include, but are not limited to:

312.1 (1) communication with individuals responsible for supporting an individual with
312.2 postsurgical and post-transplantation care, including medication; and

312.3 (2) consideration of support networks available to the individual, including family,
312.4 friends, and home and community-based services, including home and community-based
312.5 services funded through Medicaid, Medicare, another health plan in which the individual
312.6 is enrolled, or any program or source of funding available to the individual, in determining
312.7 whether the individual is able to comply with post-transplant medical requirements.

312.8 (i) "Supported decision making" has the meaning given in section 524.5-102, subdivision
312.9 16a.

312.10 Subd. 2. **Prohibition of discrimination.** (a) A covered entity may not, on the basis of
312.11 a qualified individual's mental or physical disability:

312.12 (1) deem an individual ineligible to receive an anatomical gift or organ transplant;

312.13 (2) deny medical or related organ transplantation services, including evaluation, surgery,
312.14 counseling, and postoperative treatment and care;

312.15 (3) refuse to refer the individual to a transplant center or other related specialist for the
312.16 purpose of evaluation or receipt of an anatomical gift or organ transplant;

312.17 (4) refuse to place an individual on an organ transplant waiting list or place the individual
312.18 at a lower-priority position on the list than the position at which the individual would have
312.19 been placed if not for the individual's disability; or

312.20 (5) decline insurance coverage for any procedure associated with the receipt of the
312.21 anatomical gift or organ transplant, including post-transplantation and postinfusion care.

312.22 (b) Notwithstanding paragraph (a), a covered entity may take an individual's disability
312.23 into account when making treatment or coverage recommendations or decisions, solely to
312.24 the extent that the physical or mental disability has been found by a physician, following
312.25 an individualized evaluation of the potential recipient to be medically significant to the
312.26 provision of the anatomical gift or organ transplant. The provisions of this section may not
312.27 be deemed to require referrals or recommendations for, or the performance of, organ
312.28 transplants that are not medically appropriate given the individual's overall health condition.

312.29 (c) If an individual has the necessary support system to assist the individual in complying
312.30 with post-transplant medical requirements, an individual's inability to independently comply
312.31 with those requirements may not be deemed to be medically significant for the purposes of
312.32 paragraph (b).

313.1 (d) A covered entity must make reasonable modifications to policies, practices, or
313.2 procedures, when such modifications are necessary to make services such as
313.3 transplantation-related counseling, information, coverage, or treatment available to qualified
313.4 individuals with disabilities, unless the entity can demonstrate that making such modifications
313.5 would fundamentally alter the nature of such services.

313.6 (e) A covered entity must take such steps as may be necessary to ensure that no qualified
313.7 individual with a disability is denied services such as transplantation-related counseling,
313.8 information, coverage, or treatment because of the absence of auxiliary aids and services,
313.9 unless the entity can demonstrate that taking such steps would fundamentally alter the nature
313.10 of the services being offered or result in an undue burden. A covered entity is not required
313.11 to provide supported decision-making services.

313.12 (f) A covered entity must otherwise comply with the requirements of Titles II and III of
313.13 the Americans with Disabilities Act of 1990, the Americans with Disabilities Act
313.14 Amendments Act of 2008, and the Minnesota Human Rights Act.

313.15 (g) The provisions of this section apply to each part of the organ transplant process.

313.16 Subd. 3. Remedies. In addition to all other remedies available under this chapter, any
313.17 individual who has been subjected to discrimination in violation of this section may initiate
313.18 a civil action in a court of competent jurisdiction to enjoin violations of this section.

313.19 ARTICLE 15

313.20 MENTAL HEALTH UNIFORM SERVICE STANDARDS

313.21 Section 1. [245I.01] PURPOSE AND CITATION.

313.22 Subdivision 1. Citation. This chapter may be cited as the "Mental Health Uniform
313.23 Service Standards Act."

313.24 Subd. 2. Purpose. In accordance with sections 245.461 and 245.487, the purpose of this
313.25 chapter is to create a system of mental health care that is unified, accountable, and
313.26 comprehensive, and to promote the recovery and resiliency of Minnesotans who have mental
313.27 illnesses. The state's public policy is to support Minnesotans' access to quality outpatient
313.28 and residential mental health services. Further, the state's public policy is to protect the
313.29 health and safety, rights, and well-being of Minnesotans receiving mental health services.

314.1 Sec. 2. [245I.011] APPLICABILITY.

314.2 Subdivision 1. License requirements. A license holder under this chapter must comply
314.3 with the requirements in chapters 245A, 245C, and 260E; section 626.557; and Minnesota
314.4 Rules, chapter 9544.

314.5 Subd. 2. Variances. (a) The commissioner may grant a variance to an applicant, license
314.6 holder, or certification holder as long as the variance does not affect the staff qualifications
314.7 or the health or safety of any person in a licensed or certified program and the applicant,
314.8 license holder, or certification holder meets the following conditions:

314.9 (1) an applicant, license holder, or certification holder must request the variance on a
314.10 form approved by the commissioner and in a manner prescribed by the commissioner;

314.11 (2) the request for a variance must include the:

314.12 (i) reasons that the applicant, license holder, or certification holder cannot comply with
314.13 a requirement as stated in the law; and

314.14 (ii) alternative equivalent measures that the applicant, license holder, or certification
314.15 holder will follow to comply with the intent of the law; and

314.16 (3) the request for a variance must state the period of time when the variance is requested.

314.17 (b) The commissioner may grant a permanent variance when the conditions under which
314.18 the applicant, license holder, or certification holder requested the variance do not affect the
314.19 health or safety of any person whom the licensed or certified program serves, and when the
314.20 conditions of the variance do not compromise the qualifications of staff who provide services
314.21 to clients. A permanent variance expires when the conditions that warranted the variance
314.22 change in any way. Any applicant, license holder, or certification holder must inform the
314.23 commissioner of any changes to the conditions that warranted the permanent variance. If
314.24 an applicant, license holder, or certification holder fails to advise the commissioner of
314.25 changes to the conditions that warranted the variance, the commissioner must revoke the
314.26 permanent variance and may impose other sanctions under sections 245A.06 and 245A.07.

314.27 (c) The commissioner's decision to grant or deny a variance request is final and not
314.28 subject to appeal under the provisions of chapter 14.

314.29 Subd. 3. Certification required. (a) An individual, organization, or government entity
314.30 that is exempt from licensure under section 245A.03, subdivision 2, paragraph (a), clause
314.31 (19), and chooses to be identified as a certified mental health clinic must:

314.32 (1) be a mental health clinic that is certified under section 245I.20;

315.1 (2) comply with all of the responsibilities assigned to a license holder by this chapter
315.2 except subdivision 1; and

315.3 (3) comply with all of the responsibilities assigned to a certification holder by chapter
315.4 245A.

315.5 (b) An individual, organization, or government entity described by this subdivision must
315.6 obtain a criminal background study for each staff person or volunteer who provides direct
315.7 contact services to clients.

315.8 Subd. 4. **License required.** An individual, organization, or government entity providing
315.9 intensive residential treatment services or residential crisis stabilization to adults must be
315.10 licensed under section 245I.23. An entity with an adult foster care license providing
315.11 residential crisis stabilization is exempt from licensure under section 245I.23.

315.12 Subd. 5. **Programs certified under chapter 256B.** (a) An individual, organization, or
315.13 government entity certified under the following sections must comply with all of the
315.14 responsibilities assigned to a license holder under this chapter except subdivision 1:

315.15 (1) an assertive community treatment provider under section 256B.0622, subdivision
315.16 3a;

315.17 (2) an adult rehabilitative mental health services provider under section 256B.0623;

315.18 (3) a mobile crisis team under section 256B.0624;

315.19 (4) a children's therapeutic services and supports provider under section 256B.0943;

315.20 (5) an intensive treatment in foster care provider under section 256B.0946; and

315.21 (6) an intensive nonresidential rehabilitative mental health services provider under section
315.22 256B.0947.

315.23 (b) An individual, organization, or government entity certified under the sections listed
315.24 in paragraph (a), clauses (1) to (6), must obtain a criminal background study for each staff
315.25 person and volunteer providing direct contact services to a client.

315.26 Sec. 3. **[245I.02] DEFINITIONS.**

315.27 Subdivision 1. **Scope.** For purposes of this chapter, the terms in this section have the
315.28 meanings given.

315.29 Subd. 2. **Approval.** "Approval" means the documented review of, opportunity to request
315.30 changes to, and agreement with a treatment document. An individual may demonstrate
315.31 approval with a written signature, secure electronic signature, or documented oral approval.

316.1 Subd. 3. **Behavioral sciences or related fields.** "Behavioral sciences or related fields"
316.2 means an education from an accredited college or university in social work, psychology,
316.3 sociology, community counseling, family social science, child development, child
316.4 psychology, community mental health, addiction counseling, counseling and guidance,
316.5 special education, nursing, and other similar fields approved by the commissioner.

316.6 Subd. 4. **Business day.** "Business day" means a weekday on which government offices
316.7 are open for business. Business day does not include state or federal holidays, Saturdays,
316.8 or Sundays.

316.9 Subd. 5. **Case manager.** "Case manager" means a client's case manager according to
316.10 section 256B.0596; 256B.0621; 256B.0625, subdivision 20; 256B.092, subdivision 1a;
316.11 256B.0924; 256B.093, subdivision 3a; 256B.094; or 256B.49.

316.12 Subd. 6. **Certified rehabilitation specialist.** "Certified rehabilitation specialist" means
316.13 a staff person who meets the qualifications of section 245I.04, subdivision 8.

316.14 Subd. 7. **Child.** "Child" means a client under the age of 18.

316.15 Subd. 8. **Client.** "Client" means a person who is seeking or receiving services regulated
316.16 by this chapter. For the purpose of a client's consent to services, client includes a parent,
316.17 guardian, or other individual legally authorized to consent on behalf of a client to services.

316.18 Subd. 9. **Clinical trainee.** "Clinical trainee" means a staff person who is qualified
316.19 according to section 245I.04, subdivision 6.

316.20 Subd. 10. **Commissioner.** "Commissioner" means the commissioner of human services
316.21 or the commissioner's designee.

316.22 Subd. 11. **Co-occurring substance use disorder treatment.** "Co-occurring substance
316.23 use disorder treatment" means the treatment of a person who has a co-occurring mental
316.24 illness and substance use disorder. Co-occurring substance use disorder treatment is
316.25 characterized by stage-wise comprehensive treatment, treatment goal setting, and flexibility
316.26 for clients at each stage of treatment. Co-occurring substance use disorder treatment includes
316.27 assessing and tracking each client's stage of change readiness and treatment using a treatment
316.28 approach based on a client's stage of change, such as motivational interviewing when working
316.29 with a client at an earlier stage of change readiness and a cognitive behavioral approach
316.30 and relapse prevention to work with a client at a later stage of change; and facilitating a
316.31 client's access to community supports.

316.32 Subd. 12. **Crisis plan.** "Crisis plan" means a plan to prevent and de-escalate a client's
316.33 future crisis situation, with the goal of preventing future crises for the client and the client's

317.1 family and other natural supports. Crisis plan includes a crisis plan developed according to
317.2 section 245.4871, subdivision 9a.

317.3 Subd. 13. **Critical incident.** "Critical incident" means an occurrence involving a client
317.4 that requires a license holder to respond in a manner that is not part of the license holder's
317.5 ordinary daily routine. Critical incident includes a client's suicide, attempted suicide, or
317.6 homicide; a client's death; an injury to a client or other person that is life-threatening or
317.7 requires medical treatment; a fire that requires a fire department's response; alleged
317.8 maltreatment of a client; an assault of a client; an assault by a client; or other situation that
317.9 requires a response by law enforcement, the fire department, an ambulance, or another
317.10 emergency response provider.

317.11 Subd. 14. **Diagnostic assessment.** "Diagnostic assessment" means the evaluation and
317.12 report of a client's potential diagnoses that a mental health professional or clinical trainee
317.13 completes under section 245I.10, subdivisions 4 to 6.

317.14 Subd. 15. **Direct contact.** "Direct contact" has the meaning given in section 245C.02,
317.15 subdivision 11.

317.16 Subd. 16. **Family and other natural supports.** "Family and other natural supports"
317.17 means the people whom a client identifies as having a high degree of importance to the
317.18 client. Family and other natural supports also means people that the client identifies as being
317.19 important to the client's mental health treatment, regardless of whether the person is related
317.20 to the client or lives in the same household as the client.

317.21 Subd. 17. **Functional assessment.** "Functional assessment" means the assessment of a
317.22 client's current level of functioning relative to functioning that is appropriate for someone
317.23 the client's age. For a client five years of age or younger, a functional assessment is the
317.24 Early Childhood Service Intensity Instrument (ESCII). For a client six to 17 years of age,
317.25 a functional assessment is the Child and Adolescent Service Intensity Instrument (CASII).
317.26 For a client 18 years of age or older, a functional assessment is the functional assessment
317.27 described in section 245I.10, subdivision 9.

317.28 Subd. 18. **Individual abuse prevention plan.** "Individual abuse prevention plan" means
317.29 a plan according to section 245A.65, subdivision 2, paragraph (b), and section 626.557,
317.30 subdivision 14.

317.31 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care
317.32 decision support tool appropriate to the client's age. For a client five years of age or younger,
317.33 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For
317.34 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service

318.1 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
318.2 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS).

318.3 Subd. 20. **License.** "License" has the meaning given in section 245A.02, subdivision 8.

318.4 Subd. 21. **License holder.** "License holder" has the meaning given in section 245A.02,
318.5 subdivision 9.

318.6 Subd. 22. **Licensed prescriber.** "Licensed prescriber" means an individual who is
318.7 authorized to prescribe legend drugs under section 151.37.

318.8 Subd. 23. **Mental health behavioral aide.** "Mental health behavioral aide" means a
318.9 staff person who is qualified under section 245I.04, subdivision 16.

318.10 Subd. 24. **Mental health certified family peer specialist.** "Mental health certified
318.11 family peer specialist" means a staff person who is qualified under section 245I.04,
318.12 subdivision 12.

318.13 Subd. 25. **Mental health certified peer specialist.** "Mental health certified peer
318.14 specialist" means a staff person who is qualified under section 245I.04, subdivision 10.

318.15 Subd. 26. **Mental health practitioner.** "Mental health practitioner" means a staff person
318.16 who is qualified under section 245I.04, subdivision 4.

318.17 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person
318.18 who is qualified under section 245I.04, subdivision 2.

318.19 Subd. 28. **Mental health rehabilitation worker.** "Mental health rehabilitation worker"
318.20 means a staff person who is qualified under section 245I.04, subdivision 14.

318.21 Subd. 29. **Mental illness.** "Mental illness" means any of the conditions included in the
318.22 most recent editions of the DC: 0-5 Diagnostic Classification of Mental Health and
318.23 Development Disorders of Infancy and Early Childhood published by Zero to Three or the
318.24 Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric
318.25 Association.

318.26 Subd. 30. **Organization.** "Organization" has the meaning given in section 245A.02,
318.27 subdivision 10c.

318.28 Subd. 31. **Personnel file.** "Personnel file" means a set of records under section 245I.07,
318.29 paragraph (a). Personnel files excludes information related to a person's employment that
318.30 is not included in section 245I.07.

318.31 Subd. 32. **Registered nurse.** "Registered nurse" means a staff person who is qualified
318.32 under section 148.171, subdivision 20.

319.1 Subd. 33. **Rehabilitative mental health services.** "Rehabilitative mental health services"
319.2 means mental health services provided to an adult client that enable the client to develop
319.3 and achieve psychiatric stability, social competencies, personal and emotional adjustment,
319.4 independent living skills, family roles, and community skills when symptoms of mental
319.5 illness has impaired any of the client's abilities in these areas.

319.6 Subd. 34. **Residential program.** "Residential program" has the meaning given in section
319.7 245A.02, subdivision 14.

319.8 Subd. 35. **Signature.** "Signature" means a written signature or an electronic signature
319.9 defined in section 325L.02, paragraph (h).

319.10 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license
319.11 holder's direction or under a contract with a license holder. Staff person includes an intern,
319.12 consultant, contractor, individual who works part-time, and an individual who does not
319.13 provide direct contact services to clients. Staff person includes a volunteer who provides
319.14 treatment services to a client or a volunteer whom the license holder regards as a staff person
319.15 for the purpose of meeting staffing or service delivery requirements. A staff person must
319.16 be 18 years of age or older.

319.17 Subd. 37. **Strengths.** "Strengths" means a person's inner characteristics, virtues, external
319.18 relationships, activities, and connections to resources that contribute to a client's resilience
319.19 and core competencies. A person can build on strengths to support recovery.

319.20 Subd. 38. **Trauma.** "Trauma" means an event, series of events, or set of circumstances
319.21 that is experienced by an individual as physically or emotionally harmful or life-threatening
319.22 that has lasting adverse effects on the individual's functioning and mental, physical, social,
319.23 emotional, or spiritual well-being. Trauma includes group traumatic experiences. Group
319.24 traumatic experiences are emotional or psychological harm that a group experiences. Group
319.25 traumatic experiences can be transmitted across generations within a community and are
319.26 often associated with racial and ethnic population groups who suffer major intergenerational
319.27 losses.

319.28 Subd. 39. **Treatment plan.** "Treatment plan" means services that a license holder
319.29 formulates to respond to a client's needs and goals. A treatment plan includes individual
319.30 treatment plans under section 245I.10, subdivisions 7 and 8; initial treatment plans under
319.31 section 245I.23, subdivision 7; and crisis treatment plans under sections 245I.23, subdivision
319.32 8, and 256B.0624, subdivision 11.

320.1 Subd. 40. **Treatment supervision.** "Treatment supervision" means a mental health
320.2 professional's or certified rehabilitation specialist's oversight, direction, and evaluation of
320.3 a staff person providing services to a client according to section 245I.06.

320.4 Subd. 41. **Volunteer.** "Volunteer" means an individual who, under the direction of the
320.5 license holder, provides services to or facilitates an activity for a client without compensation.

320.6 **Sec. 4. [245I.03] REQUIRED POLICIES AND PROCEDURES.**

320.7 Subdivision 1. **Generally.** A license holder must establish, enforce, and maintain policies
320.8 and procedures to comply with the requirements of this chapter and chapters 245A, 245C,
320.9 and 260E; sections 626.557 and 626.5572; and Minnesota Rules, chapter 9544. The license
320.10 holder must make all policies and procedures available in writing to each staff person. The
320.11 license holder must complete and document a review of policies and procedures every two
320.12 years and update policies and procedures as necessary. Each policy and procedure must
320.13 identify the date that it was initiated and the dates of all revisions. The license holder must
320.14 clearly communicate any policy and procedural change to each staff person and provide
320.15 necessary training to each staff person to implement any policy and procedural change.

320.16 Subd. 2. **Health and safety.** A license holder must have policies and procedures to
320.17 ensure the health and safety of each staff person and client during the provision of services,
320.18 including policies and procedures for services based in community settings.

320.19 Subd. 3. **Client rights.** A license holder must have policies and procedures to ensure
320.20 that each staff person complies with the client rights and protections requirements in section
320.21 245I.12.

320.22 Subd. 4. **Behavioral emergencies.** (a) A license holder must have procedures that each
320.23 staff person follows when responding to a client who exhibits behavior that threatens the
320.24 immediate safety of the client or others. A license holder's behavioral emergency procedures
320.25 must incorporate person-centered planning and trauma-informed care.

320.26 (b) A license holder's behavioral emergency procedures must include:

320.27 (1) a plan designed to prevent the client from inflicting self-harm and harming others;

320.28 (2) contact information for emergency resources that a staff person must use when the
320.29 license holder's behavioral emergency procedures are unsuccessful in controlling a client's
320.30 behavior;

320.31 (3) the types of behavioral emergency procedures that a staff person may use;

321.1 (4) the specific circumstances under which the program may use behavioral emergency
321.2 procedures; and

321.3 (5) the staff persons whom the license holder authorizes to implement behavioral
321.4 emergency procedures.

321.5 (c) The license holder's behavioral emergency procedures must not include secluding
321.6 or restraining a client except as allowed under section 245.8261.

321.7 (d) Staff persons must not use behavioral emergency procedures to enforce program
321.8 rules or for the convenience of staff persons. Behavioral emergency procedures must not
321.9 be part of any client's treatment plan. A staff person may not use behavioral emergency
321.10 procedures except in response to a client's current behavior that threatens the immediate
321.11 safety of the client or others.

321.12 Subd. 5. **Health services and medications.** If a license holder is licensed as a residential
321.13 program, stores or administers client medications, or observes clients self-administer
321.14 medications, the license holder must ensure that a staff person who is a registered nurse or
321.15 licensed prescriber reviews and approves of the license holder's policies and procedures to
321.16 comply with the health services and medications requirements in section 245I.11, the training
321.17 requirements in section 245I.05, subdivision 6, and the documentation requirements in
321.18 section 245I.08, subdivision 5.

321.19 Subd. 6. **Reporting maltreatment.** A license holder must have policies and procedures
321.20 for reporting a staff person's suspected maltreatment, abuse, or neglect of a client according
321.21 to chapter 260E and section 626.557.

321.22 Subd. 7. **Critical incidents.** If a license holder is licensed as a residential program, the
321.23 license holder must have policies and procedures for reporting and maintaining records of
321.24 critical incidents according to section 245I.13.

321.25 Subd. 8. **Personnel.** A license holder must have personnel policies and procedures that:

321.26 (1) include a chart or description of the organizational structure of the program that
321.27 indicates positions and lines of authority;

321.28 (2) ensure that it will not adversely affect a staff person's retention, promotion, job
321.29 assignment, or pay when a staff person communicates in good faith with the Department
321.30 of Human Services, the Office of Ombudsman for Mental Health and Developmental
321.31 Disabilities, the Department of Health, a health-related licensing board, a law enforcement
321.32 agency, or a local agency investigating a complaint regarding a client's rights, health, or
321.33 safety;

322.1 (3) prohibit a staff person from having sexual contact with a client in violation of chapter
322.2 604, sections 609.344 or 609.345;

322.3 (4) prohibit a staff person from neglecting, abusing, or maltreating a client as described
322.4 in chapter 260E and sections 626.557 and 626.5572;

322.5 (5) include the drug and alcohol policy described in section 245A.04, subdivision 1,
322.6 paragraph (c);

322.7 (6) describe the process for disciplinary action, suspension, or dismissal of a staff person
322.8 for violating a policy provision described in clauses (3) to (5);

322.9 (7) describe the license holder's response to a staff person who violates other program
322.10 policies or who has a behavioral problem that interferes with providing treatment services
322.11 to clients; and

322.12 (8) describe each staff person's position that includes the staff person's responsibilities,
322.13 authority to execute the responsibilities, and qualifications for the position.

322.14 Subd. 9. **Volunteers.** A license holder must have policies and procedures for using
322.15 volunteers, including when a license holder must submit a background study for a volunteer,
322.16 and the specific tasks that a volunteer may perform.

322.17 Subd. 10. **Data privacy.** (a) A license holder must have policies and procedures that
322.18 comply with all applicable state and federal law. A license holder's use of electronic record
322.19 keeping or electronic signatures does not alter a license holder's obligations to comply with
322.20 applicable state and federal law.

322.21 (b) A license holder must have policies and procedures for a staff person to promptly
322.22 document a client's revocation of consent to disclose the client's health record. The license
322.23 holder must verify that the license holder has permission to disclose a client's health record
322.24 before releasing any client data.

322.25 Sec. 5. **[245I.04] PROVIDER QUALIFICATIONS AND SCOPE OF PRACTICE.**

322.26 Subdivision 1. **Tribal providers.** For purposes of this section, a Tribal entity may
322.27 credential an individual according to section 256B.02, subdivision 7, paragraphs (b) and
322.28 (c).

322.29 Subd. 2. **Mental health professional qualifications.** The following individuals may
322.30 provide services to a client as a mental health professional:

322.31 (1) a registered nurse who is licensed under sections 148.171 to 148.285 and is certified
322.32 as a: (i) clinical nurse specialist in child or adolescent, family, or adult psychiatric and

323.1 mental health nursing by a national certification organization; or (ii) nurse practitioner in
323.2 adult or family psychiatric and mental health nursing by a national nurse certification
323.3 organization;

323.4 (2) a licensed independent clinical social worker as defined in section 148E.050,
323.5 subdivision 5;

323.6 (3) a psychologist licensed by the Board of Psychology under sections 148.88 to 148.98;

323.7 (4) a physician licensed under chapter 147 if the physician is: (i) certified by the American
323.8 Board of Psychiatry and Neurology; (ii) certified by the American Osteopathic Board of
323.9 Neurology and Psychiatry; or (iii) eligible for board certification in psychiatry;

323.10 (5) a marriage and family therapist licensed under sections 148B.29 to 148B.392; or

323.11 (6) a licensed professional clinical counselor licensed under section 148B.5301.

323.12 Subd. 3. **Mental health professional scope of practice.** A mental health professional
323.13 must maintain a valid license with the mental health professional's governing health-related
323.14 licensing board and must only provide services to a client within the scope of practice
323.15 determined by the applicable health-related licensing board.

323.16 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified
323.17 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health
323.18 practitioner.

323.19 (b) An individual is qualified as a mental health practitioner through relevant coursework
323.20 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral
323.21 sciences or related fields and:

323.22 (1) has at least 2,000 hours of experience providing services to individuals with:

323.23 (i) a mental illness or a substance use disorder; or

323.24 (ii) a traumatic brain injury or a developmental disability, and completes the additional
323.25 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
323.26 contact services to a client;

323.27 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
323.28 of the individual's clients belong, and completes the additional training described in section
323.29 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

323.30 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
323.31 256B.0943; or

324.1 (4) has completed a practicum or internship that (i) required direct interaction with adult
324.2 clients or child clients, and (ii) was focused on behavioral sciences or related fields.

324.3 (c) An individual is qualified as a mental health practitioner through work experience
324.4 if the individual:

324.5 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:

324.6 (i) a mental illness or a substance use disorder; or

324.7 (ii) a traumatic brain injury or a developmental disability, and completes the additional
324.8 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
324.9 contact services to clients; or

324.10 (2) receives treatment supervision at least once per week until meeting the requirement
324.11 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing
324.12 services to individuals with:

324.13 (i) a mental illness or a substance use disorder; or

324.14 (ii) a traumatic brain injury or a developmental disability, and completes the additional
324.15 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
324.16 contact services to clients.

324.17 (d) An individual is qualified as a mental health practitioner if the individual has a
324.18 master's or other graduate degree in behavioral sciences or related fields.

324.19 Subd. 5. **Mental health practitioner scope of practice.** (a) A mental health practitioner
324.20 under the treatment supervision of a mental health professional or certified rehabilitation
324.21 specialist may provide an adult client with client education, rehabilitative mental health
324.22 services, functional assessments, level of care assessments, and treatment plans. A mental
324.23 health practitioner under the treatment supervision of a mental health professional may
324.24 provide skill-building services to a child client and complete treatment plans for a child
324.25 client.

324.26 (b) A mental health practitioner must not provide treatment supervision to other staff
324.27 persons. A mental health practitioner may provide direction to mental health rehabilitation
324.28 workers and mental health behavioral aides.

324.29 (c) A mental health practitioner who provides services to clients according to section
324.30 256B.0624 or 256B.0944 may perform crisis assessments and interventions for a client.

324.31 Subd. 6. **Clinical trainee qualifications.** (a) A clinical trainee is a staff person who: (1)
324.32 is enrolled in an accredited graduate program of study to prepare the staff person for

325.1 independent licensure as a mental health professional and who is participating in a practicum
325.2 or internship with the license holder through the individual's graduate program; or (2) has
325.3 completed an accredited graduate program of study to prepare the staff person for independent
325.4 licensure as a mental health professional and who is in compliance with the requirements
325.5 of the applicable health-related licensing board, including requirements for supervised
325.6 practice.

325.7 (b) A clinical trainee is responsible for notifying and applying to a health-related licensing
325.8 board to ensure that the trainee meets the requirements of the health-related licensing board.
325.9 As permitted by a health-related licensing board, treatment supervision under this chapter
325.10 may be integrated into a plan to meet the supervisory requirements of the health-related
325.11 licensing board but does not supersede those requirements.

325.12 Subd. 7. **Clinical trainee scope of practice.** (a) A clinical trainee under the treatment
325.13 supervision of a mental health professional may provide a client with psychotherapy, client
325.14 education, rehabilitative mental health services, diagnostic assessments, functional
325.15 assessments, level of care assessments, and treatment plans.

325.16 (b) A clinical trainee must not provide treatment supervision to other staff persons. A
325.17 clinical trainee may provide direction to mental health behavioral aides and mental health
325.18 rehabilitation workers.

325.19 (c) A psychological clinical trainee under the treatment supervision of a psychologist
325.20 may perform psychological testing of clients.

325.21 (d) A clinical trainee must not provide services to clients that violate any practice act of
325.22 a health-related licensing board, including failure to obtain licensure if licensure is required.

325.23 Subd. 8. **Certified rehabilitation specialist qualifications.** A certified rehabilitation
325.24 specialist must have:

325.25 (1) a master's degree from an accredited college or university in behavioral sciences or
325.26 related fields;

325.27 (2) at least 4,000 hours of post-master's supervised experience providing mental health
325.28 services to clients; and

325.29 (3) a valid national certification as a certified rehabilitation counselor or certified
325.30 psychosocial rehabilitation practitioner.

325.31 Subd. 9. **Certified rehabilitation specialist scope of practice.** (a) A certified
325.32 rehabilitation specialist may provide an adult client with client education, rehabilitative

326.1 mental health services, functional assessments, level of care assessments, and treatment
326.2 plans.

326.3 (b) A certified rehabilitation specialist may provide treatment supervision to a mental
326.4 health certified peer specialist, mental health practitioner, and mental health rehabilitation
326.5 worker.

326.6 Subd. 10. **Mental health certified peer specialist qualifications.** A mental health
326.7 certified peer specialist must:

326.8 (1) have been diagnosed with a mental illness;

326.9 (2) be a current or former mental health services client; and

326.10 (3) have a valid certification as a mental health certified peer specialist under section
326.11 256B.0615.

326.12 Subd. 11. **Mental health certified peer specialist scope of practice.** A mental health
326.13 certified peer specialist under the treatment supervision of a mental health professional or
326.14 certified rehabilitation specialist must:

326.15 (1) provide individualized peer support to each client;

326.16 (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development
326.17 of natural supports; and

326.18 (3) support a client's maintenance of skills that the client has learned from other services.

326.19 Subd. 12. **Mental health certified family peer specialist qualifications.** A mental
326.20 health certified family peer specialist must:

326.21 (1) have raised or be currently raising a child with a mental illness;

326.22 (2) have experience navigating the children's mental health system; and

326.23 (3) have a valid certification as a mental health certified family peer specialist under
326.24 section 256B.0616.

326.25 Subd. 13. **Mental health certified family peer specialist scope of practice.** A mental
326.26 health certified family peer specialist under the treatment supervision of a mental health
326.27 professional must provide services to increase the child's ability to function in the child's
326.28 home, school, and community. The mental health certified family peer specialist must:

326.29 (1) provide family peer support to build on a client's family's strengths and help the
326.30 family achieve desired outcomes;

- 327.1 (2) provide nonadversarial advocacy to a child client and the child's family that
327.2 encourages partnership and promotes the child's positive change and growth;
- 327.3 (3) support families in advocating for culturally appropriate services for a child in each
327.4 treatment setting;
- 327.5 (4) promote resiliency, self-advocacy, and development of natural supports;
- 327.6 (5) support maintenance of skills learned from other services;
- 327.7 (6) establish and lead parent support groups;
- 327.8 (7) assist parents in developing coping and problem-solving skills; and
- 327.9 (8) educate parents about mental illnesses and community resources, including resources
327.10 that connect parents with similar experiences to one another.

327.11 Subd. 14. **Mental health rehabilitation worker qualifications.** (a) A mental health
327.12 rehabilitation worker must:

- 327.13 (1) have a high school diploma or equivalent; and
- 327.14 (2) meet one of the following qualification requirements:
- 327.15 (i) be fluent in the non-English language or competent in the culture of the ethnic group
327.16 to which at least 20 percent of the mental health rehabilitation worker's clients belong;
- 327.17 (ii) have an associate of arts degree;
- 327.18 (iii) have two years of full-time postsecondary education or a total of 15 semester hours
327.19 or 23 quarter hours in behavioral sciences or related fields;
- 327.20 (iv) be a registered nurse;
- 327.21 (v) have, within the previous ten years, three years of personal life experience with
327.22 mental illness;
- 327.23 (vi) have, within the previous ten years, three years of life experience as a primary
327.24 caregiver to an adult with a mental illness, traumatic brain injury, substance use disorder,
327.25 or developmental disability; or
- 327.26 (vii) have, within the previous ten years, 2,000 hours of work experience providing
327.27 health and human services to individuals.

327.28 (b) A mental health rehabilitation worker who is scheduled as an overnight staff person
327.29 and works alone is exempt from the additional qualification requirements in paragraph (a),
327.30 clause (2).

328.1 Subd. 15. **Mental health rehabilitation worker scope of practice.** A mental health
328.2 rehabilitation worker under the treatment supervision of a mental health professional or
328.3 certified rehabilitation specialist may provide rehabilitative mental health services to an
328.4 adult client according to the client's treatment plan.

328.5 Subd. 16. **Mental health behavioral aide qualifications.** (a) A level 1 mental health
328.6 behavioral aide must have: (1) a high school diploma or equivalent; or (2) two years of
328.7 experience as a primary caregiver to a child with mental illness within the previous ten
328.8 years.

328.9 (b) A level 2 mental health behavioral aide must: (1) have an associate or bachelor's
328.10 degree; or (2) be certified by a program under section 256B.0943, subdivision 8a.

328.11 Subd. 17. **Mental health behavioral aide scope of practice.** While under the treatment
328.12 supervision of a mental health professional, a mental health behavioral aide may practice
328.13 psychosocial skills with a child client according to the child's treatment plan and individual
328.14 behavior plan that a mental health professional, clinical trainee, or mental health practitioner
328.15 has previously taught to the child.

328.16 Sec. 6. **[245I.05] TRAINING REQUIRED.**

328.17 Subdivision 1. **Training plan.** A license holder must develop a training plan to ensure
328.18 that staff persons receive ongoing training according to this section. The training plan must
328.19 include:

328.20 (1) a formal process to evaluate the training needs of each staff person. An annual
328.21 performance evaluation of a staff person satisfies this requirement;

328.22 (2) a description of how the license holder conducts ongoing training of each staff person,
328.23 including whether ongoing training is based on a staff person's hire date or a specified annual
328.24 cycle determined by the program;

328.25 (3) a description of how the license holder verifies and documents each staff person's
328.26 previous training experience. A license holder may consider a staff person to have met a
328.27 training requirement in subdivision 3, paragraph (d) or (e), if the staff person has received
328.28 equivalent postsecondary education in the previous four years or training experience in the
328.29 previous two years; and

328.30 (4) a description of how the license holder determines when a staff person needs
328.31 additional training, including when the license holder will provide additional training.

329.1 Subd. 2. **Documentation of training.** (a) The license holder must provide training to
329.2 each staff person according to the training plan and must document that the license holder
329.3 provided the training to each staff person. The license holder must document the following
329.4 information for each staff person's training:

329.5 (1) the topics of the training;

329.6 (2) the name of the trainee;

329.7 (3) the name and credentials of the trainer;

329.8 (4) the license holder's method of evaluating the trainee's competency upon completion
329.9 of training;

329.10 (5) the date of the training; and

329.11 (6) the length of training in hours and minutes.

329.12 (b) Documentation of a staff person's continuing education credit accepted by the
329.13 governing health-related licensing board is sufficient to document training for purposes of
329.14 this subdivision.

329.15 Subd. 3. **Initial training.** (a) A staff person must receive training about:

329.16 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and

329.17 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
329.18 within 72 hours of first providing direct contact services to a client.

329.19 (b) Before providing direct contact services to a client, a staff person must receive training
329.20 about:

329.21 (1) client rights and protections under section 245I.12;

329.22 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
329.23 under section 144.294, and client privacy;

329.24 (3) emergency procedures that the staff person must follow when responding to a fire,
329.25 inclement weather, a report of a missing person, and a behavioral or medical emergency;

329.26 (4) specific activities and job functions for which the staff person is responsible, including
329.27 the license holder's program policies and procedures applicable to the staff person's position;

329.28 (5) professional boundaries that the staff person must maintain; and

330.1 (6) specific needs of each client to whom the staff person will be providing direct contact
330.2 services, including each client's developmental status, cognitive functioning, physical and
330.3 mental abilities.

330.4 (c) Before providing direct contact services to a client, a mental health rehabilitation
330.5 worker, mental health behavioral aide, or mental health practitioner qualified under section
330.6 245I.04, subdivision 4, must receive 30 hours of training about:

330.7 (1) mental illnesses;

330.8 (2) client recovery and resiliency;

330.9 (3) mental health de-escalation techniques;

330.10 (4) co-occurring mental illness and substance use disorders; and

330.11 (5) psychotropic medications and medication side effects.

330.12 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
330.13 trainee, mental health practitioner, mental health certified peer specialist, or mental health
330.14 rehabilitation worker must receive training about:

330.15 (1) trauma-informed care and secondary trauma;

330.16 (2) person-centered individual treatment plans, including seeking partnerships with
330.17 family and other natural supports;

330.18 (3) co-occurring substance use disorders; and

330.19 (4) culturally responsive treatment practices.

330.20 (e) Within 90 days of first providing direct contact services to a child client, a clinical
330.21 trainee, mental health practitioner, mental health certified family peer specialist, mental
330.22 health certified peer specialist, or mental health behavioral aide must receive training about
330.23 the topics in clauses (1) to (5). This training must address the developmental characteristics
330.24 of each child served by the license holder and address the needs of each child in the context
330.25 of the child's family, support system, and culture. Training topics must include:

330.26 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
330.27 (ACEs);

330.28 (2) family-centered treatment plan development, including seeking partnership with a
330.29 child client's family and other natural supports;

330.30 (3) mental illness and co-occurring substance use disorders in family systems;

330.31 (4) culturally responsive treatment practices; and

331.1 (5) child development, including cognitive functioning, and physical and mental abilities.

331.2 (f) For a mental health behavioral aide, the training under paragraph (e) must include
331.3 parent team training using a curriculum approved by the commissioner.

331.4 Subd. 4. **Ongoing training.** (a) A license holder must ensure that staff persons who
331.5 provide direct contact services to clients receive annual training about the topics in
331.6 subdivision 3, paragraphs (a) and (b), clauses (1) to (3).

331.7 (b) A license holder must ensure that each staff person who is qualified under section
331.8 245I.04 who is not a mental health professional receives 30 hours of training every two
331.9 years. The training topics must be based on the program's needs and the staff person's areas
331.10 of competency.

331.11 Subd. 5. **Additional training for medication administration.** (a) Prior to administering
331.12 medications to a client under delegated authority or observing a client self-administer
331.13 medications, a staff person who is not a licensed prescriber, registered nurse, or licensed
331.14 practical nurse qualified under section 148.171, subdivision 8, must receive training about
331.15 psychotropic medications, side effects, and medication management.

331.16 (b) Prior to administering medications to a client under delegated authority, a staff person
331.17 must successfully complete a:

331.18 (1) medication administration training program for unlicensed personnel through an
331.19 accredited Minnesota postsecondary educational institution with completion of the course
331.20 documented in writing and placed in the staff person's personnel file; or

331.21 (2) formalized training program taught by a registered nurse or licensed prescriber that
331.22 is offered by the license holder. A staff person's successful completion of the formalized
331.23 training program must include direct observation of the staff person to determine the staff
331.24 person's areas of competency.

331.25 Sec. 7. **[245I.06] TREATMENT SUPERVISION.**

331.26 Subdivision 1. **Generally.** (a) A license holder must ensure that a mental health
331.27 professional or certified rehabilitation specialist provides treatment supervision to each staff
331.28 person who provides services to a client and who is not a mental health professional or
331.29 certified rehabilitation specialist. When providing treatment supervision, a treatment
331.30 supervisor must follow a staff person's written treatment supervision plan.

332.1 (b) Treatment supervision must focus on each client's treatment needs and the ability of
332.2 the staff person under treatment supervision to provide services to each client, including
332.3 the following topics related to the staff person's current caseload:

332.4 (1) a review and evaluation of the interventions that the staff person delivers to each
332.5 client;

332.6 (2) instruction on alternative strategies if a client is not achieving treatment goals;

332.7 (3) a review and evaluation of each client's assessments, treatment plans, and progress
332.8 notes for accuracy and appropriateness;

332.9 (4) instruction on the cultural norms or values of the clients and communities that the
332.10 license holder serves and the impact that a client's culture has on providing treatment;

332.11 (5) evaluation of and feedback regarding a direct service staff person's areas of
332.12 competency; and

332.13 (6) coaching, teaching, and practicing skills with a staff person.

332.14 (c) A treatment supervisor must provide treatment supervision to a staff person using
332.15 methods that allow for immediate feedback, including in-person, telephone, and interactive
332.16 video supervision.

332.17 (d) A treatment supervisor's responsibility for a staff person receiving treatment
332.18 supervision is limited to the services provided by the associated license holder. If a staff
332.19 person receiving treatment supervision is employed by multiple license holders, each license
332.20 holder is responsible for providing treatment supervision related to the treatment of the
332.21 license holder's clients.

332.22 Subd. 2. **Treatment supervision planning.** (a) A treatment supervisor and the staff
332.23 person supervised by the treatment supervisor must develop a written treatment supervision
332.24 plan. The license holder must ensure that a new staff person's treatment supervision plan is
332.25 completed and implemented by a treatment supervisor and the new staff person within 30
332.26 days of the new staff person's first day of employment. The license holder must review and
332.27 update each staff person's treatment supervision plan annually.

332.28 (b) Each staff person's treatment supervision plan must include:

332.29 (1) the name and qualifications of the staff person receiving treatment supervision;

332.30 (2) the names and licensures of the treatment supervisors who are supervising the staff
332.31 person;

333.1 (3) how frequently the treatment supervisors must provide treatment supervision to the
 333.2 staff person; and

333.3 (4) the staff person's authorized scope of practice, including a description of the client
 333.4 population that the staff person serves, and a description of the treatment methods and
 333.5 modalities that the staff person may use to provide services to clients.

333.6 **Subd. 3. Treatment supervision and direct observation of mental health**
 333.7 **rehabilitation workers and mental health behavioral aides.** (a) A mental health behavioral
 333.8 aide or a mental health rehabilitation worker must receive direct observation from a mental
 333.9 health professional, clinical trainee, certified rehabilitation specialist, or mental health
 333.10 practitioner while the mental health behavioral aide or mental health rehabilitation worker
 333.11 provides treatment services to clients, no less than twice per month for the first six months
 333.12 of employment and once per month thereafter. The staff person performing the direct
 333.13 observation must approve of the progress note for the observed treatment service.

333.14 (b) For a mental health rehabilitation worker qualified under section 245I.04, subdivision
 333.15 14, paragraph (a), clause (2), item (i), treatment supervision in the first 2,000 hours of work
 333.16 must at a minimum consist of:

333.17 (1) monthly individual supervision; and

333.18 (2) direct observation twice per month.

333.19 **Sec. 8. [245I.07] PERSONNEL FILES.**

333.20 (a) For each staff person, a license holder must maintain a personnel file that includes:

333.21 (1) verification of the staff person's qualifications required for the position including
 333.22 training, education, practicum or internship agreement, licensure, and any other required
 333.23 qualifications;

333.24 (2) documentation related to the staff person's background study;

333.25 (3) the hiring date of the staff person;

333.26 (4) a description of the staff person's job responsibilities with the license holder;

333.27 (5) the date that the staff person's specific duties and responsibilities became effective,
 333.28 including the date that the staff person began having direct contact with clients;

333.29 (6) documentation of the staff person's training as required by section 245I.05, subdivision
 333.30 2;

334.1 (7) a verification copy of license renewals that the staff person completed during the
334.2 staff person's employment;

334.3 (8) annual job performance evaluations; and

334.4 (9) if applicable, the staff person's alleged and substantiated violations of the license
334.5 holder's policies under section 245I.03, subdivision 8, clauses (3) to (7), and the license
334.6 holder's response.

334.7 (b) The license holder must ensure that all personnel files are readily accessible for the
334.8 commissioner's review. The license holder is not required to keep personnel files in a single
334.9 location.

334.10 Sec. 9. [245I.08] DOCUMENTATION STANDARDS.

334.11 Subdivision 1. **Generally.** A license holder must ensure that all documentation required
334.12 by this chapter complies with this section.

334.13 Subd. 2. **Documentation standards.** A license holder must ensure that all documentation
334.14 required by this chapter:

334.15 (1) is legible;

334.16 (2) identifies the applicable client and staff person on each page; and

334.17 (3) is signed and dated by the staff persons who provided services to the client or
334.18 completed the documentation, including the staff persons' credentials.

334.19 Subd. 3. **Documenting approval.** A license holder must ensure that all diagnostic
334.20 assessments, functional assessments, level of care assessments, and treatment plans completed
334.21 by a clinical trainee or mental health practitioner contain documentation of approval by a
334.22 treatment supervisor within five business days of initial completion by the staff person under
334.23 treatment supervision.

334.24 Subd. 4. **Progress notes.** A license holder must use a progress note to document each
334.25 occurrence of a mental health service that a staff person provides to a client. A progress
334.26 note must include the following:

334.27 (1) the type of service;

334.28 (2) the date of service;

334.29 (3) the start and stop time of the service unless the license holder is licensed as a
334.30 residential program;

334.31 (4) the location of the service;

335.1 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the
335.2 intervention that the staff person provided to the client and the methods that the staff person
335.3 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future
335.4 actions, including changes in treatment that the staff person will implement if the intervention
335.5 was ineffective; and (v) the service modality;

335.6 (6) the signature, printed name, and credentials of the staff person who provided the
335.7 service to the client;

335.8 (7) the mental health provider travel documentation required by section 256B.0625, if
335.9 applicable; and

335.10 (8) significant observations by the staff person, if applicable, including: (i) the client's
335.11 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with
335.12 or referrals to other professionals, family, or significant others; and (iv) changes in the
335.13 client's mental or physical symptoms.

335.14 **Subd. 5. Medication administration record.** If a license holder administers or observes
335.15 a client self-administer medications, the license holder must maintain a medication
335.16 administration record for each client that contains the following, as applicable:

335.17 (1) the client's date of birth;

335.18 (2) the client's allergies;

335.19 (3) all medication orders for the client, including client-specific orders for
335.20 over-the-counter medications and approved condition-specific protocols;

335.21 (4) the name of each ordered medication, date of each medication's expiration, each
335.22 medication's dosage frequency, method of administration, and time;

335.23 (5) the licensed prescriber's name and telephone number;

335.24 (6) the date of initiation;

335.25 (7) the signature, printed name, and credentials of the staff person who administered the
335.26 medication or observed the client self-administer the medication; and

335.27 (8) the reason that the license holder did not administer the client's prescribed medication
335.28 or observe the client self-administer the client's prescribed medication.

335.29 **Sec. 10. [245L.09] CLIENT FILES.**

335.30 **Subdivision 1. Generally.** (a) A license holder must maintain a file for each client that
335.31 contains the client's current and accurate records. The license holder must store each client

336.1 file on the premises where the license holder provides or coordinates services for the client.
336.2 The license holder must ensure that all client files are readily accessible for the
336.3 commissioner's review. The license holder is not required to keep client files in a single
336.4 location.

336.5 (b) The license holder must protect client records against loss, tampering, or unauthorized
336.6 disclosure of confidential client data according to the Minnesota Government Data Practices
336.7 Act, chapter 13; the privacy provisions of the Minnesota health care programs provider
336.8 agreement; the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
336.9 Public Law 104-191; and the Minnesota Health Records Act, sections 144.291 to 144.298.

336.10 Subd. 2. **Record retention.** A license holder must retain client records of a discharged
336.11 client for a minimum of five years from the date of the client's discharge. A license holder
336.12 who ceases to provide treatment services to a client must retain the client's records for a
336.13 minimum of five years from the date that the license holder stopped providing services to
336.14 the client and must notify the commissioner of the location of the client records and the
336.15 name of the individual responsible for storing and maintaining the client records.

336.16 Subd. 3. **Contents.** A license holder must retain a clear and complete record of the
336.17 information that the license holder receives regarding a client, and of the services that the
336.18 license holder provides to the client. If applicable, each client's file must include the following
336.19 information:

336.20 (1) the client's screenings, assessments, and testing;

336.21 (2) the client's treatment plans and reviews of the client's treatment plan;

336.22 (3) the client's individual abuse prevention plans;

336.23 (4) the client's health care directive under section 145C.01, subdivision 5a, and the
336.24 client's emergency contacts;

336.25 (5) the client's crisis plans;

336.26 (6) the client's consents for releases of information and documentation of the client's
336.27 releases of information;

336.28 (7) the client's significant medical and health-related information;

336.29 (8) a record of each communication that a staff person has with the client's other mental
336.30 health providers and persons interested in the client, including the client's case manager,
336.31 family members, primary caregiver, legal representatives, court representatives,
336.32 representatives from the correctional system, or school administration;

337.1 (9) written information by the client that the client requests to include in the client's file;
337.2 and

337.3 (10) the date of the client's discharge from the license holder's program, the reason that
337.4 the license holder discontinued services for the client, and the client's discharge summaries.

337.5 Sec. 11. **[245I.10] ASSESSMENT AND TREATMENT PLANNING.**

337.6 Subdivision 1. **Definitions.** (a) "Diagnostic formulation" means a written analysis and
337.7 explanation of a client's clinical assessment to develop a hypothesis about the cause and
337.8 nature of a client's presenting problems and to identify the most suitable approach for treating
337.9 the client.

337.10 (b) "Responsivity factors" means the factors other than the diagnostic formulation that
337.11 may modify a client's treatment needs. This includes a client's learning style, abilities,
337.12 cognitive functioning, cultural background, and personal circumstances. When documenting
337.13 a client's responsivity factors a mental health professional or clinical trainee must include
337.14 an analysis of how a client's strengths are reflected in the license holder's plan to deliver
337.15 services to the client.

337.16 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or
337.17 crisis assessment to determine a client's eligibility for mental health services, except as
337.18 provided in this section.

337.19 (b) Prior to completing a client's initial diagnostic assessment, a license holder may
337.20 provide a client with the following services:

337.21 (1) an explanation of findings;

337.22 (2) neuropsychological testing, neuropsychological assessment, and psychological
337.23 testing;

337.24 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and
337.25 family psychoeducation sessions not to exceed three sessions;

337.26 (4) crisis assessment services according to section 256B.0624; and

337.27 (5) ten days of intensive residential treatment services according to the assessment and
337.28 treatment planning standards in section 245.23, subdivision 7.

337.29 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,
337.30 a license holder may provide a client with the following services:

338.1 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;
338.2 and

338.3 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family
338.4 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
338.5 within a 12-month period without prior authorization.

338.6 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder
338.7 may provide a client with any combination of psychotherapy sessions, group psychotherapy
338.8 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed
338.9 ten sessions within a 12-month period without prior authorization for any new client or for
338.10 an existing client who the license holder projects will need fewer than ten sessions during
338.11 the next 12 months.

338.12 (e) Based on the client's needs that a hospital's medical history and presentation
338.13 examination identifies, a license holder may provide a client with:

338.14 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family
338.15 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
338.16 within a 12-month period without prior authorization for any new client or for an existing
338.17 client who the license holder projects will need fewer than ten sessions during the next 12
338.18 months; and

338.19 (2) up to five days of day treatment services or partial hospitalization.

338.20 (f) A license holder must complete a new standard diagnostic assessment of a client:

338.21 (1) when the client requires services of a greater number or intensity than the services
338.22 that paragraphs (b) to (e) describe;

338.23 (2) at least annually following the client's initial diagnostic assessment if the client needs
338.24 additional mental health services and the client does not meet the criteria for a brief
338.25 assessment;

338.26 (3) when the client's mental health condition has changed markedly since the client's
338.27 most recent diagnostic assessment; or

338.28 (4) when the client's current mental health condition does not meet the criteria of the
338.29 client's current diagnosis.

338.30 (g) For an existing client, the license holder must ensure that a new standard diagnostic
338.31 assessment includes a written update containing all significant new or changed information
338.32 about the client, and an update regarding what information has not significantly changed,

339.1 including a discussion with the client about changes in the client's life situation, functioning,
339.2 presenting problems, and progress with achieving treatment goals since the client's last
339.3 diagnostic assessment was completed.

339.4 Subd. 3. **Continuity of services.** (a) For any client with a diagnostic assessment
339.5 completed under Minnesota Rules, parts 9505.0370 to 9505.0372, before the effective date
339.6 of this section, the diagnostic assessment is valid for authorizing the client's treatment and
339.7 billing for one calendar year after the date that the assessment was completed.

339.8 (b) For any client with an individual treatment plan completed under section 256B.0622,
339.9 256B.0623, 256B.0943, 256B.0946, or 256B.0947 or Minnesota Rules, parts 9505.0370 to
339.10 9505.0372, the client's treatment plan is valid for authorizing treatment and billing until the
339.11 treatment plan's expiration date.

339.12 (c) This subdivision expires July 1, 2023.

339.13 Subd. 4. **Diagnostic assessment.** A client's diagnostic assessment must: (1) identify at
339.14 least one mental health diagnosis for which the client meets the diagnostic criteria and
339.15 recommend mental health services to develop the client's mental health services and treatment
339.16 plan; or (2) include a finding that the client does not meet the criteria for a mental health
339.17 disorder.

339.18 Subd. 5. **Brief diagnostic assessment; required elements.** (a) Only a mental health
339.19 professional or clinical trainee may complete a brief diagnostic assessment of a client. A
339.20 license holder may only use a brief diagnostic assessment for a client who is six years of
339.21 age or older.

339.22 (b) When conducting a brief diagnostic assessment of a client, the assessor must complete
339.23 a face-to-face interview with the client and a written evaluation of the client. The assessor
339.24 must gather and document initial components of the client's standard diagnostic assessment,
339.25 including the client's:

339.26 (1) age;

339.27 (2) description of symptoms, including the reason for the client's referral;

339.28 (3) history of mental health treatment;

339.29 (4) cultural influences on the client; and

339.30 (5) mental status examination.

339.31 (c) Based on the initial components of the assessment, the assessor must develop a
339.32 provisional diagnostic formulation about the client. The assessor may use the client's

340.1 provisional diagnostic formulation to address the client's immediate needs and presenting
340.2 problems.

340.3 (d) A mental health professional or clinical trainee may use treatment sessions with the
340.4 client authorized by a brief diagnostic assessment to gather additional information about
340.5 the client to complete the client's standard diagnostic assessment if the number of sessions
340.6 will exceed the coverage limits in subdivision 2.

340.7 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health
340.8 professional or a clinical trainee may complete a standard diagnostic assessment of a client.
340.9 A standard diagnostic assessment of a client must include a face-to-face interview with a
340.10 client and a written evaluation of the client. The assessor must complete a client's standard
340.11 diagnostic assessment within the client's cultural context.

340.12 (b) When completing a standard diagnostic assessment of a client, the assessor must
340.13 gather and document information about the client's current life situation, including the
340.14 following information:

340.15 (1) the client's age;

340.16 (2) the client's current living situation, including the client's housing status and household
340.17 members;

340.18 (3) the status of the client's basic needs;

340.19 (4) the client's education level and employment status;

340.20 (5) the client's current medications;

340.21 (6) any immediate risks to the client's health and safety;

340.22 (7) the client's perceptions of the client's condition;

340.23 (8) the client's description of the client's symptoms, including the reason for the client's
340.24 referral;

340.25 (9) the client's history of mental health treatment; and

340.26 (10) cultural influences on the client.

340.27 (c) If the assessor cannot obtain the information that this subdivision requires without
340.28 retraumatizing the client or harming the client's willingness to engage in treatment, the
340.29 assessor must identify which topics will require further assessment during the course of the
340.30 client's treatment. The assessor must gather and document information related to the following
340.31 topics:

341.1 (1) the client's relationship with the client's family and other significant personal
341.2 relationships, including the client's evaluation of the quality of each relationship;

341.3 (2) the client's strengths and resources, including the extent and quality of the client's
341.4 social networks;

341.5 (3) important developmental incidents in the client's life;

341.6 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

341.7 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

341.8 (6) the client's health history and the client's family health history, including the client's
341.9 physical, chemical, and mental health history.

341.10 (d) When completing a standard diagnostic assessment of a client, an assessor must use
341.11 a recognized diagnostic framework.

341.12 (1) When completing a standard diagnostic assessment of a client who is five years of
341.13 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
341.14 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
341.15 published by Zero to Three.

341.16 (2) When completing a standard diagnostic assessment of a client who is six years of
341.17 age or older, the assessor must use the current edition of the Diagnostic and Statistical
341.18 Manual of Mental Disorders published by the American Psychiatric Association.

341.19 (3) When completing a standard diagnostic assessment of a client who is five years of
341.20 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
341.21 (ECSII) to the client and include the results in the client's assessment.

341.22 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
341.23 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
341.24 (CASII) to the client and include the results in the client's assessment.

341.25 (5) When completing a standard diagnostic assessment of a client who is 18 years of
341.26 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
341.27 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
341.28 published by the American Psychiatric Association to screen and assess the client for a
341.29 substance use disorder.

341.30 (e) When completing a standard diagnostic assessment of a client, the assessor must
341.31 include and document the following components of the assessment:

341.32 (1) the client's mental status examination;

342.1 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
342.2 vulnerabilities; safety needs, including client information that supports the assessor's findings
342.3 after applying a recognized diagnostic framework from paragraph (d); and any differential
342.4 diagnosis of the client;

342.5 (3) an explanation of: (i) how the assessor diagnosed the client using the information
342.6 from the client's interview, assessment, psychological testing, and collateral information
342.7 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
342.8 and (v) the client's responsivity factors.

342.9 (f) When completing a standard diagnostic assessment of a client, the assessor must
342.10 consult the client and the client's family about which services that the client and the family
342.11 prefer to treat the client. The assessor must make referrals for the client as to services required
342.12 by law.

342.13 Subd. 7. **Individual treatment plan.** A license holder must follow each client's written
342.14 individual treatment plan when providing services to the client with the following exceptions:

342.15 (1) services that do not require that a license holder completes a standard diagnostic
342.16 assessment of a client before providing services to the client;

342.17 (2) when developing a service plan; and

342.18 (3) when a client re-engages in services under subdivision 8, paragraph (b).

342.19 Subd. 8. **Individual treatment plan; required elements.** (a) After completing a client's
342.20 diagnostic assessment and before providing services to the client, the license holder must
342.21 complete the client's individual treatment plan. The license holder must:

342.22 (1) base the client's individual treatment plan on the client's diagnostic assessment and
342.23 baseline measurements;

342.24 (2) for a child client, use a child-centered, family-driven, and culturally appropriate
342.25 planning process that allows the child's parents and guardians to observe and participate in
342.26 the child's individual and family treatment services, assessments, and treatment planning;

342.27 (3) for an adult client, use a person-centered, culturally appropriate planning process
342.28 that allows the client's family and other natural supports to observe and participate in the
342.29 client's treatment services, assessments, and treatment planning;

342.30 (4) identify the client's treatment goals, measureable treatment objectives, a schedule
342.31 for accomplishing the client's treatment goals and objectives, a treatment strategy, and the

343.1 individuals responsible for providing treatment services and supports to the client. The
343.2 license holder must have a treatment strategy to engage the client in treatment if the client:

343.3 (i) has a history of not engaging in treatment; and

343.4 (ii) is ordered by a court to participate in treatment services or to take neuroleptic
343.5 medications;

343.6 (5) identify the participants involved in the client's treatment planning. The client must
343.7 be a participant in the client's treatment planning. If applicable, the license holder must
343.8 document the reasons that the license holder did not involve the client's family or other
343.9 natural supports in the client's treatment planning;

343.10 (6) review the client's individual treatment plan every 180 days and update the client's
343.11 individual treatment plan with the client's treatment progress, new treatment objectives and
343.12 goals or, if the client has not made treatment progress, changes in the license holder's
343.13 approach to treatment; and

343.14 (7) ensure that the client approves of the client's individual treatment plan unless a court
343.15 orders the client's treatment plan under chapter 253B.

343.16 (b) If the client disagrees with the client's treatment plan, the license holder must
343.17 document in the client file the reasons why the client does not agree with the treatment plan.
343.18 If the license holder cannot obtain the client's approval of the treatment plan, a mental health
343.19 professional must make efforts to obtain approval from a person who is authorized to consent
343.20 on the client's behalf within 30 days after the client's previous individual treatment plan
343.21 expired. A license holder may not deny a client service during this time period solely because
343.22 the license holder could not obtain the client's approval of the client's individual treatment
343.23 plan. A license holder may continue to bill for the client's otherwise eligible services when
343.24 the client re-engages in services.

343.25 Subd. 9. **Functional assessment; required elements.** When a license holder is
343.26 completing a functional assessment for an adult client, the license holder must:

343.27 (1) complete a functional assessment of the client after completing the client's diagnostic
343.28 assessment;

343.29 (2) use a collaborative process that allows the client and the client's family and other
343.30 natural supports, the client's referral sources, and the client's providers to provide information
343.31 about how the client's symptoms of mental illness impact the client's functioning;

343.32 (3) if applicable, document the reasons that the license holder did not contact the client's
343.33 family and other natural supports;

- 344.1 (4) assess and document how the client's symptoms of mental illness impact the client's
344.2 functioning in the following areas:
- 344.3 (i) the client's mental health symptoms;
344.4 (ii) the client's mental health service needs;
344.5 (iii) the client's substance use;
344.6 (iv) the client's vocational and educational functioning;
344.7 (v) the client's social functioning, including the use of leisure time;
344.8 (vi) the client's interpersonal functioning, including relationships with the client's family
344.9 and other natural supports;
- 344.10 (vii) the client's ability to provide self-care and live independently;
344.11 (viii) the client's medical and dental health;
344.12 (ix) the client's financial assistance needs; and
344.13 (x) the client's housing and transportation needs;
- 344.14 (5) include a narrative summarizing the client's strengths, resources, and all areas of
344.15 functional impairment;
- 344.16 (6) complete the client's functional assessment before the client's initial individual
344.17 treatment plan unless a service specifies otherwise; and
- 344.18 (7) update the client's functional assessment with the client's current functioning whenever
344.19 there is a significant change in the client's functioning or at least every 180 days, unless a
344.20 service specifies otherwise.

344.21 **Sec. 12. [245I.11] HEALTH SERVICES AND MEDICATIONS.**

344.22 Subdivision 1. **Generally.** If a license holder is licensed as a residential program, stores
344.23 or administers client medications, or observes clients self-administer medications, the license
344.24 holder must ensure that a staff person who is a registered nurse or licensed prescriber is
344.25 responsible for overseeing storage and administration of client medications and observing
344.26 as a client self-administers medications, including training according to section 245I.05,
344.27 subdivision 6, and documenting the occurrence according to section 245I.08, subdivision
344.28 5.

344.29 Subd. 2. **Health services.** If a license holder is licensed as a residential program, the
344.30 license holder must:

345.1 (1) ensure that a client is screened for health issues within 72 hours of the client's
345.2 admission;

345.3 (2) monitor the physical health needs of each client on an ongoing basis;

345.4 (3) offer referrals to clients and coordinate each client's care with psychiatric and medical
345.5 services;

345.6 (4) identify circumstances in which a staff person must notify a registered nurse or
345.7 licensed prescriber of any of a client's health concerns and the process for providing
345.8 notification of client health concerns; and

345.9 (5) identify the circumstances in which the license holder must obtain medical care for
345.10 a client and the process for obtaining medical care for a client.

345.11 Subd. 3. **Storing and accounting for medications.** (a) If a license holder stores client
345.12 medications, the license holder must:

345.13 (1) store client medications in original containers in a locked location;

345.14 (2) store refrigerated client medications in special trays or containers that are separate
345.15 from food;

345.16 (3) store client medications marked "for external use only" in a compartment that is
345.17 separate from other client medications;

345.18 (4) store Schedule II to IV drugs listed in section 152.02, subdivisions 3 to 5, in a
345.19 compartment that is locked separately from other medications;

345.20 (5) ensure that only authorized staff persons have access to stored client medications;

345.21 (6) follow a documentation procedure on each shift to account for all scheduled drugs;
345.22 and

345.23 (7) record each incident when a staff person accepts a supply of client medications and
345.24 destroy discontinued, outdated, or deteriorated client medications.

345.25 (b) If a license holder is licensed as a residential program, the license holder must allow
345.26 clients who self-administer medications to keep a private medication supply. The license
345.27 holder must ensure that the client stores all private medication in a locked container in the
345.28 client's private living area, unless the private medication supply poses a health and safety
345.29 risk to any clients. A client must not maintain a private medication supply of a prescription
345.30 medication without a written medication order from a licensed prescriber and a prescription
345.31 label that includes the client's name.

346.1 Subd. 4. Medication orders. (a) If a license holder stores, prescribes, or administers
346.2 medications or observes a client self-administer medications, the license holder must:

346.3 (1) ensure that a licensed prescriber writes all orders to accept, administer, or discontinue
346.4 client medications;

346.5 (2) accept nonwritten orders to administer client medications in emergency circumstances
346.6 only;

346.7 (3) establish a timeline and process for obtaining a written order with the licensed
346.8 prescriber's signature when the license holder accepts a nonwritten order to administer client
346.9 medications;

346.10 (4) obtain prescription medication renewals from a licensed prescriber for each client
346.11 every 90 days for psychotropic medications and annually for all other medications; and

346.12 (5) maintain the client's right to privacy and dignity.

346.13 (b) If a license holder employs a licensed prescriber, the license holder must inform the
346.14 client about potential medication effects and side effects and obtain and document the client's
346.15 informed consent before the licensed prescriber prescribes a medication.

346.16 Subd. 5. Medication administration. If a license holder is licensed as a residential
346.17 program, the license holder must:

346.18 (1) assess and document each client's ability to self-administer medication. In the
346.19 assessment, the license holder must evaluate the client's ability to: (i) comply with prescribed
346.20 medication regimens; and (ii) store the client's medications safely and in a manner that
346.21 protects other individuals in the facility. Through the assessment process, the license holder
346.22 must assist the client in developing the skills necessary to safely self-administer medication;

346.23 (2) monitor the effectiveness of medications, side effects of medications, and adverse
346.24 reactions to medications for each client. The license holder must address and document any
346.25 concerns about a client's medications;

346.26 (3) ensure that no staff person or client gives a legend drug supply for one client to
346.27 another client;

346.28 (4) have policies and procedures for: (i) keeping a record of each client's medication
346.29 orders; (ii) keeping a record of any incident of deferring a client's medications; (iii)
346.30 documenting any incident when a client's medication is omitted; and (iv) documenting when
346.31 a client refuses to take medications as prescribed; and

347.1 (5) document and track medication errors, document whether the license holder notified
347.2 anyone about the medication error, determine if the license holder must take any follow-up
347.3 actions, and identify the staff persons who are responsible for taking follow-up actions.

347.4 Sec. 13. **[245L.12] CLIENT RIGHTS AND PROTECTIONS.**

347.5 Subdivision 1. **Client rights.** A license holder must ensure that all clients have the
347.6 following rights:

347.7 (1) the rights listed in the health care bill of rights in section 144.651;

347.8 (2) the right to be free from discrimination based on age, race, color, creed, religion,
347.9 national origin, gender, marital status, disability, sexual orientation, and status with regard
347.10 to public assistance. The license holder must follow all applicable state and federal laws
347.11 including the Minnesota Human Rights Act, chapter 363A; and

347.12 (3) the right to be informed prior to a photograph or audio or video recording being made
347.13 of the client. The client has the right to refuse to allow any recording or photograph of the
347.14 client that is not for the purposes of identification or supervision by the license holder.

347.15 Subd. 2. **Restrictions to client rights.** If the license holder restricts a client's right, the
347.16 license holder must document in the client file a mental health professional's approval of
347.17 the restriction and the reasons for the restriction.

347.18 Subd. 3. **Notice of rights.** The license holder must give a copy of the client's rights
347.19 according to this section to each client on the day of the client's admission. The license
347.20 holder must document that the license holder gave a copy of the client's rights to each client
347.21 on the day of the client's admission according to this section. The license holder must post
347.22 a copy of the client rights in an area visible or accessible to all clients. The license holder
347.23 must include the client rights in Minnesota Rules, chapter 9544, for applicable clients.

347.24 Subd. 4. **Client property.** (a) The license holder must meet the requirements of section
347.25 245A.04, subdivision 13.

347.26 (b) If the license holder is unable to obtain a client's signature acknowledging the receipt
347.27 or disbursement of the client's funds or property required by section 245A.04, subdivision
347.28 13, paragraph (c), clause (1), two staff persons must sign documentation acknowledging
347.29 that the staff persons witnessed the client's receipt or disbursement of the client's funds or
347.30 property.

347.31 (c) The license holder must return all of the client's funds and other property to the client
347.32 except for the following items:

348.1 (1) illicit drugs, drug paraphernalia, and drug containers that are subject to forfeiture
348.2 under section 609.5316. The license holder must give illicit drugs, drug paraphernalia, and
348.3 drug containers to a local law enforcement agency or destroy the items; and

348.4 (2) weapons, explosives, and other property that may cause serious harm to the client
348.5 or others. The license holder may give a client's weapons and explosives to a local law
348.6 enforcement agency. The license holder must notify the client that a local law enforcement
348.7 agency has the client's property and that the client has the right to reclaim the property if
348.8 the client has a legal right to possess the item.

348.9 (d) If a client leaves the license holder's program but abandons the client's funds or
348.10 property, the license holder must retain and store the client's funds or property, including
348.11 medications, for a minimum of 30 days after the client's discharge from the program.

348.12 Subd. 5. **Client grievances.** (a) The license holder must have a grievance procedure
348.13 that:

348.14 (1) describes to clients how the license holder will meet the requirements in this
348.15 subdivision; and

348.16 (2) contains the current public contact information of the Department of Human Services,
348.17 Licensing Division; the Office of Ombudsman for Mental Health and Developmental
348.18 Disabilities; the Department of Health, Office of Health Facilities Complaints; and all
348.19 applicable health-related licensing boards.

348.20 (b) On the day of each client's admission, the license holder must explain the grievance
348.21 procedure to the client.

348.22 (c) The license holder must:

348.23 (1) post the grievance procedure in a place visible to clients and provide a copy of the
348.24 grievance procedure upon request;

348.25 (2) allow clients, former clients, and their authorized representatives to submit a grievance
348.26 to the license holder;

348.27 (3) within three business days of receiving a client's grievance, acknowledge in writing
348.28 that the license holder received the client's grievance. If applicable, the license holder must
348.29 include a notice of the client's separate appeal rights for a managed care organization's
348.30 reduction, termination, or denial of a covered service;

349.1 (4) within 15 business days of receiving a client's grievance, provide a written final
349.2 response to the client's grievance containing the license holder's official response to the
349.3 grievance; and

349.4 (5) allow the client to bring a grievance to the person with the highest level of authority
349.5 in the program.

349.6 Sec. 14. **[245I.13] CRITICAL INCIDENTS.**

349.7 If a license holder is licensed as a residential program, the license holder must report all
349.8 critical incidents to the commissioner within ten days of learning of the incident on a form
349.9 approved by the commissioner. The license holder must keep a record of critical incidents
349.10 in a central location that is readily accessible to the commissioner for review upon the
349.11 commissioner's request for a minimum of two licensing periods.

349.12 Sec. 15. **[245I.20] MENTAL HEALTH CLINIC.**

349.13 Subdivision 1. **Purpose.** Certified mental health clinics provide clinical services for the
349.14 treatment of mental illnesses with a treatment team that reflects multiple disciplines and
349.15 areas of expertise.

349.16 Subd. 2. **Definitions.** (a) "Clinical services" means services provided to a client to
349.17 diagnose, describe, predict, and explain the client's status relative to a condition or problem
349.18 as described in the: (1) current edition of the Diagnostic and Statistical Manual of Mental
349.19 Disorders published by the American Psychiatric Association; or (2) current edition of the
349.20 DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy
349.21 and Early Childhood published by Zero to Three. Where necessary, clinical services includes
349.22 services to treat a client to reduce the client's impairment due to the client's condition.
349.23 Clinical services also includes individual treatment planning, case review, record-keeping
349.24 required for a client's treatment, and treatment supervision. For the purposes of this section,
349.25 clinical services excludes services delivered to a client under a separate license and services
349.26 listed under section 245I.011, subdivision 5.

349.27 (b) "Competent" means having professional education, training, continuing education,
349.28 consultation, supervision, experience, or a combination thereof necessary to demonstrate
349.29 sufficient knowledge of and proficiency in a specific clinical service.

349.30 (c) "Discipline" means a branch of professional knowledge or skill acquired through a
349.31 specific course of study, training, and supervised practice. Discipline is usually documented
349.32 by a specific educational degree, licensure, or certification of proficiency. Examples of the

350.1 mental health disciplines include but are not limited to psychiatry, psychology, clinical
350.2 social work, marriage and family therapy, clinical counseling, and psychiatric nursing.

350.3 (d) "Treatment team" means the mental health professionals, mental health practitioners,
350.4 and clinical trainees who provide clinical services to clients.

350.5 Subd. 3. **Organizational structure.** (a) A mental health clinic location must be an entire
350.6 facility or a clearly identified unit within a facility that is administratively and clinically
350.7 separate from the rest of the facility. The mental health clinic location may provide services
350.8 other than clinical services to clients, including medical services, substance use disorder
350.9 services, social services, training, and education.

350.10 (b) The certification holder must notify the commissioner of all mental health clinic
350.11 locations. If there is more than one mental health clinic location, the certification holder
350.12 must designate one location as the main location and all of the other locations as satellite
350.13 locations. The main location as a unit and the clinic as a whole must comply with the
350.14 minimum staffing standards in subdivision 4.

350.15 (c) The certification holder must ensure that each satellite location:

350.16 (1) adheres to the same policies and procedures as the main location;

350.17 (2) provides treatment team members with face-to-face or telephone access to a mental
350.18 health professional for the purposes of supervision whenever the satellite location is open.
350.19 The certification holder must maintain a schedule of the mental health professionals who
350.20 will be available and the contact information for each available mental health professional.
350.21 The schedule must be current and readily available to treatment team members; and

350.22 (3) enables clients to access all of the mental health clinic's clinical services and treatment
350.23 team members, as needed.

350.24 Subd. 4. **Minimum staffing standards.** (a) A certification holder's treatment team must
350.25 consist of at least four mental health professionals. At least two of the mental health
350.26 professionals must be employed by or under contract with the mental health clinic for a
350.27 minimum of 35 hours per week each. Each of the two mental health professionals must
350.28 specialize in a different mental health discipline.

350.29 (b) The treatment team must include:

350.30 (1) a physician qualified as a mental health professional according to section 245I.04,
350.31 subdivision 2, clause (4), or a nurse qualified as a mental health professional according to
350.32 section 245I.04, subdivision 2, clause (1); and

351.1 (2) a psychologist qualified as a mental health professional according to section 245I.04,
351.2 subdivision 2, clause (3).

351.3 (c) The staff persons fulfilling the requirement in paragraph (b) must provide clinical
351.4 services at least:

351.5 (1) eight hours every two weeks if the mental health clinic has over 25.0 full-time
351.6 equivalent treatment team members;

351.7 (2) eight hours each month if the mental health clinic has 15.1 to 25.0 full-time equivalent
351.8 treatment team members;

351.9 (3) four hours each month if the mental health clinic has 5.1 to 15.0 full-time equivalent
351.10 treatment team members; or

351.11 (4) two hours each month if the mental health clinic has 2.0 to 5.0 full-time equivalent
351.12 treatment team members or only provides in-home services to clients.

351.13 (d) The certification holder must maintain a record that demonstrates compliance with
351.14 this subdivision.

351.15 Subd. 5. **Treatment supervision specified.** (a) A mental health professional must remain
351.16 responsible for each client's case. The certification holder must document the name of the
351.17 mental health professional responsible for each case and the dates that the mental health
351.18 professional is responsible for the client's case from beginning date to end date. The
351.19 certification holder must assign each client's case for assessment, diagnosis, and treatment
351.20 services to a treatment team member who is competent in the assigned clinical service, the
351.21 recommended treatment strategy, and in treating the client's characteristics.

351.22 (b) Treatment supervision of mental health practitioners and clinical trainees required
351.23 by section 245I.06 must include case reviews as described in this paragraph. Every two
351.24 months, a mental health professional must complete a case review of each client assigned
351.25 to the mental health professional when the client is receiving clinical services from a mental
351.26 health practitioner or clinical trainee. The case review must include a consultation process
351.27 that thoroughly examines the client's condition and treatment, including: (1) a review of the
351.28 client's reason for seeking treatment, diagnoses and assessments, and the individual treatment
351.29 plan; (2) a review of the appropriateness, duration, and outcome of treatment provided to
351.30 the client; and (3) treatment recommendations.

351.31 Subd. 6. **Additional policy and procedure requirements.** (a) In addition to the policies
351.32 and procedures required by section 245I.03, the certification holder must establish, enforce,
351.33 and maintain the policies and procedures required by this subdivision.

352.1 (b) The certification holder must have a clinical evaluation procedure to identify and
352.2 document each treatment team member's areas of competence.

352.3 (c) The certification holder must have policies and procedures for client intake and case
352.4 assignment that:

352.5 (1) outline the client intake process;

352.6 (2) describe how the mental health clinic determines the appropriateness of accepting a
352.7 client into treatment by reviewing the client's condition and need for treatment, the clinical
352.8 services that the mental health clinic offers to clients, and other available resources; and

352.9 (3) contain a process for assigning a client's case to a mental health professional who is
352.10 responsible for the client's case and other treatment team members.

352.11 Subd. 7. **Referrals.** If necessary treatment for a client or treatment desired by a client
352.12 is not available at the mental health clinic, the certification holder must facilitate appropriate
352.13 referrals for the client. When making a referral for a client, the treatment team member must
352.14 document a discussion with the client that includes: (1) the reason for the client's referral;
352.15 (2) potential treatment resources for the client; and (3) the client's response to receiving a
352.16 referral.

352.17 Subd. 8. **Emergency service.** For the certification holder's telephone numbers that clients
352.18 regularly access, the certification holder must include the contact information for the area's
352.19 mental health crisis services as part of the certification holder's message when a live operator
352.20 is not available to answer clients' calls.

352.21 Subd. 9. **Quality assurance and improvement plan.** (a) At a minimum, a certification
352.22 holder must develop a written quality assurance and improvement plan that includes a plan
352.23 for:

352.24 (1) encouraging ongoing consultation among members of the treatment team;

352.25 (2) obtaining and evaluating feedback about services from clients, family and other
352.26 natural supports, referral sources, and staff persons;

352.27 (3) measuring and evaluating client outcomes;

352.28 (4) reviewing client suicide deaths and suicide attempts;

352.29 (5) examining the quality of clinical service delivery to clients; and

352.30 (6) self-monitoring of compliance with this chapter.

353.1 (b) At least annually, the certification holder must review, evaluate, and update the
353.2 quality assurance and improvement plan. The review must: (1) include documentation of
353.3 the actions that the certification holder will take as a result of information obtained from
353.4 monitoring activities in the plan; and (2) establish goals for improved service delivery to
353.5 clients for the next year.

353.6 Subd. 10. **Application procedures.** (a) The applicant for certification must submit any
353.7 documents that the commissioner requires on forms approved by the commissioner.

353.8 (b) Upon submitting an application for certification, an applicant must pay the application
353.9 fee required by section 245A.10, subdivision 3.

353.10 (c) The commissioner must act on an application within 90 working days of receiving
353.11 a completed application.

353.12 (d) When the commissioner receives an application for initial certification that is
353.13 incomplete because the applicant failed to submit required documents or is deficient because
353.14 the submitted documents do not meet certification requirements, the commissioner must
353.15 provide the applicant with written notice that the application is incomplete or deficient. In
353.16 the notice, the commissioner must identify the particular documents that are missing or
353.17 deficient and give the applicant 45 days to submit a second application that is complete. An
353.18 applicant's failure to submit a complete application within 45 days after receiving notice
353.19 from the commissioner is a basis for certification denial.

353.20 (e) The commissioner must give notice of a denial to an applicant when the commissioner
353.21 has made the decision to deny the certification application. In the notice of denial, the
353.22 commissioner must state the reasons for the denial in plain language. The commissioner
353.23 must send or deliver the notice of denial to an applicant by certified mail or personal service.
353.24 In the notice of denial, the commissioner must state the reasons that the commissioner denied
353.25 the application and must inform the applicant of the applicant's right to request a contested
353.26 case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The
353.27 applicant may appeal the denial by notifying the commissioner in writing by certified mail
353.28 or personal service. If mailed, the appeal must be postmarked and sent to the commissioner
353.29 within 20 calendar days after the applicant received the notice of denial. If an applicant
353.30 delivers an appeal by personal service, the commissioner must receive the appeal within 20
353.31 calendar days after the applicant received the notice of denial.

353.32 Subd. 11. **Commissioner's right of access.** (a) When the commissioner is exercising
353.33 the powers conferred to the commissioner by this chapter, if the mental health clinic is in

354.1 operation and the information is relevant to the commissioner's inspection or investigation,
354.2 the certification holder must provide the commissioner access to:

354.3 (1) the physical facility and grounds where the program is located;

354.4 (2) documentation and records, including electronically maintained records;

354.5 (3) clients served by the mental health clinic;

354.6 (4) staff persons of the mental health clinic; and

354.7 (5) personnel records of current and former staff of the mental health clinic.

354.8 (b) The certification holder must provide the commissioner with access to the facility
354.9 and grounds, documentation and records, clients, and staff without prior notice and as often
354.10 as the commissioner considers necessary if the commissioner is investigating alleged
354.11 maltreatment or a violation of a law or rule, or conducting an inspection. When conducting
354.12 an inspection, the commissioner may request and must receive assistance from other state,
354.13 county, and municipal governmental agencies and departments. The applicant or certification
354.14 holder must allow the commissioner, at the commissioner's expense, to photocopy,
354.15 photograph, and make audio and video recordings during an inspection.

354.16 Subd. 12. **Monitoring and inspections.** (a) The commissioner may conduct a certification
354.17 review of the certified mental health clinic every two years to determine the certification
354.18 holder's compliance with applicable rules and statutes.

354.19 (b) The commissioner must offer the certification holder a choice of dates for an
354.20 announced certification review. A certification review must occur during the clinic's normal
354.21 working hours.

354.22 (c) The commissioner must make the results of certification reviews and the results of
354.23 investigations that result in a correction order publicly available on the department's website.

354.24 Subd. 13. **Correction orders.** (a) If the applicant or certification holder fails to comply
354.25 with a law or rule, the commissioner may issue a correction order. The correction order
354.26 must state:

354.27 (1) the condition that constitutes a violation of the law or rule;

354.28 (2) the specific law or rule that the applicant or certification holder has violated; and

354.29 (3) the time that the applicant or certification holder is allowed to correct each violation.

354.30 (b) If the applicant or certification holder believes that the commissioner's correction
354.31 order is erroneous, the applicant or certification holder may ask the commissioner to

355.1 reconsider the part of the correction order that is allegedly erroneous. An applicant or
355.2 certification holder must make a request for reconsideration in writing. The request must
355.3 be postmarked and sent to the commissioner within 20 calendar days after the applicant or
355.4 certification holder received the correction order; and the request must:

355.5 (1) specify the part of the correction order that is allegedly erroneous;

355.6 (2) explain why the specified part is erroneous; and

355.7 (3) include documentation to support the allegation of error.

355.8 (c) A request for reconsideration does not stay any provision or requirement of the
355.9 correction order. The commissioner's disposition of a request for reconsideration is final
355.10 and not subject to appeal.

355.11 (d) If the commissioner finds that the applicant or certification holder failed to correct
355.12 the violation specified in the correction order, the commissioner may decertify the certified
355.13 mental health clinic according to subdivision 14.

355.14 (e) Nothing in this subdivision prohibits the commissioner from decertifying a mental
355.15 health clinic according to subdivision 14.

355.16 Subd. 14. **Decertification.** (a) The commissioner may decertify a mental health clinic
355.17 if a certification holder:

355.18 (1) failed to comply with an applicable law or rule; or

355.19 (2) knowingly withheld relevant information from or gave false or misleading information
355.20 to the commissioner in connection with an application for certification, during an
355.21 investigation, or regarding compliance with applicable laws or rules.

355.22 (b) When considering decertification of a mental health clinic, the commissioner must
355.23 consider the nature, chronicity, or severity of the violation of law or rule and the effect of
355.24 the violation on the health, safety, or rights of clients.

355.25 (c) If the commissioner decertifies a mental health clinic, the order of decertification
355.26 must inform the certification holder of the right to have a contested case hearing under
355.27 chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The certification holder
355.28 may appeal the decertification. The certification holder must appeal a decertification in
355.29 writing and send or deliver the appeal to the commissioner by certified mail or personal
355.30 service. If the certification holder mails the appeal, the appeal must be postmarked and sent
355.31 to the commissioner within ten calendar days after the certification holder receives the order
355.32 of decertification. If the certification holder delivers an appeal by personal service, the

356.1 commissioner must receive the appeal within ten calendar days after the certification holder
356.2 received the order. If a certification holder submits a timely appeal of an order of
356.3 decertification, the certification holder may continue to operate the program until the
356.4 commissioner issues a final order on the decertification.

356.5 (d) If the commissioner decertifies a mental health clinic pursuant to paragraph (a),
356.6 clause (1), based on a determination that the mental health clinic was responsible for
356.7 maltreatment, and if the certification holder appeals the decertification according to paragraph
356.8 (c), and appeals the maltreatment determination under section 260E.33, the final
356.9 decertification determination is stayed until the commissioner issues a final decision regarding
356.10 the maltreatment appeal.

356.11 Subd. 15. **Transfer prohibited.** A certification issued under this section is only valid
356.12 for the premises and the individual, organization, or government entity identified by the
356.13 commissioner on the certification. A certification is not transferable or assignable.

356.14 Subd. 16. **Notifications required and noncompliance.** (a) A certification holder must
356.15 notify the commissioner, in a manner prescribed by the commissioner, and obtain the
356.16 commissioner's approval before making any change to the name of the certification holder
356.17 or the location of the mental health clinic.

356.18 (b) Changes in mental health clinic organization, staffing, treatment, or quality assurance
356.19 procedures that affect the ability of the certification holder to comply with the minimum
356.20 standards of this section must be reported in writing by the certification holder to the
356.21 commissioner within 15 days of the occurrence. Review of the change must be conducted
356.22 by the commissioner. A certification holder with changes resulting in noncompliance in
356.23 minimum standards must receive written notice and may have up to 180 days to correct the
356.24 areas of noncompliance before being decertified. Interim procedures to resolve the
356.25 noncompliance on a temporary basis must be developed and submitted in writing to the
356.26 commissioner for approval within 30 days of the commissioner's determination of the
356.27 noncompliance. Not reporting an occurrence of a change that results in noncompliance
356.28 within 15 days, failure to develop an approved interim procedure within 30 days of the
356.29 determination of the noncompliance, or nonresolution of the noncompliance within 180
356.30 days will result in immediate decertification.

356.31 (c) The mental health clinic may be required to submit written information to the
356.32 department to document that the mental health clinic has maintained compliance with this
356.33 section and mental health clinic procedures.

357.1 Sec. 16. [245L.23] INTENSIVE RESIDENTIAL TREATMENT SERVICES AND
357.2 RESIDENTIAL CRISIS STABILIZATION.

357.3 Subdivision 1. Purpose. (a) Intensive residential treatment services is a community-based
357.4 medically monitored level of care for an adult client that uses established rehabilitative
357.5 principles to promote a client's recovery and to develop and achieve psychiatric stability,
357.6 personal and emotional adjustment, self-sufficiency, and other skills that help a client
357.7 transition to a more independent setting.

357.8 (b) Residential crisis stabilization provides structure and support to an adult client in a
357.9 community living environment when a client has experienced a mental health crisis and
357.10 needs short-term services to ensure that the client can safely return to the client's home or
357.11 precrisis living environment with additional services and supports identified in the client's
357.12 crisis assessment.

357.13 Subd. 2. Definitions. (a) "Program location" means a set of rooms that are each physically
357.14 self-contained and have defining walls extending from floor to ceiling. Program location
357.15 includes bedrooms, living rooms or lounge areas, bathrooms, and connecting areas.

357.16 (b) "Treatment team" means a group of staff persons who provide intensive residential
357.17 treatment services or residential crisis stabilization to clients. The treatment team includes
357.18 mental health professionals, mental health practitioners, clinical trainees, certified
357.19 rehabilitation specialists, mental health rehabilitation workers, and mental health certified
357.20 peer specialists.

357.21 Subd. 3. Treatment services description. The license holder must describe in writing
357.22 all treatment services that the license holder provides. The license holder must have the
357.23 description readily available for the commissioner upon the commissioner's request.

357.24 Subd. 4. Required intensive residential treatment services. (a) On a daily basis, the
357.25 license holder must follow a client's treatment plan to provide intensive residential treatment
357.26 services to the client to improve the client's functioning.

357.27 (b) The license holder must offer and have the capacity to directly provide the following
357.28 treatment services to each client:

357.29 (1) rehabilitative mental health services;

357.30 (2) crisis prevention planning to assist a client with:

357.31 (i) identifying and addressing patterns in the client's history and experience of the client's
357.32 mental illness; and

358.1 (ii) developing crisis prevention strategies that include de-escalation strategies that have
358.2 been effective for the client in the past;

358.3 (3) health services and administering medication;

358.4 (4) co-occurring substance use disorder treatment;

358.5 (5) engaging the client's family and other natural supports in the client's treatment and
358.6 educating the client's family and other natural supports to strengthen the client's social and
358.7 family relationships; and

358.8 (6) making referrals for the client to other service providers in the community and
358.9 supporting the client's transition from intensive residential treatment services to another
358.10 setting.

358.11 (c) The license holder must include Illness Management and Recovery (IMR), Enhanced
358.12 Illness Management and Recovery (E-IMR), or other similar interventions in the license
358.13 holder's programming as approved by the commissioner.

358.14 Subd. 5. **Required residential crisis stabilization services.** (a) On a daily basis, the
358.15 license holder must follow a client's individual crisis treatment plan to provide services to
358.16 the client in residential crisis stabilization to improve the client's functioning.

358.17 (b) The license holder must offer and have the capacity to directly provide the following
358.18 treatment services to the client:

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

358.20 (2) rehabilitative mental health services;

358.21 (3) health services and administering the client's medications; and

358.22 (4) making referrals for the client to other service providers in the community and
358.23 supporting the client's transition from residential crisis stabilization to another setting.

358.24 Subd. 6. **Optional treatment services.** (a) If the license holder offers additional treatment
358.25 services to a client, the treatment service must be:

358.26 (1) approved by the commissioner; and

358.27 (2)(i) a mental health evidence-based practice that the federal Department of Health and
358.28 Human Services Substance Abuse and Mental Health Service Administration has adopted;

358.29 (ii) a nationally recognized mental health service that substantial research has validated
358.30 as effective in helping individuals with serious mental illness achieve treatment goals; or

359.1 (iii) developed under state-sponsored research of publicly funded mental health programs
359.2 and validated to be effective for individuals, families, and communities.

359.3 (b) Before providing an optional treatment service to a client, the license holder must
359.4 provide adequate training to a staff person about providing the optional treatment service
359.5 to a client.

359.6 **Subd. 7. Intensive residential treatment services assessment and treatment**
359.7 **planning.** (a) Within 12 hours of a client's admission, the license holder must evaluate and
359.8 document the client's immediate needs, including the client's:

359.9 (1) health and safety, including the client's need for crisis assistance;

359.10 (2) responsibilities for children, family and other natural supports, and employers; and

359.11 (3) housing and legal issues.

359.12 (b) Within 24 hours of the client's admission, the license holder must complete an initial
359.13 treatment plan for the client. The license holder must:

359.14 (1) base the client's initial treatment plan on the client's referral information and an
359.15 assessment of the client's immediate needs;

359.16 (2) consider crisis assistance strategies that have been effective for the client in the past;

359.17 (3) identify the client's initial treatment goals, measurable treatment objectives, and
359.18 specific interventions that the license holder will use to help the client engage in treatment;

359.19 (4) identify the participants involved in the client's treatment planning. The client must
359.20 be a participant; and

359.21 (5) ensure that a treatment supervisor approves of the client's initial treatment plan if a
359.22 mental health practitioner or clinical trainee completes the client's treatment plan,
359.23 notwithstanding section 245I.08, subdivision 3.

359.24 (c) According to section 245A.65, subdivision 2, paragraph (b), the license holder must
359.25 complete an individual abuse prevention plan as part of a client's initial treatment plan.

359.26 (d) Within five days of the client's admission and again within 60 days after the client's
359.27 admission, the license holder must complete a level of care assessment of the client. If the
359.28 license holder determines that a client does not need a medically monitored level of service,
359.29 a treatment supervisor must document how the client's admission to and continued services
359.30 in intensive residential treatment services are medically necessary for the client.

360.1 (e) Within ten days of a client's admission, the license holder must complete or review
360.2 and update the client's standard diagnostic assessment.

360.3 (f) Within ten days of a client's admission, the license holder must complete the client's
360.4 individual treatment plan, notwithstanding section 245I.10, subdivision 8. Within 40 days
360.5 after the client's admission and again within 70 days after the client's admission, the license
360.6 holder must update the client's individual treatment plan. The license holder must focus the
360.7 client's treatment planning on preparing the client for a successful transition from intensive
360.8 residential treatment services to another setting. In addition to the required elements of an
360.9 individual treatment plan under section 245I.10, subdivision 8, the license holder must
360.10 identify the following information in the client's individual treatment plan: (1) the client's
360.11 referrals and resources for the client's health and safety; and (2) the staff persons who are
360.12 responsible for following up with the client's referrals and resources. If the client does not
360.13 receive a referral or resource that the client needs, the license holder must document the
360.14 reason that the license holder did not make the referral or did not connect the client to a
360.15 particular resource. The license holder is responsible for determining whether additional
360.16 follow-up is required on behalf of the client.

360.17 (g) Within 30 days of the client's admission, the license holder must complete a functional
360.18 assessment of the client. Within 60 days after the client's admission, the license holder must
360.19 update the client's functional assessment to include any changes in the client's functioning
360.20 and symptoms.

360.21 (h) For a client with a current substance use disorder diagnosis and for a client whose
360.22 substance use disorder screening in the client's standard diagnostic assessment indicates the
360.23 possibility that the client has a substance use disorder, the license holder must complete a
360.24 written assessment of the client's substance use within 30 days of the client's admission. In
360.25 the substance use assessment, the license holder must: (1) evaluate the client's history of
360.26 substance use, relapses, and hospitalizations related to substance use; (2) assess the effects
360.27 of the client's substance use on the client's relationships including with family member and
360.28 others; (3) identify financial problems, health issues, housing instability, and unemployment;
360.29 (4) assess the client's legal problems, past and pending incarceration, violence, and
360.30 victimization; and (5) evaluate the client's suicide attempts, noncompliance with taking
360.31 prescribed medications, and noncompliance with psychosocial treatment.

360.32 (i) On a weekly basis, a mental health professional or certified rehabilitation specialist
360.33 must review each client's treatment plan and individual abuse prevention plan. The license
360.34 holder must document in the client's file each weekly review of the client's treatment plan
360.35 and individual abuse prevention plan.

361.1 Subd. 8. Residential crisis stabilization assessment and treatment planning. (a)

361.2 Within 12 hours of a client's admission, the license holder must evaluate the client and
361.3 document the client's immediate needs, including the client's:

361.4 (1) health and safety, including the client's need for crisis assistance;

361.5 (2) responsibilities for children, family and other natural supports, and employers; and

361.6 (3) housing and legal issues.

361.7 (b) Within 24 hours of a client's admission, the license holder must complete a crisis
361.8 treatment plan for the client under section 256B.0624, subdivision 11. The license holder
361.9 must base the client's crisis treatment plan on the client's referral information and an
361.10 assessment of the client's immediate needs.

361.11 (c) Section 245A.65, subdivision 2, paragraph (b), requires the license holder to complete
361.12 an individual abuse prevention plan for a client as part of the client's crisis treatment plan.

361.13 Subd. 9. Key staff positions. (a) The license holder must have a staff person assigned
361.14 to each of the following key staff positions at all times:

361.15 (1) a program director who qualifies as a mental health practitioner. The license holder
361.16 must designate the program director as responsible for all aspects of the operation of the
361.17 program and the program's compliance with all applicable requirements. The program
361.18 director must know and understand the implications of this chapter; chapters 245A, 245C,
361.19 and 260E; sections 626.557 and 626.5572; Minnesota Rules, chapter 9544; and all other
361.20 applicable requirements. The license holder must document in the program director's
361.21 personnel file how the program director demonstrates knowledge of these requirements.
361.22 The program director may also serve as the treatment director of the program, if qualified;

361.23 (2) a treatment director who qualifies as a mental health professional. The treatment
361.24 director must be responsible for overseeing treatment services for clients and the treatment
361.25 supervision of all staff persons; and

361.26 (3) a registered nurse who qualifies as a mental health practitioner. The registered nurse
361.27 must:

361.28 (i) work at the program location a minimum of eight hours per week;

361.29 (ii) provide monitoring and supervision of staff persons as defined in section 148.171,
361.30 subdivisions 8a and 23;

361.31 (iii) be responsible for the review and approval of health service and medication policies
361.32 and procedures under section 245I.03, subdivision 5; and

362.1 (iv) oversee the license holder's provision of health services to clients, medication storage,
362.2 and medication administration to clients.

362.3 (b) Within five business days of a change in a key staff position, the license holder must
362.4 notify the commissioner of the staffing change. The license holder must notify the
362.5 commissioner of the staffing change on a form approved by the commissioner and include
362.6 the name of the staff person now assigned to the key staff position and the staff person's
362.7 qualifications.

362.8 Subd. 10. **Minimum treatment team staffing levels and ratios.** (a) The license holder
362.9 must maintain a treatment team staffing level sufficient to:

362.10 (1) provide continuous daily coverage of all shifts;

362.11 (2) follow each client's treatment plan and meet each client's needs as identified in the
362.12 client's treatment plan;

362.13 (3) implement program requirements; and

362.14 (4) safely monitor and guide the activities of each client, taking into account the client's
362.15 level of behavioral and psychiatric stability, cultural needs, and vulnerabilities.

362.16 (b) The license holder must ensure that treatment team members:

362.17 (1) remain awake during all work hours; and

362.18 (2) are available to monitor and guide the activities of each client whenever clients are
362.19 present in the program.

362.20 (c) On each shift, the license holder must maintain a treatment team staffing ratio of at
362.21 least one treatment team member to nine clients. If the license holder is serving nine or
362.22 fewer clients, at least one treatment team member on the day shift must be a mental health
362.23 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.
362.24 If the license holder is serving more than nine clients, at least one of the treatment team
362.25 members working during both the day and evening shifts must be a mental health
362.26 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.

362.27 (d) If the license holder provides residential crisis stabilization to clients and is serving
362.28 at least one client in residential crisis stabilization and more than four clients in residential
362.29 crisis stabilization and intensive residential treatment services, the license holder must
362.30 maintain a treatment team staffing ratio on each shift of at least two treatment team members
362.31 during the client's first 48 hours in residential crisis stabilization.

363.1 Subd. 11. **Shift exchange.** A license holder must ensure that treatment team members
363.2 working on different shifts exchange information about a client as necessary to effectively
363.3 care for the client and to follow and update a client's treatment plan and individual abuse
363.4 prevention plan.

363.5 Subd. 12. **Daily documentation.** (a) For each day that a client is present in the program,
363.6 the license holder must provide a daily summary in the client's file that includes observations
363.7 about the client's behavior and symptoms, including any critical incidents in which the client
363.8 was involved.

363.9 (b) For each day that a client is not present in the program, the license holder must
363.10 document the reason for a client's absence in the client's file.

363.11 Subd. 13. **Access to a mental health professional, clinical trainee, certified**
363.12 rehabilitation specialist, or mental health practitioner. Treatment team members must
363.13 have access in person or by telephone to a mental health professional, clinical trainee,
363.14 certified rehabilitation specialist, or mental health practitioner within 30 minutes. The license
363.15 holder must maintain a schedule of mental health professionals, clinical trainees, certified
363.16 rehabilitation specialists, or mental health practitioners who will be available and contact
363.17 information to reach them. The license holder must keep the schedule current and make the
363.18 schedule readily available to treatment team members.

363.19 Subd. 14. **Weekly team meetings.** (a) The license holder must hold weekly team meetings
363.20 and ancillary meetings according to this subdivision.

363.21 (b) A mental health professional or certified rehabilitation specialist must hold at least
363.22 one team meeting each calendar week and be physically present at the team meeting. All
363.23 treatment team members, including treatment team members who work on a part-time or
363.24 intermittent basis, must participate in a minimum of one team meeting during each calendar
363.25 week when the treatment team member is working for the license holder. The license holder
363.26 must document all weekly team meetings, including the names of meeting attendees.

363.27 (c) If a treatment team member cannot participate in a weekly team meeting, the treatment
363.28 team member must participate in an ancillary meeting. A mental health professional, certified
363.29 rehabilitation specialist, clinical trainee, or mental health practitioner who participated in
363.30 the most recent weekly team meeting may lead the ancillary meeting. During the ancillary
363.31 meeting, the treatment team member leading the ancillary meeting must review the
363.32 information that was shared at the most recent weekly team meeting, including revisions
363.33 to client treatment plans and other information that the treatment supervisors exchanged

364.1 with treatment team members. The license holder must document all ancillary meetings,
364.2 including the names of meeting attendees.

364.3 Subd. 15. **Intensive residential treatment services admission criteria.** (a) An eligible
364.4 client for intensive residential treatment services is an individual who:

364.5 (1) is age 18 or older;

364.6 (2) is diagnosed with a mental illness;

364.7 (3) because of a mental illness, has a substantial disability and functional impairment
364.8 in three or more areas listed in section 245I.10, subdivision 9, clause (4), that markedly
364.9 reduce the individual's self-sufficiency;

364.10 (4) has one or more of the following: a history of recurring or prolonged inpatient
364.11 hospitalizations during the past year, significant independent living instability, homelessness,
364.12 or very frequent use of mental health and related services with poor outcomes for the
364.13 individual; and

364.14 (5) in the written opinion of a mental health professional, needs mental health services
364.15 that available community-based services cannot provide, or is likely to experience a mental
364.16 health crisis or require a more restrictive setting if the individual does not receive intensive
364.17 rehabilitative mental health services.

364.18 (b) The license holder must not limit or restrict intensive residential treatment services
364.19 to a client based solely on:

364.20 (1) the client's substance use;

364.21 (2) the county in which the client resides; or

364.22 (3) whether the client elects to receive other services for which the client may be eligible,
364.23 including case management services.

364.24 (c) This subdivision does not prohibit the license holder from restricting admissions of
364.25 individuals who present an imminent risk of harm or danger to themselves or others.

364.26 Subd. 16. **Residential crisis stabilization services admission criteria.** An eligible client
364.27 for residential crisis stabilization is an individual who is age 18 or older and meets the
364.28 eligibility criteria in section 256B.0624, subdivision 3.

364.29 Subd. 17. **Admissions referrals and determinations.** (a) The license holder must
364.30 identify the information that the license holder needs to make a determination about a
364.31 person's admission referral.

365.1 (b) The license holder must:

365.2 (1) always be available to receive referral information about a person seeking admission
365.3 to the license holder's program;

365.4 (2) respond to the referral source within eight hours of receiving a referral and, within
365.5 eight hours, communicate with the referral source about what information the license holder
365.6 needs to make a determination concerning the person's admission;

365.7 (3) consider the license holder's staffing ratio and the areas of treatment team members'
365.8 competency when determining whether the license holder is able to meet the needs of a
365.9 person seeking admission; and

365.10 (4) determine whether to admit a person within 72 hours of receiving all necessary
365.11 information from the referral source.

365.12 Subd. 18. **Discharge standards.** (a) When a license holder discharges a client from a
365.13 program, the license holder must categorize the discharge as a successful discharge,
365.14 program-initiated discharge, or non-program-initiated discharge according to the criteria in
365.15 this subdivision. The license holder must meet the standards associated with the type of
365.16 discharge according to this subdivision.

365.17 (b) To successfully discharge a client from a program, the license holder must ensure
365.18 that the following criteria are met:

365.19 (1) the client must substantially meet the client's documented treatment plan goals and
365.20 objectives;

365.21 (2) the client must complete discharge planning with the treatment team; and

365.22 (3) the client and treatment team must arrange for the client to receive continuing care
365.23 at a less intensive level of care after discharge.

365.24 (c) Prior to successfully discharging a client from a program, the license holder must
365.25 complete the client's discharge summary and provide the client with a copy of the client's
365.26 discharge summary in plain language that includes:

365.27 (1) a brief review of the client's problems and strengths during the period that the license
365.28 holder provided services to the client;

365.29 (2) the client's response to the client's treatment plan;

365.30 (3) the goals and objectives that the license holder recommends that the client addresses
365.31 during the first three months following the client's discharge from the program;

366.1 (4) the recommended actions, supports, and services that will assist the client with a
366.2 successful transition from the program to another setting;

366.3 (5) the client's crisis plan; and

366.4 (6) the client's forwarding address and telephone number.

366.5 (d) For a non-program-initiated discharge of a client from a program, the following
366.6 criteria must be met:

366.7 (1)(i) the client has withdrawn the client's consent for treatment; (ii) the license holder
366.8 has determined that the client has the capacity to make an informed decision; and (iii) the
366.9 client does not meet the criteria for an emergency hold under section 253B.051, subdivision
366.10 2;

366.11 (2) the client has left the program against staff person advice;

366.12 (3) an entity with legal authority to remove the client has decided to remove the client
366.13 from the program; or

366.14 (4) a source of payment for the services is no longer available.

366.15 (e) Within ten days of a non-program-initiated discharge of a client from a program, the
366.16 license holder must complete the client's discharge summary in plain language that includes:

366.17 (1) the reasons for the client's discharge;

366.18 (2) a description of attempts by staff persons to enable the client to continue treatment
366.19 or to consent to treatment; and

366.20 (3) recommended actions, supports, and services that will assist the client with a
366.21 successful transition from the program to another setting.

366.22 (f) For a program-initiated discharge of a client from a program, the following criteria
366.23 must be met:

366.24 (1) the client is competent but has not participated in treatment or has not followed the
366.25 program rules and regulations and the client has not participated to such a degree that the
366.26 program's level of care is ineffective or unsafe for the client, despite multiple, documented
366.27 attempts that the license holder has made to address the client's lack of participation in
366.28 treatment;

366.29 (2) the client has not made progress toward the client's treatment goals and objectives
366.30 despite the license holder's persistent efforts to engage the client in treatment, and the license
366.31 holder has no reasonable expectation that the client will make progress at the program's

367.1 level of care nor does the client require the program's level of care to maintain the current
367.2 level of functioning;

367.3 (3) a court order or the client's legal status requires the client to participate in the program
367.4 but the client has left the program against staff person advice; or

367.5 (4) the client meets criteria for a more intensive level of care and a more intensive level
367.6 of care is available to the client.

367.7 (g) Prior to a program-initiated discharge of a client from a program, the license holder
367.8 must consult the client, the client's family and other natural supports, and the client's case
367.9 manager, if applicable, to review the issues involved in the program's decision to discharge
367.10 the client from the program. During the discharge review process, which must not exceed
367.11 five working days, the license holder must determine whether the license holder, treatment
367.12 team, and any interested persons can develop additional strategies to resolve the issues
367.13 leading to the client's discharge and to permit the client to have an opportunity to continue
367.14 receiving services from the license holder. The license holder may temporarily remove a
367.15 client from the program facility during the five-day discharge review period. The license
367.16 holder must document the client's discharge review in the client's file.

367.17 (h) Prior to a program-initiated discharge of a client from the program, the license holder
367.18 must complete the client's discharge summary and provide the client with a copy of the
367.19 discharge summary in plain language that includes:

367.20 (1) the reasons for the client's discharge;

367.21 (2) the alternatives to discharge that the license holder considered or attempted to
367.22 implement;

367.23 (3) the names of each individual who is involved in the decision to discharge the client
367.24 and a description of each individual's involvement; and

367.25 (4) recommended actions, supports, and services that will assist the client with a
367.26 successful transition from the program to another setting.

367.27 Subd. 19. **Program facility.** (a) The license holder must be licensed or certified as a
367.28 board and lodging facility, supervised living facility, or a boarding care home by the
367.29 Department of Health.

367.30 (b) The license holder must have a capacity of five to 16 beds and the program must not
367.31 be declared as an institution for mental disease.

368.1 (c) The license holder must furnish each program location to meet the psychological,
368.2 emotional, and developmental needs of clients.

368.3 (d) The license holder must provide one living room or lounge area per program location.
368.4 There must be space available to provide services according to each client's treatment plan,
368.5 such as an area for learning recreation time skills and areas for learning independent living
368.6 skills, such as laundering clothes and preparing meals.

368.7 (e) The license holder must ensure that each program location allows each client to have
368.8 privacy. Each client must have privacy during assessment interviews and counseling sessions.
368.9 Each client must have a space designated for the client to see outside visitors at the program
368.10 facility.

368.11 Subd. 20. **Physical separation of services.** If the license holder offers services to
368.12 individuals who are not receiving intensive residential treatment services or residential
368.13 stabilization at the program location, the license holder must inform the commissioner and
368.14 submit a plan for approval to the commissioner about how and when the license holder will
368.15 provide services. The license holder must only provide services to clients who are not
368.16 receiving intensive residential treatment services or residential crisis stabilization in an area
368.17 that is physically separated from the area in which the license holder provides clients with
368.18 intensive residential treatment services or residential crisis stabilization.

368.19 Subd. 21. **Dividing staff time between locations.** A license holder must obtain approval
368.20 from the commissioner prior to providing intensive residential treatment services or
368.21 residential crisis stabilization to clients in more than one program location under one license
368.22 and dividing one staff person's time between program locations during the same work period.

368.23 Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies
368.24 and procedures in section 245I.03, the license holder must establish, enforce, and maintain
368.25 the policies and procedures in this subdivision.

368.26 (b) The license holder must have policies and procedures for receiving referrals and
368.27 making admissions determinations about referred persons under subdivisions 14 to 16.

368.28 (c) The license holder must have policies and procedures for discharging clients under
368.29 subdivision 17. In the policies and procedures, the license holder must identify the staff
368.30 persons who are authorized to discharge clients from the program.

368.31 Subd. 23. **Quality assurance and improvement plan.** (a) A license holder must develop
368.32 a written quality assurance and improvement plan that includes a plan to:

368.33 (1) encourage ongoing consultation between members of the treatment team;

369.1 (2) obtain and evaluate feedback about services from clients, family and other natural
369.2 supports, referral sources, and staff persons;

369.3 (3) measure and evaluate client outcomes in the program;

369.4 (4) review critical incidents in the program;

369.5 (5) examine the quality of clinical services in the program; and

369.6 (6) self-monitor the license holder's compliance with this chapter.

369.7 (b) At least annually, the license holder must review, evaluate, and update the license
369.8 holder's quality assurance and improvement plan. The license holder's review must:

369.9 (1) document the actions that the license holder will take in response to the information
369.10 that the license holder obtains from the monitoring activities in the plan; and

369.11 (2) establish goals for improving the license holder's services to clients during the next
369.12 year.

369.13 Subd. 24. **Application.** When an applicant requests licensure to provide intensive
369.14 residential treatment services, residential crisis stabilization, or both to clients, the applicant
369.15 must submit, on forms that the commissioner provides, any documents that the commissioner
369.16 requires.

369.17 **Sec. 17. [256B.0671] COVERED MENTAL HEALTH SERVICES.**

369.18 Subdivision 1. **Definitions.** (a) "Clinical trainee" means a staff person who is qualified
369.19 under section 245I.04, subdivision 6.

369.20 (b) "Mental health practitioner" means a staff person who is qualified under section
369.21 245I.04, subdivision 4.

369.22 (c) "Mental health professional" means a staff person who is qualified under section
369.23 245I.04, subdivision 2.

369.24 Subd. 2. **Generally.** (a) An individual, organization, or government entity providing
369.25 mental health services to a client under this section must obtain a criminal background study
369.26 of each staff person or volunteer who is providing direct contact services to a client.

369.27 (b) An individual, organization, or government entity providing mental health services
369.28 to a client under this section must comply with all responsibilities that chapter 245I assigns
369.29 to a license holder, except section 245I.011, subdivision 1, unless all of the individual's,
369.30 organization's, or government entity's treatment staff are qualified as mental health
369.31 professionals.

370.1 (c) An individual, organization, or government entity providing mental health services
370.2 to a client under this section must comply with the following requirements if all of the
370.3 license holder's treatment staff are qualified as mental health professionals:

370.4 (1) provider qualifications and scopes of practice under section 245I.04;

370.5 (2) maintaining and updating personnel files under section 245I.07;

370.6 (3) documenting under section 245I.08;

370.7 (4) maintaining and updating client files under section 245I.09;

370.8 (5) completing client assessments and treatment planning under section 245I.10;

370.9 (6) providing clients with health services and medications under section 245I.11; and

370.10 (7) respecting and enforcing client rights under section 245I.12.

370.11 Subd. 3. **Adult day treatment services.** (a) Subject to federal approval, medical
370.12 assistance covers adult day treatment (ADT) services that are provided under contract with
370.13 the county board. Adult day treatment payment is subject to the conditions in paragraphs
370.14 (b) to (e). The provider must make reasonable and good faith efforts to report individual
370.15 client outcomes to the commissioner using instruments, protocols, and forms approved by
370.16 the commissioner.

370.17 (b) Adult day treatment is an intensive psychotherapeutic treatment to reduce or relieve
370.18 the effects of mental illness on a client to enable the client to benefit from a lower level of
370.19 care and to live and function more independently in the community. Adult day treatment
370.20 services must be provided to a client to stabilize the client's mental health and to improve
370.21 the client's independent living and socialization skills. Adult day treatment must consist of
370.22 at least one hour of group psychotherapy and must include group time focused on
370.23 rehabilitative interventions or other therapeutic services that a multidisciplinary team provides
370.24 to each client. Adult day treatment services are not a part of inpatient or residential treatment
370.25 services. The following providers may apply to become adult day treatment providers:

370.26 (1) a hospital accredited by the Joint Commission on Accreditation of Health
370.27 Organizations and licensed under sections 144.50 to 144.55;

370.28 (2) a community mental health center under section 256B.0625, subdivision 5; or

370.29 (3) an entity that is under contract with the county board to operate a program that meets
370.30 the requirements of section 245.4712, subdivision 2, and Minnesota Rules, parts 9505.0170
370.31 to 9505.0475.

370.32 (c) An adult day treatment (ADT) services provider must:

371.1 (1) ensure that the commissioner has approved of the organization as an adult day
371.2 treatment provider organization;

371.3 (2) ensure that a multidisciplinary team provides ADT services to a group of clients. A
371.4 mental health professional must supervise each multidisciplinary staff person who provides
371.5 ADT services;

371.6 (3) make ADT services available to the client at least two days a week for at least three
371.7 consecutive hours per day. ADT services may be longer than three hours per day, but medical
371.8 assistance may not reimburse a provider for more than 15 hours per week;

371.9 (4) provide ADT services to each client that includes group psychotherapy by a mental
371.10 health professional or clinical trainee and daily rehabilitative interventions by a mental
371.11 health professional, clinical trainee, or mental health practitioner; and

371.12 (5) include ADT services in the client's individual treatment plan, when appropriate.

371.13 The adult day treatment provider must:

371.14 (i) complete a functional assessment of each client under section 245I.10, subdivision
371.15 9;

371.16 (ii) notwithstanding section 245I.10, subdivision 8, review the client's progress and
371.17 update the individual treatment plan at least every 90 days until the client is discharged
371.18 from the program; and

371.19 (iii) include a discharge plan for the client in the client's individual treatment plan.

371.20 (d) To be eligible for adult day treatment, a client must:

371.21 (1) be 18 years of age or older;

371.22 (2) not reside in a nursing facility, hospital, institute of mental disease, or state-operated
371.23 treatment center unless the client has an active discharge plan that indicates a move to an
371.24 independent living setting within 180 days;

371.25 (3) have the capacity to engage in rehabilitative programming, skills activities, and
371.26 psychotherapy in the structured, therapeutic setting of an adult day treatment program and
371.27 demonstrate measurable improvements in functioning resulting from participation in the
371.28 adult day treatment program;

371.29 (4) have a level of care assessment under section 245I.02, subdivision 19, recommending
371.30 that the client participate in services with the level of intensity and duration of an adult day
371.31 treatment program; and

372.1 (5) have the recommendation of a mental health professional for adult day treatment
372.2 services. The mental health professional must find that adult day treatment services are
372.3 medically necessary for the client.

372.4 (e) Medical assistance does not cover the following services as adult day treatment
372.5 services:

372.6 (1) services that are primarily recreational or that are provided in a setting that is not
372.7 under medical supervision, including sports activities, exercise groups, craft hours, leisure
372.8 time, social hours, meal or snack time, trips to community activities, and tours;

372.9 (2) social or educational services that do not have or cannot reasonably be expected to
372.10 have a therapeutic outcome related to the client's mental illness;

372.11 (3) consultations with other providers or service agency staff persons about the care or
372.12 progress of a client;

372.13 (4) prevention or education programs that are provided to the community;

372.14 (5) day treatment for clients with a primary diagnosis of a substance use disorder;

372.15 (6) day treatment provided in the client's home;

372.16 (7) psychotherapy for more than two hours per day; and

372.17 (8) participation in meal preparation and eating that is not part of a clinical treatment
372.18 plan to address the client's eating disorder.

372.19 Subd. 4. **Explanation of findings.** (a) Subject to federal approval, medical assistance
372.20 covers an explanation of findings that a mental health professional or clinical trainee provides
372.21 when the provider has obtained the authorization from the client or the client's representative
372.22 to release the information.

372.23 (b) A mental health professional or clinical trainee provides an explanation of findings
372.24 to assist the client or related parties in understanding the results of the client's testing or
372.25 diagnostic assessment and the client's mental illness, and provides professional insight that
372.26 the client or related parties need to carry out a client's treatment plan. Related parties may
372.27 include the client's family and other natural supports and other service providers working
372.28 with the client.

372.29 (c) An explanation of findings is not paid for separately when a mental health professional
372.30 or clinical trainee explains the results of psychological testing or a diagnostic assessment
372.31 to the client or the client's representative as part of the client's psychological testing or a
372.32 diagnostic assessment.

373.1 Subd. 5. Family psychoeducation services. (a) Subject to federal approval, medical
373.2 assistance covers family psychoeducation services provided to a child up to age 21 with a
373.3 diagnosed mental health condition when identified in the child's individual treatment plan
373.4 and provided by a mental health professional or a clinical trainee who has determined it
373.5 medically necessary to involve family members in the child's care.

373.6 (b) "Family psychoeducation services" means information or demonstration provided
373.7 to an individual or family as part of an individual, family, multifamily group, or peer group
373.8 session to explain, educate, and support the child and family in understanding a child's
373.9 symptoms of mental illness, the impact on the child's development, and needed components
373.10 of treatment and skill development so that the individual, family, or group can help the child
373.11 to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental
373.12 health and long-term resilience.

373.13 Subd. 6. Dialectical behavior therapy. (a) Subject to federal approval, medical assistance
373.14 covers intensive mental health outpatient treatment for dialectical behavior therapy for
373.15 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts
373.16 to report individual client outcomes to the commissioner using instruments and protocols
373.17 that are approved by the commissioner.

373.18 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a
373.19 mental health professional or clinical trainee provides to a client or a group of clients in an
373.20 intensive outpatient treatment program using a combination of individualized rehabilitative
373.21 and psychotherapeutic interventions. A dialectical behavior therapy program involves:
373.22 individual dialectical behavior therapy, group skills training, telephone coaching, and team
373.23 consultation meetings.

373.24 (c) To be eligible for dialectical behavior therapy, a client must:

373.25 (1) be 18 years of age or older;

373.26 (2) have mental health needs that available community-based services cannot meet or
373.27 that the client must receive concurrently with other community-based services;

373.28 (3) have either:

373.29 (i) a diagnosis of borderline personality disorder; or

373.30 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or
373.31 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe
373.32 dysfunction in multiple areas of the client's life;

374.1 (4) be cognitively capable of participating in dialectical behavior therapy as an intensive
374.2 therapy program and be able and willing to follow program policies and rules to ensure the
374.3 safety of the client and others; and

374.4 (5) be at significant risk of one or more of the following if the client does not receive
374.5 dialectical behavior therapy:

374.6 (i) having a mental health crisis;

374.7 (ii) requiring a more restrictive setting such as hospitalization;

374.8 (iii) decompensating; or

374.9 (iv) engaging in intentional self-harm behavior.

374.10 (d) Individual dialectical behavior therapy combines individualized rehabilitative and
374.11 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors
374.12 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional
374.13 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental
374.14 health professional or clinical trainee providing dialectical behavior therapy to a client must:

374.15 (1) identify, prioritize, and sequence the client's behavioral targets;

374.16 (2) treat the client's behavioral targets;

374.17 (3) assist the client in applying dialectical behavior therapy skills to the client's natural
374.18 environment through telephone coaching outside of treatment sessions;

374.19 (4) measure the client's progress toward dialectical behavior therapy targets;

374.20 (5) help the client manage mental health crises and life-threatening behaviors; and

374.21 (6) help the client learn and apply effective behaviors when working with other treatment
374.22 providers.

374.23 (e) Group skills training combines individualized psychotherapeutic and psychiatric
374.24 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and
374.25 other dysfunctional coping behaviors and restore function. Group skills training must teach
374.26 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal
374.27 effectiveness; (3) emotional regulation; and (4) distress tolerance.

374.28 (f) Group skills training must be provided by two mental health professionals or by a
374.29 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
374.30 Individual skills training must be provided by a mental health professional, a clinical trainee,
374.31 or a mental health practitioner.

375.1 (g) Before a program provides dialectical behavior therapy to a client, the commissioner
375.2 must certify the program as a dialectical behavior therapy provider. To qualify for
375.3 certification as a dialectical behavior therapy provider, a provider must:

375.4 (1) allow the commissioner to inspect the provider's program;

375.5 (2) provide evidence to the commissioner that the program's policies, procedures, and
375.6 practices meet the requirements of this subdivision and chapter 245I;

375.7 (3) be enrolled as a MHCP provider; and

375.8 (4) have a manual that outlines the program's policies, procedures, and practices that
375.9 meet the requirements of this subdivision.

375.10 **Subd. 7. Mental health clinical care consultation.** (a) Subject to federal approval,
375.11 medical assistance covers clinical care consultation for a person up to age 21 who is
375.12 diagnosed with a complex mental health condition or a mental health condition that co-occurs
375.13 with other complex and chronic conditions, when described in the person's individual
375.14 treatment plan and provided by a mental health professional or a clinical trainee.

375.15 (b) "Clinical care consultation" means communication from a treating mental health
375.16 professional to other providers or educators not under the treatment supervision of the
375.17 treating mental health professional who are working with the same client to inform, inquire,
375.18 and instruct regarding the client's symptoms; strategies for effective engagement, care, and
375.19 intervention needs; and treatment expectations across service settings and to direct and
375.20 coordinate clinical service components provided to the client and family.

375.21 **Subd. 8. Neuropsychological assessment.** (a) Subject to federal approval, medical
375.22 assistance covers a client's neuropsychological assessment.

375.23 (b) "Neuropsychological assessment" means a specialized clinical assessment of the
375.24 client's underlying cognitive abilities related to thinking, reasoning, and judgment that is
375.25 conducted by a qualified neuropsychologist. A neuropsychological assessment must include
375.26 a face-to-face interview with the client, interpretation of the test results, and preparation
375.27 and completion of a report.

375.28 (c) A client is eligible for a neuropsychological assessment if the client meets at least
375.29 one of the following criteria:

375.30 (1) the client has a known or strongly suspected brain disorder based on the client's
375.31 medical history or the client's prior neurological evaluation, including a history of significant
375.32 head trauma, brain tumor, stroke, seizure disorder, multiple sclerosis, neurodegenerative
375.33 disorder, significant exposure to neurotoxins, central nervous system infection, metabolic

- 376.1 or toxic encephalopathy, fetal alcohol syndrome, or congenital malformation of the brain;
376.2 or
- 376.3 (2) the client has cognitive or behavioral symptoms that suggest that the client has an
376.4 organic condition that cannot be readily attributed to functional psychopathology or suspected
376.5 neuropsychological impairment in addition to functional psychopathology. The client's
376.6 symptoms may include:
- 376.7 (i) having a poor memory or impaired problem solving;
- 376.8 (ii) experiencing change in mental status evidenced by lethargy, confusion, or
376.9 disorientation;
- 376.10 (iii) experiencing a deteriorating level of functioning;
- 376.11 (iv) displaying a marked change in behavior or personality;
- 376.12 (v) in a child or an adolescent, having significant delays in acquiring academic skill or
376.13 poor attention relative to peers;
- 376.14 (vi) in a child or an adolescent, having reached a significant plateau in expected
376.15 development of cognitive, social, emotional, or physical functioning relative to peers; and
- 376.16 (vii) in a child or an adolescent, significant inability to develop expected knowledge,
376.17 skills, or abilities to adapt to new or changing cognitive, social, emotional, or physical
376.18 demands.
- 376.19 (d) The neuropsychological assessment must be completed by a neuropsychologist who:
- 376.20 (1) was awarded a diploma by the American Board of Clinical Neuropsychology, the
376.21 American Board of Professional Neuropsychology, or the American Board of Pediatric
376.22 Neuropsychology;
- 376.23 (2) earned a doctoral degree in psychology from an accredited university training program
376.24 and:
- 376.25 (i) completed an internship or its equivalent in a clinically relevant area of professional
376.26 psychology;
- 376.27 (ii) completed the equivalent of two full-time years of experience and specialized training,
376.28 at least one of which is at the postdoctoral level, supervised by a clinical neuropsychologist
376.29 in the study and practice of clinical neuropsychology and related neurosciences; and
- 376.30 (iii) holds a current license to practice psychology independently according to sections
376.31 144.88 to 144.98;

377.1 (3) is licensed or credentialed by another state's board of psychology examiners in the
377.2 specialty of neuropsychology using requirements equivalent to requirements specified by
377.3 one of the boards named in clause (1); or

377.4 (4) was approved by the commissioner as an eligible provider of neuropsychological
377.5 assessments prior to December 31, 2010.

377.6 Subd. 9. **Neuropsychological testing.** (a) Subject to federal approval, medical assistance
377.7 covers neuropsychological testing for clients.

377.8 (b) "Neuropsychological testing" means administering standardized tests and measures
377.9 designed to evaluate the client's ability to attend to, process, interpret, comprehend,
377.10 communicate, learn, and recall information and use problem solving and judgment.

377.11 (c) Medical assistance covers neuropsychological testing of a client when the client:

377.12 (1) has a significant mental status change that is not a result of a metabolic disorder and
377.13 that has failed to respond to treatment;

377.14 (2) is a child or adolescent with a significant plateau in expected development of
377.15 cognitive, social, emotional, or physical function relative to peers;

377.16 (3) is a child or adolescent with a significant inability to develop expected knowledge,
377.17 skills, or abilities to adapt to new or changing cognitive, social, physical, or emotional
377.18 demands; or

377.19 (4) has a significant behavioral change, memory loss, or suspected neuropsychological
377.20 impairment in addition to functional psychopathology, or other organic brain injury or one
377.21 of the following:

377.22 (i) traumatic brain injury;

377.23 (ii) stroke;

377.24 (iii) brain tumor;

377.25 (iv) substance use disorder;

377.26 (v) cerebral anoxic or hypoxic episode;

377.27 (vi) central nervous system infection or other infectious disease;

377.28 (vii) neoplasms or vascular injury of the central nervous system;

377.29 (viii) neurodegenerative disorders;

377.30 (ix) demyelinating disease;

- 378.1 (x) extrapyramidal disease;
- 378.2 (xi) exposure to systemic or intrathecal agents or cranial radiation known to be associated
378.3 with cerebral dysfunction;
- 378.4 (xii) systemic medical conditions known to be associated with cerebral dysfunction,
378.5 including renal disease, hepatic encephalopathy, cardiac anomaly, sickle cell disease, and
378.6 related hematologic anomalies, and autoimmune disorders, including lupus, erythematosus,
378.7 or celiac disease;
- 378.8 (xiii) congenital genetic or metabolic disorders known to be associated with cerebral
378.9 dysfunction, including phenylketonuria, craniofacial syndromes, or congenital hydrocephalus;
- 378.10 (xiv) severe or prolonged nutrition or malabsorption syndromes; or
- 378.11 (xv) a condition presenting in a manner difficult for a clinician to distinguish between
378.12 the neurocognitive effects of a neurogenic syndrome, including dementia or encephalopathy;
378.13 and a major depressive disorder when adequate treatment for major depressive disorder has
378.14 not improved the client's neurocognitive functioning; or another disorder, including autism,
378.15 selective mutism, anxiety disorder, or reactive attachment disorder.
- 378.16 (d) Neuropsychological testing must be administered or clinically supervised by a
378.17 qualified neuropsychologist under subdivision 8, paragraph (c).
- 378.18 (e) Medical assistance does not cover neuropsychological testing of a client when the
378.19 testing is:
- 378.20 (1) primarily for educational purposes;
- 378.21 (2) primarily for vocational counseling or training;
- 378.22 (3) for personnel or employment testing;
- 378.23 (4) a routine battery of psychological tests given to the client at the client's inpatient
378.24 admission or during a client's continued inpatient stay; or
- 378.25 (5) for legal or forensic purposes.
- 378.26 Subd. 10. **Psychological testing.** (a) Subject to federal approval, medical assistance
378.27 covers psychological testing of a client.
- 378.28 (b) "Psychological testing" means the use of tests or other psychometric instruments to
378.29 determine the status of a client's mental, intellectual, and emotional functioning.
- 378.30 (c) The psychological testing must:

379.1 (1) be administered or supervised by a licensed psychologist qualified under section
379.2 245I.04, subdivision 2, clause (3), who is competent in the area of psychological testing;
379.3 and

379.4 (2) be validated in a face-to-face interview between the client and a licensed psychologist
379.5 or a clinical trainee in psychology under the treatment supervision of a licensed psychologist
379.6 under section 245I.06.

379.7 (d) A licensed psychologist must supervise the administration, scoring, and interpretation
379.8 of a client's psychological tests when a clinical psychology trainee, technician, psychometrist,
379.9 or psychological assistant or a computer-assisted psychological testing program completes
379.10 the psychological testing of the client. The report resulting from the psychological testing
379.11 must be signed by the licensed psychologist who conducts the face-to-face interview with
379.12 the client. The licensed psychologist or a staff person who is under treatment supervision
379.13 must place the client's psychological testing report in the client's record and release one
379.14 copy of the report to the client and additional copies to individuals authorized by the client
379.15 to receive the report.

379.16 Subd. 11. **Psychotherapy.** (a) Subject to federal approval, medical assistance covers
379.17 psychotherapy for a client.

379.18 (b) "Psychotherapy" means treatment of a client with mental illness that applies to the
379.19 most appropriate psychological, psychiatric, psychosocial, or interpersonal method that
379.20 conforms to prevailing community standards of professional practice to meet the mental
379.21 health needs of the client. Medical assistance covers psychotherapy if a mental health
379.22 professional or a clinical trainee provides psychotherapy to a client.

379.23 (c) "Individual psychotherapy" means psychotherapy that a mental health professional
379.24 or clinical trainee designs for a client.

379.25 (d) "Family psychotherapy" means psychotherapy that a mental health professional or
379.26 clinical trainee designs for a client and one or more of the client's family members or primary
379.27 caregiver whose participation is necessary to accomplish the client's treatment goals. Family
379.28 members or primary caregivers participating in a therapy session do not need to be eligible
379.29 for medical assistance for medical assistance to cover family psychotherapy. For purposes
379.30 of this paragraph, "primary caregiver whose participation is necessary to accomplish the
379.31 client's treatment goals" excludes shift or facility staff persons who work at the client's
379.32 residence. Medical assistance payments for family psychotherapy are limited to face-to-face
379.33 sessions during which the client is present throughout the session, unless the mental health
379.34 professional or clinical trainee believes that the client's exclusion from the family

380.1 psychotherapy session is necessary to meet the goals of the client's individual treatment
380.2 plan. If the client is excluded from a family psychotherapy session, a mental health
380.3 professional or clinical trainee must document the reason for the client's exclusion and the
380.4 length of time that the client is excluded. The mental health professional must also document
380.5 any reason that a member of the client's family is excluded from a psychotherapy session.

380.6 (e) Group psychotherapy is appropriate for a client who, because of the nature of the
380.7 client's emotional, behavioral, or social dysfunctions, can benefit from treatment in a group
380.8 setting. For a group of three to eight clients, at least one mental health professional or clinical
380.9 trainee must provide psychotherapy to the group. For a group of nine to 12 clients, a team
380.10 of at least two mental health professionals or two clinical trainees or one mental health
380.11 professional and one clinical trainee must provide psychotherapy to the group. Medical
380.12 assistance will cover group psychotherapy for a group of no more than 12 persons.

380.13 (f) A multiple-family group psychotherapy session is eligible for medical assistance if
380.14 a mental health professional or clinical trainee designs the psychotherapy session for at least
380.15 two but not more than five families. A mental health professional or clinical trainee must
380.16 design multiple-family group psychotherapy sessions to meet the treatment needs of each
380.17 client. If the client is excluded from a psychotherapy session, the mental health professional
380.18 or clinical trainee must document the reason for the client's exclusion and the length of time
380.19 that the client was excluded. The mental health professional or clinical trainee must document
380.20 any reason that a member of the client's family was excluded from a psychotherapy session.

380.21 Subd. 12. **Partial hospitalization.** (a) Subject to federal approval, medical assistance
380.22 covers a client's partial hospitalization.

380.23 (b) "Partial hospitalization" means a provider's time-limited, structured program of
380.24 psychotherapy and other therapeutic services, as defined in United States Code, title 42,
380.25 chapter 7, subchapter XVIII, part E, section 1395x(ff), that a multidisciplinary staff person
380.26 provides in an outpatient hospital facility or community mental health center that meets
380.27 Medicare requirements to provide partial hospitalization services to a client.

380.28 (c) Partial hospitalization is an appropriate alternative to inpatient hospitalization for a
380.29 client who is experiencing an acute episode of mental illness who meets the criteria for an
380.30 inpatient hospital admission under Minnesota Rules, part 9505.0520, subpart 1, and who
380.31 has family and community resources that support the client's residence in the community.
380.32 Partial hospitalization consists of multiple intensive short-term therapeutic services for a
380.33 client that a multidisciplinary staff person provides to a client to treat the client's mental
380.34 illness.

381.1 Subd. 13. **Diagnostic assessments.** Subject to federal approval, medical assistance covers
381.2 a client's diagnostic assessments that a mental health professional or clinical trainee completes
381.3 under section 245I.10.

381.4 Sec. 18. **DIRECTION TO COMMISSIONER; SINGLE COMPREHENSIVE**
381.5 **LICENSE STRUCTURE.**

381.6 The commissioner of human services, in consultation with stakeholders including
381.7 counties, tribes, managed care organizations, provider organizations, advocacy groups, and
381.8 clients and clients' families, shall develop recommendations to develop a single
381.9 comprehensive licensing structure for mental health service programs, including outpatient
381.10 and residential services for adults and children. The recommendations must prioritize
381.11 program integrity, the welfare of clients and clients' families, improved integration of mental
381.12 health and substance use disorder services, and the reduction of administrative burden on
381.13 providers.

381.14 Sec. 19. **EFFECTIVE DATE.**

381.15 This article is effective July 1, 2022, or upon federal approval, whichever is later. The
381.16 commissioner of human services shall notify the revisor of statutes when federal approval
381.17 is obtained.

381.18 **ARTICLE 16**
381.19 **CRISIS RESPONSE SERVICES**

381.20 Section 1. Minnesota Statutes 2020, section 245.469, subdivision 1, is amended to read:

381.21 **Subdivision 1. Availability of emergency services.** ~~By July 1, 1988,~~ (a) County boards
381.22 must provide or contract for enough emergency services within the county to meet the needs
381.23 of adults, children, and families in the county who are experiencing an emotional crisis or
381.24 mental illness. ~~Clients may be required to pay a fee according to section 245.481.~~ Emergency
381.25 service providers must not delay the timely provision of emergency services to a client
381.26 because of the unwillingness or inability of the client to pay for services. Emergency services
381.27 must include assessment, crisis intervention, and appropriate case disposition. Emergency
381.28 services must:

381.29 (1) promote the safety and emotional stability of ~~adults with mental illness or emotional~~
381.30 ~~crises~~ each client;

382.1 (2) minimize further deterioration of ~~adults with mental illness or emotional crises~~ each
382.2 client;

382.3 (3) help ~~adults with mental illness or emotional crises~~ each client to obtain ongoing care
382.4 and treatment; ~~and~~

382.5 (4) prevent placement in settings that are more intensive, costly, or restrictive than
382.6 necessary and appropriate to meet client needs; and

382.7 (5) provide support, psychoeducation, and referrals to each client's family members,
382.8 service providers, and other third parties on behalf of the client in need of emergency
382.9 services.

382.10 (b) If a county provides engagement services under section 253B.041, the county's
382.11 emergency service providers must refer clients to engagement services when the client
382.12 meets the criteria for engagement services.

382.13 Sec. 2. Minnesota Statutes 2020, section 245.469, subdivision 2, is amended to read:

382.14 Subd. 2. **Specific requirements.** (a) The county board shall require that all service
382.15 providers of emergency services to adults with mental illness provide immediate direct
382.16 access to a mental health professional during regular business hours. For evenings, weekends,
382.17 and holidays, the service may be by direct toll-free telephone access to a mental health
382.18 professional, a clinical trainee, or mental health practitioner, ~~or until January 1, 1991, a~~
382.19 ~~designated person with training in human services who receives clinical supervision from~~
382.20 ~~a mental health professional.~~

382.21 (b) The commissioner may waive the requirement in paragraph (a) that the evening,
382.22 weekend, and holiday service be provided by a mental health professional, clinical trainee,
382.23 ~~or mental health practitioner after January 1, 1991,~~ if the county documents that:

382.24 (1) mental health professionals, clinical trainees, or mental health practitioners are
382.25 unavailable to provide this service;

382.26 (2) services are provided by a designated person with training in human services who
382.27 receives ~~clinical~~ treatment supervision from a mental health professional; and

382.28 (3) the service provider is not also the provider of fire and public safety emergency
382.29 services.

382.30 (c) The commissioner may waive the requirement in paragraph (b), clause (3), that the
382.31 evening, weekend, and holiday service not be provided by the provider of fire and public
382.32 safety emergency services if:

383.1 (1) every person who will be providing the first telephone contact has received at least
383.2 eight hours of training on emergency mental health services ~~reviewed by the state advisory~~
383.3 ~~council on mental health and then~~ approved by the commissioner;

383.4 (2) every person who will be providing the first telephone contact will annually receive
383.5 at least four hours of continued training on emergency mental health services ~~reviewed by~~
383.6 ~~the state advisory council on mental health and then~~ approved by the commissioner;

383.7 (3) the local social service agency has provided public education about available
383.8 emergency mental health services and can assure potential users of emergency services that
383.9 their calls will be handled appropriately;

383.10 (4) the local social service agency agrees to provide the commissioner with accurate
383.11 data on the number of emergency mental health service calls received;

383.12 (5) the local social service agency agrees to monitor the frequency and quality of
383.13 emergency services; and

383.14 (6) the local social service agency describes how it will comply with paragraph (d).

383.15 (d) Whenever emergency service during nonbusiness hours is provided by anyone other
383.16 than a mental health professional, a mental health professional must be available on call for
383.17 an emergency assessment and crisis intervention services, and must be available for at least
383.18 telephone consultation within 30 minutes.

383.19 Sec. 3. Minnesota Statutes 2020, section 245.4879, subdivision 1, is amended to read:

383.20 Subdivision 1. **Availability of emergency services.** County boards must provide or
383.21 contract for ~~enough~~ mental health emergency services ~~within the county to meet the needs~~
383.22 ~~of children, and children's families when clinically appropriate, in the county who are~~
383.23 ~~experiencing an emotional crisis or emotional disturbance. The county board shall ensure~~
383.24 ~~that parents, providers, and county residents are informed about when and how to access~~
383.25 ~~emergency mental health services for children. A child or the child's parent may be required~~
383.26 ~~to pay a fee according to section 245.481. Emergency service providers shall not delay the~~
383.27 ~~timely provision of emergency service because of delays in determining this fee or because~~
383.28 ~~of the unwillingness or inability of the parent to pay the fee. Emergency services must~~
383.29 ~~include assessment, crisis intervention, and appropriate case disposition. Emergency services~~
383.30 ~~must:~~ according to section 245.469.

383.31 (1) ~~promote the safety and emotional stability of children with emotional disturbances~~
383.32 ~~or emotional crises;~~

384.1 ~~(2) minimize further deterioration of the child with emotional disturbance or emotional~~
384.2 ~~crisis;~~

384.3 ~~(3) help each child with an emotional disturbance or emotional crisis to obtain ongoing~~
384.4 ~~care and treatment; and~~

384.5 ~~(4) prevent placement in settings that are more intensive, costly, or restrictive than~~
384.6 ~~necessary and appropriate to meet the child's needs.~~

384.7 Sec. 4. Minnesota Statutes 2020, section 256B.0624, is amended to read:

384.8 **256B.0624 ADULT CRISIS RESPONSE SERVICES COVERED.**

384.9 Subdivision 1. **Scope.** ~~Medical assistance covers adult mental health crisis response~~
384.10 ~~services as defined in subdivision 2, paragraphs (e) to (e), (a) Subject to federal approval,~~
384.11 ~~if provided to a recipient as defined in subdivision 3 and provided by a qualified provider~~
384.12 ~~entity as defined in this section and by a qualified individual provider working within the~~
384.13 ~~provider's scope of practice and as defined in this subdivision and identified in the recipient's~~
384.14 ~~individual crisis treatment plan as defined in subdivision 11 and if determined to be medically~~
384.15 ~~necessary~~ medical assistance covers medically necessary crisis response services when the
384.16 services are provided according to the standards in this section.

384.17 (b) Subject to federal approval, medical assistance covers medically necessary residential
384.18 crisis stabilization for adults when the services are provided by an entity licensed under and
384.19 meeting the standards in section 245I.23 or an entity with an adult foster care license meeting
384.20 the standards in this section.

384.21 (c) The provider entity must make reasonable and good faith efforts to report individual
384.22 client outcomes to the commissioner using instruments and protocols approved by the
384.23 commissioner.

384.24 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
384.25 given them.

384.26 ~~(a) "Mental health crisis" is an adult behavioral, emotional, or psychiatric situation~~
384.27 ~~which, but for the provision of crisis response services, would likely result in significantly~~
384.28 ~~reduced levels of functioning in primary activities of daily living, or in an emergency~~
384.29 ~~situation, or in the placement of the recipient in a more restrictive setting, including, but~~
384.30 ~~not limited to, inpatient hospitalization.~~

385.1 ~~(b) "Mental health emergency" is an adult behavioral, emotional, or psychiatric situation~~
385.2 ~~which causes an immediate need for mental health services and is consistent with section~~
385.3 ~~62Q.55.~~

385.4 ~~A mental health crisis or emergency is determined for medical assistance service~~
385.5 ~~reimbursement by a physician, a mental health professional, or crisis mental health~~
385.6 ~~practitioner with input from the recipient whenever possible.~~

385.7 (a) "Certified rehabilitation specialist" means a staff person who is qualified under section
385.8 245I.04, subdivision 8.

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

385.11 ~~(c) "Mental health Crisis assessment" means an immediate face-to-face assessment by~~
385.12 ~~a physician, a mental health professional, or mental health practitioner under the clinical~~
385.13 ~~supervision of a mental health professional, following a screening that suggests that the~~
385.14 ~~adult may be experiencing a mental health crisis or mental health emergency situation. It~~
385.15 ~~includes, when feasible, assessing whether the person might be willing to voluntarily accept~~
385.16 ~~treatment, determining whether the person has an advance directive, and obtaining~~
385.17 ~~information and history from involved family members or caretakers~~ a qualified member
385.18 of a crisis team, as described in subdivision 6a.

385.19 ~~(d) "Mental health mobile Crisis intervention services" means face-to-face, short-term~~
385.20 ~~intensive mental health services initiated during a mental health crisis or mental health~~
385.21 ~~emergency to help the recipient cope with immediate stressors, identify and utilize available~~
385.22 ~~resources and strengths, engage in voluntary treatment, and begin to return to the recipient's~~
385.23 ~~baseline level of functioning. The services, including screening and treatment plan~~
385.24 ~~recommendations, must be culturally and linguistically appropriate.~~

385.25 ~~(1) This service is provided on site by a mobile crisis intervention team outside of an~~
385.26 ~~inpatient hospital setting. Mental health mobile crisis intervention services must be available~~
385.27 ~~24 hours a day, seven days a week.~~

385.28 ~~(2) The initial screening must consider other available services to determine which~~
385.29 ~~service intervention would best address the recipient's needs and circumstances.~~

385.30 ~~(3) The mobile crisis intervention team must be available to meet promptly face-to-face~~
385.31 ~~with a person in mental health crisis or emergency in a community setting or hospital~~
385.32 ~~emergency room.~~

386.1 ~~(4) The intervention must consist of a mental health crisis assessment and a crisis~~
386.2 ~~treatment plan.~~

386.3 ~~(5) The team must be available to individuals who are experiencing a co-occurring~~
386.4 ~~substance use disorder, who do not need the level of care provided in a detoxification facility.~~

386.5 ~~(6) The treatment plan must include recommendations for any needed crisis stabilization~~
386.6 ~~services for the recipient, including engagement in treatment planning and family~~
386.7 ~~psychoeducation.~~

386.8 (e) "Crisis screening" means a screening of a client's potential mental health crisis
386.9 situation under subdivision 6.

386.10 ~~(e) (f) "Mental health Crisis stabilization services" means individualized mental health~~
386.11 ~~services provided to a recipient following crisis intervention services which are designed~~
386.12 ~~to restore the recipient to the recipient's prior functional level. Mental health Crisis~~
386.13 ~~stabilization services may be provided in the recipient's home, the home of a family member~~
386.14 ~~or friend of the recipient, another community setting, or a short-term supervised, licensed~~
386.15 ~~residential program, or an emergency department. Mental health crisis stabilization does~~
386.16 ~~not include partial hospitalization or day treatment. Mental health Crisis stabilization services~~
386.17 ~~includes family psychoeducation.~~

386.18 (g) "Crisis team" means the staff of a provider entity who are supervised and prepared
386.19 to provide mobile crisis services to a client in a potential mental health crisis situation.

386.20 (h) "Mental health certified family peer specialist" means a staff person who is qualified
386.21 under section 245I.04, subdivision 12.

386.22 (i) "Mental health certified peer specialist" means a staff person who is qualified under
386.23 section 245I.04, subdivision 10.

386.24 (j) "Mental health crisis" is a behavioral, emotional, or psychiatric situation that, without
386.25 the provision of crisis response services, would likely result in significantly reducing the
386.26 recipient's levels of functioning in primary activities of daily living, in an emergency situation
386.27 under section 62Q.55, or in the placement of the recipient in a more restrictive setting,
386.28 including but not limited to inpatient hospitalization.

386.29 (k) "Mental health practitioner" means a staff person who is qualified under section
386.30 245I.04, subdivision 4.

386.31 (l) "Mental health professional" means a staff person who is qualified under section
386.32 245I.04, subdivision 2.

387.1 (m) "Mental health rehabilitation worker" means a staff person who is qualified under
387.2 section 245I.04, subdivision 14.

387.3 (n) "Mobile crisis services" means screening, assessment, intervention, and
387.4 community-based stabilization, excluding residential crisis stabilization, that is provided to
387.5 a recipient.

387.6 Subd. 3. **Eligibility.** ~~An eligible recipient is an individual who:~~

387.7 ~~(1) is age 18 or older;~~

387.8 ~~(2) is screened as possibly experiencing a mental health crisis or emergency where a~~
387.9 ~~mental health crisis assessment is needed; and~~

387.10 ~~(3) is assessed as experiencing a mental health crisis or emergency, and mental health~~
387.11 ~~crisis intervention or crisis intervention and stabilization services are determined to be~~
387.12 ~~medically necessary.~~

387.13 (a) A recipient is eligible for crisis assessment services when the recipient has screened
387.14 positive for a potential mental health crisis during a crisis screening.

387.15 (b) A recipient is eligible for crisis intervention services and crisis stabilization services
387.16 when the recipient has been assessed during a crisis assessment to be experiencing a mental
387.17 health crisis.

387.18 Subd. 4. **Provider entity standards.** ~~(a) A provider entity is an entity that meets the~~
387.19 ~~standards listed in paragraph (c) and~~ mobile crisis provider must be:

387.20 ~~(1) is a county board operated entity; or~~

387.21 (2) an Indian health services facility or facility owned and operated by a tribe or Tribal
387.22 organization operating under United States Code, title 325, section 450f; or

387.23 ~~(2) is~~ (3) a provider entity that is under contract with the county board in the county
387.24 where the potential crisis or emergency is occurring. To provide services under this section,
387.25 the provider entity must directly provide the services; or if services are subcontracted, the
387.26 provider entity must maintain responsibility for services and billing.

387.27 (b) A mobile crisis provider must meet the following standards:

387.28 (1) ensure that crisis screenings, crisis assessments, and crisis intervention services are
387.29 available to a recipient 24 hours a day, seven days a week;

387.30 (2) be able to respond to a call for services in a designated service area or according to
387.31 a written agreement with the local mental health authority for an adjacent area;

388.1 (3) have at least one mental health professional on staff at all times and at least one
388.2 additional staff member capable of leading a crisis response in the community; and

388.3 (4) provide the commissioner with information about the number of requests for service,
388.4 the number of people that the provider serves face-to-face, outcomes, and the protocols that
388.5 the provider uses when deciding when to respond in the community.

388.6 ~~(b)~~ (c) A provider entity that provides crisis stabilization services in a residential setting
388.7 under subdivision 7 is not required to meet the requirements of ~~paragraph~~ paragraphs (a);
388.8 ~~clauses (1) and (2) and (b),~~ but must meet all other requirements of this subdivision.

388.9 ~~(e) The adult mental health~~ (d) A crisis response services provider entity must have the
388.10 capacity to meet and carry out the standards in section 245I.011, subdivision 5, and the
388.11 following standards:

388.12 ~~(1) has the capacity to recruit, hire, and manage and train mental health professionals,~~
388.13 ~~practitioners, and rehabilitation workers~~ ensures that staff persons provide support for a
388.14 recipient's family and natural supports, by enabling the recipient's family and natural supports
388.15 to observe and participate in the recipient's treatment, assessments, and planning services;

388.16 (2) has adequate administrative ability to ensure availability of services;

388.17 ~~(3) is able to ensure adequate preservice and in-service training;~~

388.18 ~~(4)~~ (3) is able to ensure that staff providing these services are skilled in the delivery of
388.19 mental health crisis response services to recipients;

388.20 ~~(5)~~ (4) is able to ensure that staff are ~~capable of~~ implementing culturally specific treatment
388.21 identified in the ~~individual~~ crisis treatment plan that is meaningful and appropriate as
388.22 determined by the recipient's culture, beliefs, values, and language;

388.23 ~~(6)~~ (5) is able to ensure enough flexibility to respond to the changing intervention and
388.24 care needs of a recipient as identified by the recipient or family member during the service
388.25 partnership between the recipient and providers;

388.26 ~~(7)~~ (6) is able to ensure that ~~mental health professionals and mental health practitioners~~
388.27 staff have the communication tools and procedures to communicate and consult promptly
388.28 about crisis assessment and interventions as services occur;

388.29 ~~(8)~~ (7) is able to coordinate these services with county emergency services, community
388.30 hospitals, ambulance, transportation services, social services, law enforcement, engagement
388.31 services, and mental health crisis services through regularly scheduled interagency meetings;

389.1 ~~(9) is able to ensure that mental health crisis assessment and mobile crisis intervention~~
389.2 ~~services are available 24 hours a day, seven days a week;~~

389.3 ~~(10)~~ (8) is able to ensure that services are coordinated with other ~~mental~~ behavioral
389.4 health service providers, county mental health authorities, or federally recognized American
389.5 Indian authorities and others as necessary, with the consent of the ~~adult~~ recipient or parent
389.6 or guardian. Services must also be coordinated with the recipient's case manager if the ~~adult~~
389.7 recipient is receiving case management services;

389.8 ~~(11)~~ (9) is able to ensure that crisis intervention services are provided in a manner
389.9 consistent with sections 245.461 to 245.486 and 245.487 to 245.4879;

389.10 ~~(12) is able to submit information as required by the state;~~

389.11 ~~(13) maintains staff training and personnel files;~~

389.12 (10) is able to coordinate detoxification services for the recipient according to Minnesota
389.13 Rules, parts 9530.6605 to 9530.6655, or withdrawal management according to chapter 245F;

389.14 ~~(14)~~ (11) is able to establish and maintain a quality assurance and evaluation plan to
389.15 evaluate the outcomes of services and recipient satisfaction; and

389.16 ~~(15) is able to keep records as required by applicable laws;~~

389.17 ~~(16) is able to comply with all applicable laws and statutes;~~

389.18 ~~(17)~~ (12) is an enrolled medical assistance provider; and.

389.19 ~~(18) develops and maintains written policies and procedures regarding service provision~~
389.20 ~~and administration of the provider entity, including safety of staff and recipients in high-risk~~
389.21 ~~situations.~~

389.22 Subd. 4a. **Alternative provider standards.** If a county or tribe demonstrates that, due
389.23 to geographic or other barriers, it is not feasible to provide mobile crisis intervention services
389.24 according to the standards in subdivision 4, paragraph ~~(e)~~, ~~clause (9)~~ (b), the commissioner
389.25 may approve a ~~crisis response provider based on~~ an alternative plan proposed by a county
389.26 ~~or group of counties~~ tribe. The alternative plan must:

389.27 (1) result in increased access and a reduction in disparities in the availability of mobile
389.28 crisis services;

389.29 (2) provide mobile crisis services outside of the usual nine-to-five office hours and on
389.30 weekends and holidays; and

389.31 (3) comply with standards for emergency mental health services in section 245.469.

390.1 Subd. 5. **Mobile Crisis assessment and intervention staff qualifications.** ~~For provision~~
390.2 ~~of adult mental health mobile crisis intervention services, a mobile crisis intervention team~~
390.3 ~~is comprised of at least two mental health professionals as defined in section 245.462,~~
390.4 ~~subdivision 18, clauses (1) to (6), or a combination of at least one mental health professional~~
390.5 ~~and one mental health practitioner as defined in section 245.462, subdivision 17, with the~~
390.6 ~~required mental health crisis training and under the clinical supervision of a mental health~~
390.7 ~~professional on the team. The team must have at least two people with at least one member~~
390.8 ~~providing on-site crisis intervention services when needed. (a) Qualified individual staff of~~
390.9 ~~a qualified provider entity must provide crisis assessment and intervention services to a~~
390.10 ~~recipient. A staff member providing crisis assessment and intervention services to a recipient~~
390.11 ~~must be qualified as a:~~

390.12 (1) mental health professional;

390.13 (2) clinical trainee;

390.14 (3) mental health practitioner;

390.15 (4) mental health certified family peer specialist; or

390.16 (5) mental health certified peer specialist.

390.17 (b) When crisis assessment and intervention services are provided to a recipient in the
390.18 community, a mental health professional, clinical trainee, or mental health practitioner must
390.19 lead the response.

390.20 (c) The 30 hours of ongoing training required by section 245I.05, subdivision 4, paragraph
390.21 (b), must be specific to providing crisis services to children and adults and include training
390.22 about evidence-based practices identified by the commissioner of health to reduce the
390.23 recipient's risk of suicide and self-injurious behavior.

390.24 (d) Team members must be experienced in ~~mental health~~ crisis assessment, crisis

390.25 intervention techniques, treatment engagement strategies, working with families, and clinical

390.26 decision-making under emergency conditions and have knowledge of local services and

390.27 resources. ~~The team must recommend and coordinate the team's services with appropriate~~

390.28 ~~local resources such as the county social services agency, mental health services, and local~~

390.29 ~~law enforcement when necessary.~~

390.30 Subd. 6. **Crisis assessment and mobile intervention treatment planning screening.** (a)

390.31 ~~Prior to initiating mobile crisis intervention services, a screening of the potential crisis~~

390.32 ~~situation must be conducted. The crisis screening may use the resources of crisis assistance~~

390.33 ~~and emergency services as defined in sections 245.462, subdivision 6, and section 245.469,~~

391.1 subdivisions 1 and 2. The crisis screening must gather information, determine whether a
391.2 mental health crisis situation exists, identify parties involved, and determine an appropriate
391.3 response.

391.4 (b) When conducting the crisis screening of a recipient, a provider must:

391.5 (1) employ evidence-based practices to reduce the recipient's risk of suicide and
391.6 self-injurious behavior;

391.7 (2) work with the recipient to establish a plan and time frame for responding to the
391.8 recipient's mental health crisis, including responding to the recipient's immediate need for
391.9 support by telephone or text message until the provider can respond to the recipient
391.10 face-to-face;

391.11 (3) document significant factors in determining whether the recipient is experiencing a
391.12 mental health crisis, including prior requests for crisis services, a recipient's recent
391.13 presentation at an emergency department, known calls to 911 or law enforcement, or
391.14 information from third parties with knowledge of a recipient's history or current needs;

391.15 (4) accept calls from interested third parties and consider the additional needs or potential
391.16 mental health crises that the third parties may be experiencing;

391.17 (5) provide psychoeducation, including means reduction, to relevant third parties
391.18 including family members or other persons living with the recipient; and

391.19 (6) consider other available services to determine which service intervention would best
391.20 address the recipient's needs and circumstances.

391.21 (c) For the purposes of this section, the following situations indicate a positive screen
391.22 for a potential mental health crisis and the provider must prioritize providing a face-to-face
391.23 crisis assessment of the recipient, unless a provider documents specific evidence to show
391.24 why this was not possible, including insufficient staffing resources, concerns for staff or
391.25 recipient safety, or other clinical factors:

391.26 (1) the recipient presents at an emergency department or urgent care setting and the
391.27 health care team at that location requested crisis services; or

391.28 (2) a peace officer requested crisis services for a recipient who is potentially subject to
391.29 transportation under section 253B.051.

391.30 (d) A provider is not required to have direct contact with the recipient to determine that
391.31 the recipient is experiencing a potential mental health crisis. A mobile crisis provider may

392.1 gather relevant information about the recipient from a third party to establish the recipient's
392.2 need for services and potential safety factors.

392.3 Subd. 6a. **Crisis assessment.** ~~(b)~~ (a) If a ~~crisis exists~~ recipient screens positive for
392.4 potential mental health crisis, a crisis assessment must be completed. A crisis assessment
392.5 evaluates any immediate needs for which ~~emergency~~ services are needed and, as time
392.6 permits, the recipient's current life situation, health information, including current
392.7 medications, sources of stress, mental health problems and symptoms, strengths, cultural
392.8 considerations, support network, vulnerabilities, current functioning, and the recipient's
392.9 preferences as communicated directly by the recipient, or as communicated in a health care
392.10 directive as described in chapters 145C and 253B, the crisis treatment plan described under
392.11 ~~paragraph (d)~~ subdivision 11, a crisis prevention plan, or a wellness recovery action plan.

392.12 (b) A provider must conduct a crisis assessment at the recipient's location whenever
392.13 possible.

392.14 (c) Whenever possible, the assessor must attempt to include input from the recipient and
392.15 the recipient's family and other natural supports to assess whether a crisis exists.

392.16 (d) A crisis assessment includes: (1) determining (i) whether the recipient is willing to
392.17 voluntarily engage in treatment, or (ii) whether the recipient has an advance directive, and
392.18 (2) gathering the recipient's information and history from involved family or other natural
392.19 supports.

392.20 (e) A crisis assessment must include coordinated response with other health care providers
392.21 if the assessment indicates that a recipient needs detoxification, withdrawal management,
392.22 or medical stabilization in addition to crisis response services. If the recipient does not need
392.23 an acute level of care, a team must serve an otherwise eligible recipient who has a
392.24 co-occurring substance use disorder.

392.25 (f) If, after completing a crisis assessment of a recipient, a provider refers a recipient to
392.26 an intensive setting, including an emergency department, inpatient hospitalization, or
392.27 residential crisis stabilization, one of the crisis team members who completed or conferred
392.28 about the recipient's crisis assessment must immediately contact the referral entity and
392.29 consult with the triage nurse or other staff responsible for intake at the referral entity. During
392.30 the consultation, the crisis team member must convey key findings or concerns that led to
392.31 the recipient's referral. Following the immediate consultation, the provider must also send
392.32 written documentation upon completion. The provider must document if these releases
392.33 occurred with authorization by the recipient, the recipient's legal guardian, or as allowed
392.34 by section 144.293, subdivision 5.

393.1 **Subd. 6b. Crisis intervention services.** ~~(e)~~ (a) If the crisis assessment determines mobile
 393.2 crisis intervention services are needed, the crisis intervention services must be provided
 393.3 promptly. As opportunity presents during the intervention, at least two members of the
 393.4 mobile crisis intervention team must confer directly or by telephone about the crisis
 393.5 assessment, crisis treatment plan, and actions taken and needed. At least one of the team
 393.6 members must be ~~on-site~~ providing face-to-face crisis intervention services. If providing
 393.7 ~~on-site~~ crisis intervention services, a clinical trainee or mental health practitioner must seek
 393.8 ~~clinical~~ treatment supervision as required in subdivision 9.

393.9 (b) If a provider delivers crisis intervention services while the recipient is absent, the
 393.10 provider must document the reason for delivering services while the recipient is absent.

393.11 ~~(d)~~ (c) The mobile crisis intervention team must develop ~~an initial, brief~~ a crisis treatment
 393.12 ~~plan as soon as appropriate but no later than 24 hours after the initial face-to-face intervention~~
 393.13 according to subdivision 11. The plan must address the needs and problems noted in the
 393.14 ~~crisis assessment and include measurable short-term goals, cultural considerations, and~~
 393.15 ~~frequency and type of services to be provided to achieve the goals and reduce or eliminate~~
 393.16 ~~the crisis. The treatment plan must be updated as needed to reflect current goals and services.~~

393.17 ~~(e)~~ (d) The mobile crisis intervention team must document which ~~short-term goals~~ crisis
 393.18 treatment plan goals and objectives have been met and when no further crisis intervention
 393.19 services are required.

393.20 ~~(f)~~ (e) If the recipient's mental health crisis is stabilized, but the recipient needs a referral
 393.21 to other services, the team must provide referrals to these services. If the recipient has a
 393.22 case manager, planning for other services must be coordinated with the case manager. If
 393.23 the recipient is unable to follow up on the referral, the team must link the recipient to the
 393.24 service and follow up to ensure the recipient is receiving the service.

393.25 ~~(g)~~ (f) If the recipient's mental health crisis is stabilized and the recipient does not have
 393.26 an advance directive, the case manager or crisis team shall offer to work with the recipient
 393.27 to develop one.

393.28 **Subd. 7. Crisis stabilization services.** (a) Crisis stabilization services must be provided
 393.29 by qualified staff of a crisis stabilization services provider entity and must meet the following
 393.30 standards:

393.31 (1) a crisis ~~stabilization~~ treatment plan must be developed ~~which~~ that meets the criteria
 393.32 in subdivision 11;

393.33 (2) staff must be qualified as defined in subdivision 8; ~~and~~

394.1 (3) crisis stabilization services must be delivered according to the crisis treatment plan
394.2 and include face-to-face contact with the recipient by qualified staff for further assessment,
394.3 help with referrals, updating of the crisis ~~stabilization~~ treatment plan, ~~supportive counseling,~~
394.4 skills training, and collaboration with other service providers in the community; and

394.5 (4) if a provider delivers crisis stabilization services while the recipient is absent, the
394.6 provider must document the reason for delivering services while the recipient is absent.

394.7 ~~(b) If crisis stabilization services are provided in a supervised, licensed residential setting,~~
394.8 ~~the recipient must be contacted face-to-face daily by a qualified mental health practitioner~~
394.9 ~~or mental health professional. The program must have 24-hour-a-day residential staffing~~
394.10 ~~which may include staff who do not meet the qualifications in subdivision 8. The residential~~
394.11 ~~staff must have 24-hour-a-day immediate direct or telephone access to a qualified mental~~
394.12 ~~health professional or practitioner.~~

394.13 ~~(e)~~ (b) If crisis stabilization services are provided in a supervised, licensed residential
394.14 setting that serves no more than four adult residents, and one or more individuals are present
394.15 at the setting to receive residential crisis stabilization ~~services~~, the residential staff must
394.16 include, for at least eight hours per day, at least one ~~individual who meets the qualifications~~
394.17 ~~in subdivision 8, paragraph (a), clause (1) or (2)~~ mental health professional, clinical trainee,
394.18 certified rehabilitation specialist, or mental health practitioner.

394.19 ~~(d) If crisis stabilization services are provided in a supervised, licensed residential setting~~
394.20 ~~that serves more than four adult residents, and one or more are recipients of crisis stabilization~~
394.21 ~~services, the residential staff must include, for 24 hours a day, at least one individual who~~
394.22 ~~meets the qualifications in subdivision 8. During the first 48 hours that a recipient is in the~~
394.23 ~~residential program, the residential program must have at least two staff working 24 hours~~
394.24 ~~a day. Staffing levels may be adjusted thereafter according to the needs of the recipient as~~
394.25 ~~specified in the crisis stabilization treatment plan.~~

394.26 Subd. 8. **Adult Crisis stabilization staff qualifications.** (a) ~~Adult~~ Mental health crisis
394.27 stabilization services must be provided by qualified individual staff of a qualified provider
394.28 entity. ~~Individual provider staff must have the following qualifications~~ A staff member
394.29 providing crisis stabilization services to a recipient must be qualified as a:

394.30 (1) ~~be a mental health professional as defined in section 245.462, subdivision 18, clauses~~
394.31 ~~(1) to (6);~~

394.32 (2) ~~be a~~ certified rehabilitation specialist;

394.33 (3) clinical trainee;

395.1 ~~(4) mental health practitioner as defined in section 245.462, subdivision 17. The mental~~
 395.2 ~~health practitioner must work under the clinical supervision of a mental health professional;~~

395.3 (5) mental health certified family peer specialist;

395.4 ~~(3) be a (6) mental health certified peer specialist under section 256B.0615. The certified~~
 395.5 ~~peer specialist must work under the clinical supervision of a mental health professional; or~~

395.6 ~~(4) be a (7) mental health rehabilitation worker who meets the criteria in section~~
 395.7 ~~256B.0623, subdivision 5, paragraph (a), clause (4); works under the direction of a mental~~
 395.8 ~~health practitioner as defined in section 245.462, subdivision 17, or under direction of a~~
 395.9 ~~mental health professional; and works under the clinical supervision of a mental health~~
 395.10 ~~professional.~~

395.11 ~~(b) Mental health practitioners and mental health rehabilitation workers must have~~
 395.12 ~~completed at least 30 hours of training in crisis intervention and stabilization during the~~
 395.13 ~~past two years. The 30 hours of ongoing training required in section 245I.05, subdivision~~
 395.14 ~~4, paragraph (b), must be specific to providing crisis services to children and adults and~~
 395.15 ~~include training about evidence-based practices identified by the commissioner of health~~
 395.16 ~~to reduce a recipient's risk of suicide and self-injurious behavior.~~

395.17 Subd. 9. **Supervision.** Clinical trainees and mental health practitioners may provide
 395.18 crisis assessment and ~~mobile~~ crisis intervention services if the following clinical treatment
 395.19 supervision requirements are met:

395.20 (1) the mental health provider entity must accept full responsibility for the services
 395.21 provided;

395.22 (2) the mental health professional of the provider entity, ~~who is an employee or under~~
 395.23 ~~contract with the provider entity,~~ must be immediately available by phone or in person for
 395.24 clinical treatment supervision;

395.25 (3) the mental health professional is consulted, in person or by phone, during the first
 395.26 three hours when a clinical trainee or mental health practitioner provides ~~on-site service~~
 395.27 crisis assessment or crisis intervention services; and

395.28 (4) the mental health professional must:

395.29 (i) review and approve, as defined in section 245I.02, subdivision 2, of the tentative
 395.30 crisis assessment and crisis treatment plan within 24 hours of first providing services to the
 395.31 recipient, notwithstanding section 245I.08, subdivision 3; and

395.32 (ii) document the consultation; ~~and~~ required in clause (3).

396.1 ~~(iii) sign the crisis assessment and treatment plan within the next business day;~~

396.2 ~~(5) if the mobile crisis intervention services continue into a second calendar day, a mental~~
396.3 ~~health professional must contact the recipient face-to-face on the second day to provide~~
396.4 ~~services and update the crisis treatment plan; and~~

396.5 ~~(6) the on-site observation must be documented in the recipient's record and signed by~~
396.6 ~~the mental health professional.~~

396.7 ~~Subd. 10. **Recipient file.** Providers of mobile crisis intervention or crisis stabilization~~
396.8 ~~services must maintain a file for each recipient containing the following information:~~

396.9 ~~(1) individual crisis treatment plans signed by the recipient, mental health professional,~~
396.10 ~~and mental health practitioner who developed the crisis treatment plan, or if the recipient~~
396.11 ~~refused to sign the plan, the date and reason stated by the recipient as to why the recipient~~
396.12 ~~would not sign the plan;~~

396.13 ~~(2) signed release forms;~~

396.14 ~~(3) recipient health information and current medications;~~

396.15 ~~(4) emergency contacts for the recipient;~~

396.16 ~~(5) case records which document the date of service, place of service delivery, signature~~
396.17 ~~of the person providing the service, and the nature, extent, and units of service. Direct or~~
396.18 ~~telephone contact with the recipient's family or others should be documented;~~

396.19 ~~(6) required clinical supervision by mental health professionals;~~

396.20 ~~(7) summary of the recipient's case reviews by staff;~~

396.21 ~~(8) any written information by the recipient that the recipient wants in the file; and~~

396.22 ~~(9) an advance directive, if there is one available.~~

396.23 ~~Documentation in the file must comply with all requirements of the commissioner.~~

396.24 ~~Subd. 11. **Crisis treatment plan.** The individual crisis stabilization treatment plan must~~
396.25 ~~include, at a minimum:~~

396.26 ~~(1) a list of problems identified in the assessment;~~

396.27 ~~(2) a list of the recipient's strengths and resources;~~

396.28 ~~(3) concrete, measurable short-term goals and tasks to be achieved, including time frames~~
396.29 ~~for achievement;~~

396.30 ~~(4) specific objectives directed toward the achievement of each one of the goals;~~

397.1 ~~(5) documentation of the participants involved in the service planning. The recipient, if~~
397.2 ~~possible, must be a participant. The recipient or the recipient's legal guardian must sign the~~
397.3 ~~service plan or documentation must be provided why this was not possible. A copy of the~~
397.4 ~~plan must be given to the recipient and the recipient's legal guardian. The plan should include~~
397.5 ~~services arranged, including specific providers where applicable;~~

397.6 ~~(6) planned frequency and type of services initiated;~~

397.7 ~~(7) a crisis response action plan if a crisis should occur;~~

397.8 ~~(8) clear progress notes on outcome of goals;~~

397.9 ~~(9) a written plan must be completed within 24 hours of beginning services with the~~
397.10 ~~recipient; and~~

397.11 ~~(10) a treatment plan must be developed by a mental health professional or mental health~~
397.12 ~~practitioner under the clinical supervision of a mental health professional. The mental health~~
397.13 ~~professional must approve and sign all treatment plans.~~

397.14 (a) Within 24 hours of the recipient's admission, the provider entity must complete the
397.15 recipient's crisis treatment plan. The provider entity must:

397.16 (1) base the recipient's crisis treatment plan on the recipient's crisis assessment;

397.17 (2) consider crisis assistance strategies that have been effective for the recipient in the
397.18 past;

397.19 (3) for a child recipient, use a child-centered, family-driven, and culturally appropriate
397.20 planning process that allows the recipient's parents and guardians to observe or participate
397.21 in the recipient's individual and family treatment services, assessment, and treatment
397.22 planning;

397.23 (4) for an adult recipient, use a person-centered, culturally appropriate planning process
397.24 that allows the recipient's family and other natural supports to observe or participate in
397.25 treatment services, assessment, and treatment planning;

397.26 (5) identify the participants involved in the recipient's treatment planning. The recipient,
397.27 if possible, must be a participant;

397.28 (6) identify the recipient's initial treatment goals, measurable treatment objectives, and
397.29 specific interventions that the license holder will use to help the recipient engage in treatment;

397.30 (7) include documentation of referral to and scheduling of services, including specific
397.31 providers where applicable;

398.1 (8) ensure that the recipient or the recipient's legal guardian approves under section
398.2 245I.02, subdivision 2, of the recipient's crisis treatment plan unless a court orders the
398.3 recipient's treatment plan under chapter 253B. If the recipient or the recipient's legal guardian
398.4 disagrees with the crisis treatment plan, the license holder must document in the client file
398.5 the reasons why the recipient disagrees with the crisis treatment plan; and

398.6 (9) ensure that a treatment supervisor approves under section 245I.02, subdivision 2, of
398.7 the recipient's treatment plan within 24 hours of the recipient's admission if a mental health
398.8 practitioner or clinical trainee completes the crisis treatment plan, notwithstanding section
398.9 245I.08, subdivision 3.

398.10 (b) The provider entity must provide the recipient and the recipient's legal guardian with
398.11 a copy of the recipient's crisis treatment plan.

398.12 Subd. 12. **Excluded services.** The following services are excluded from reimbursement
398.13 under this section:

398.14 (1) room and board services;

398.15 (2) services delivered to a recipient while admitted to an inpatient hospital;

398.16 (3) recipient transportation costs may be covered under other medical assistance
398.17 provisions, but transportation services are not an adult mental health crisis response service;

398.18 (4) services provided and billed by a provider who is not enrolled under medical
398.19 assistance to provide adult mental health crisis response services;

398.20 (5) services performed by volunteers;

398.21 (6) direct billing of time spent "on call" when not delivering services to a recipient;

398.22 (7) provider service time included in case management reimbursement. When a provider
398.23 is eligible to provide more than one type of medical assistance service, the recipient must
398.24 have a choice of provider for each service, unless otherwise provided for by law;

398.25 (8) outreach services to potential recipients; ~~and~~

398.26 (9) a mental health service that is not medically necessary;

398.27 (10) services that a residential treatment center licensed under Minnesota Rules, chapter
398.28 2960, provides to a client;

398.29 (11) partial hospitalization or day treatment; and

398.30 (12) a crisis assessment that a residential provider completes when a daily rate is paid
398.31 for the recipient's crisis stabilization.

399.1 Sec. 5. **EFFECTIVE DATE.**

399.2 This article is effective July 1, 2022, or upon federal approval, whichever is later. The
399.3 commissioner of human services shall notify the revisor of statutes when federal approval
399.4 is obtained.

399.5 **ARTICLE 17**399.6 **MENTAL HEALTH UNIFORM SERVICE STANDARDS; CONFORMING**
399.7 **CHANGES**

399.8 Section 1. Minnesota Statutes 2020, section 62A.152, subdivision 3, is amended to read:

399.9 Subd. 3. **Provider discrimination prohibited.** All group policies and group subscriber
399.10 contracts that provide benefits for mental or nervous disorder treatments in a hospital must
399.11 provide direct reimbursement for those services if performed by a mental health professional;
399.12 ~~as defined in sections 245.462, subdivision 18, clauses (1) to (5); and 245.4871, subdivision~~
399.13 ~~27, clauses (1) to (5)~~ qualified according to section 245I.04, subdivision 2, to the extent that
399.14 the services and treatment are within the scope of mental health professional licensure.

399.15 This subdivision is intended to provide payment of benefits for mental or nervous disorder
399.16 treatments performed by a licensed mental health professional in a hospital and is not
399.17 intended to change or add benefits for those services provided in policies or contracts to
399.18 which this subdivision applies.

399.19 Sec. 2. Minnesota Statutes 2020, section 62A.3094, subdivision 1, is amended to read:

399.20 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in
399.21 paragraphs (b) to (d) have the meanings given.

399.22 (b) "Autism spectrum disorders" means the conditions as determined by criteria set forth
399.23 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of
399.24 the American Psychiatric Association.

399.25 (c) "Medically necessary care" means health care services appropriate, in terms of type,
399.26 frequency, level, setting, and duration, to the enrollee's condition, and diagnostic testing
399.27 and preventative services. Medically necessary care must be consistent with generally
399.28 accepted practice parameters as determined by physicians and licensed psychologists who
399.29 typically manage patients who have autism spectrum disorders.

399.30 (d) "Mental health professional" means a mental health professional ~~as defined in section~~
399.31 ~~245.4871, subdivision 27~~ who is qualified according to section 245I.04, subdivision 2,

400.1 clause (1), (2), (3), (4), or (6), who has training and expertise in autism spectrum disorder
400.2 and child development.

400.3 Sec. 3. Minnesota Statutes 2020, section 62Q.096, is amended to read:

400.4 **62Q.096 CREDENTIALING OF PROVIDERS.**

400.5 If a health plan company has initially credentialed, as providers in its provider network,
400.6 individual providers employed by or under contract with an entity that:

400.7 (1) is authorized to bill under section 256B.0625, subdivision 5;

400.8 (2) ~~meets the requirements of Minnesota Rules, parts 9520.0750 to 9520.0870~~ is a mental
400.9 health clinic certified under section 245I.20;

400.10 (3) is designated an essential community provider under section 62Q.19; and

400.11 (4) is under contract with the health plan company to provide mental health services,
400.12 the health plan company must continue to credential at least the same number of providers
400.13 from that entity, as long as those providers meet the health plan company's credentialing
400.14 standards.

400.15 A health plan company shall not refuse to credential these providers on the grounds that
400.16 their provider network has a sufficient number of providers of that type.

400.17 Sec. 4. Minnesota Statutes 2020, section 144.651, subdivision 2, is amended to read:

400.18 Subd. 2. **Definitions.** For the purposes of this section, "patient" means a person who is
400.19 admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for
400.20 the purpose of diagnosis or treatment bearing on the physical or mental health of that person.
400.21 For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a
400.22 person who receives health care services at an outpatient surgical center or at a birth center
400.23 licensed under section 144.615. "Patient" also means a minor who is admitted to a residential
400.24 program as defined in section 253C.01. For purposes of subdivisions 1, 3 to 16, 18, 20 and
400.25 30, "patient" also means any person who is receiving mental health treatment on an outpatient
400.26 basis or in a community support program or other community-based program. "Resident"
400.27 means a person who is admitted to a nonacute care facility including extended care facilities,
400.28 nursing homes, and boarding care homes for care required because of prolonged mental or
400.29 physical illness or disability, recovery from injury or disease, or advancing age. For purposes
400.30 of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is
400.31 admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts
400.32 4625.0100 to 4625.2355, a boarding care home under sections 144.50 to 144.56, or a

401.1 supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which
401.2 operates a rehabilitation program licensed under chapter 245G or 245I, or Minnesota Rules,
401.3 parts 9530.6510 to 9530.6590.

401.4 Sec. 5. Minnesota Statutes 2020, section 144D.01, subdivision 4, is amended to read:

401.5 Subd. 4. **Housing with services establishment or establishment.** (a) "Housing with
401.6 services establishment" or "establishment" means:

401.7 (1) an establishment providing sleeping accommodations to one or more adult residents,
401.8 at least 80 percent of which are 55 years of age or older, and offering or providing, for a
401.9 fee, one or more regularly scheduled health-related services or two or more regularly
401.10 scheduled supportive services, whether offered or provided directly by the establishment
401.11 or by another entity arranged for by the establishment; or

401.12 (2) an establishment that registers under section 144D.025.

401.13 (b) Housing with services establishment does not include:

401.14 (1) a nursing home licensed under chapter 144A;

401.15 (2) a hospital, certified boarding care home, or supervised living facility licensed under
401.16 sections 144.50 to 144.56;

401.17 (3) a board and lodging establishment licensed under chapter 157 and Minnesota Rules,
401.18 parts 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

401.19 (4) a board and lodging establishment which serves as a shelter for battered women or
401.20 other similar purpose;

401.21 (5) a family adult foster care home licensed by the Department of Human Services;

401.22 (6) private homes in which the residents are related by kinship, law, or affinity with the
401.23 providers of services;

401.24 (7) residential settings for persons with developmental disabilities in which the services
401.25 are licensed under chapter 245D;

401.26 (8) a home-sharing arrangement such as when an elderly or disabled person or
401.27 single-parent family makes lodging in a private residence available to another person in
401.28 exchange for services or rent, or both;

401.29 (9) a duly organized condominium, cooperative, common interest community, or owners'
401.30 association of the foregoing where at least 80 percent of the units that comprise the

402.1 condominium, cooperative, or common interest community are occupied by individuals
402.2 who are the owners, members, or shareholders of the units;

402.3 (10) services for persons with developmental disabilities that are provided under a license
402.4 under chapter 245D; or

402.5 (11) a temporary family health care dwelling as defined in sections 394.307 and 462.3593.

402.6 Sec. 6. Minnesota Statutes 2020, section 144G.08, subdivision 7, as amended by Laws
402.7 2020, Seventh Special Session chapter 1, article 6, section 5, is amended to read:

402.8 Subd. 7. **Assisted living facility.** "Assisted living facility" means a facility that provides
402.9 sleeping accommodations and assisted living services to one or more adults. Assisted living
402.10 facility includes assisted living facility with dementia care, and does not include:

402.11 (1) emergency shelter, transitional housing, or any other residential units serving
402.12 exclusively or primarily homeless individuals, as defined under section 116L.361;

402.13 (2) a nursing home licensed under chapter 144A;

402.14 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
402.15 144.50 to 144.56;

402.16 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
402.17 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

402.18 (5) services and residential settings licensed under chapter 245A, including adult foster
402.19 care and services and settings governed under the standards in chapter 245D;

402.20 (6) a private home in which the residents are related by kinship, law, or affinity with the
402.21 provider of services;

402.22 (7) a duly organized condominium, cooperative, and common interest community, or
402.23 owners' association of the condominium, cooperative, and common interest community
402.24 where at least 80 percent of the units that comprise the condominium, cooperative, or
402.25 common interest community are occupied by individuals who are the owners, members, or
402.26 shareholders of the units;

402.27 (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;

402.28 (9) a setting offering services conducted by and for the adherents of any recognized
402.29 church or religious denomination for its members exclusively through spiritual means or
402.30 by prayer for healing;

403.1 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
403.2 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
403.3 units financed by the Minnesota Housing Finance Agency that are intended to serve
403.4 individuals with disabilities or individuals who are homeless, except for those developments
403.5 that market or hold themselves out as assisted living facilities and provide assisted living
403.6 services;

403.7 (11) rental housing developed under United States Code, title 42, section 1437, or United
403.8 States Code, title 12, section 1701q;

403.9 (12) rental housing designated for occupancy by only elderly or elderly and disabled
403.10 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
403.11 families under Code of Federal Regulations, title 24, section 983.56;

403.12 (13) rental housing funded under United States Code, title 42, chapter 89, or United
403.13 States Code, title 42, section 8011;

403.14 (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

403.15 (15) any establishment that exclusively or primarily serves as a shelter or temporary
403.16 shelter for victims of domestic or any other form of violence.

403.17 Sec. 7. Minnesota Statutes 2020, section 148B.5301, subdivision 2, is amended to read:

403.18 Subd. 2. **Supervision.** (a) To qualify as a LPCC, an applicant must have completed
403.19 4,000 hours of post-master's degree supervised professional practice in the delivery of
403.20 clinical services in the diagnosis and treatment of mental illnesses and disorders in both
403.21 children and adults. The supervised practice shall be conducted according to the requirements
403.22 in paragraphs (b) to (e).

403.23 (b) The supervision must have been received under a contract that defines clinical practice
403.24 and supervision from a mental health professional ~~as defined in section 245.462, subdivision~~
403.25 ~~18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6) who is qualified~~
403.26 according to section 245I.04, subdivision 2, or by a board-approved supervisor, who has at
403.27 least two years of postlicensure experience in the delivery of clinical services in the diagnosis
403.28 and treatment of mental illnesses and disorders. All supervisors must meet the supervisor
403.29 requirements in Minnesota Rules, part 2150.5010.

403.30 (c) The supervision must be obtained at the rate of two hours of supervision per 40 hours
403.31 of professional practice. The supervision must be evenly distributed over the course of the
403.32 supervised professional practice. At least 75 percent of the required supervision hours must
403.33 be received in person. The remaining 25 percent of the required hours may be received by

404.1 telephone or by audio or audiovisual electronic device. At least 50 percent of the required
404.2 hours of supervision must be received on an individual basis. The remaining 50 percent
404.3 may be received in a group setting.

404.4 (d) The supervised practice must include at least 1,800 hours of clinical client contact.

404.5 (e) The supervised practice must be clinical practice. Supervision includes the observation
404.6 by the supervisor of the successful application of professional counseling knowledge, skills,
404.7 and values in the differential diagnosis and treatment of psychosocial function, disability,
404.8 or impairment, including addictions and emotional, mental, and behavioral disorders.

404.9 Sec. 8. Minnesota Statutes 2020, section 148E.120, subdivision 2, is amended to read:

404.10 Subd. 2. **Alternate supervisors.** (a) The board may approve an alternate supervisor as
404.11 determined in this subdivision. The board shall approve up to 25 percent of the required
404.12 supervision hours by a ~~licensed~~ mental health professional who is competent and qualified
404.13 to provide supervision according to the mental health professional's respective licensing
404.14 board, as established by section ~~245.462, subdivision 18, clauses (1) to (6), or 245.4871,~~
404.15 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

404.16 (b) The board shall approve up to 100 percent of the required supervision hours by an
404.17 alternate supervisor if the board determines that:

404.18 (1) there are five or fewer supervisors in the county where the licensee practices social
404.19 work who meet the applicable licensure requirements in subdivision 1;

404.20 (2) the supervisor is an unlicensed social worker who is employed in, and provides the
404.21 supervision in, a setting exempt from licensure by section 148E.065, and who has
404.22 qualifications equivalent to the applicable requirements specified in sections 148E.100 to
404.23 148E.115;

404.24 (3) the supervisor is a social worker engaged in authorized social work practice in Iowa,
404.25 Manitoba, North Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications
404.26 equivalent to the applicable requirements in sections 148E.100 to 148E.115; or

404.27 (4) the applicant or licensee is engaged in nonclinical authorized social work practice
404.28 outside of Minnesota and the supervisor meets the qualifications equivalent to the applicable
404.29 requirements in sections 148E.100 to 148E.115, or the supervisor is an equivalent mental
404.30 health professional, as determined by the board, who is credentialed by a state, territorial,
404.31 provincial, or foreign licensing agency; or

405.1 (5) the applicant or licensee is engaged in clinical authorized social work practice outside
405.2 of Minnesota and the supervisor meets qualifications equivalent to the applicable
405.3 requirements in section 148E.115, or the supervisor is an equivalent mental health
405.4 professional as determined by the board, who is credentialed by a state, territorial, provincial,
405.5 or foreign licensing agency.

405.6 (c) In order for the board to consider an alternate supervisor under this section, the
405.7 licensee must:

405.8 (1) request in the supervision plan and verification submitted according to section
405.9 148E.125 that an alternate supervisor conduct the supervision; and

405.10 (2) describe the proposed supervision and the name and qualifications of the proposed
405.11 alternate supervisor. The board may audit the information provided to determine compliance
405.12 with the requirements of this section.

405.13 Sec. 9. Minnesota Statutes 2020, section 148F.11, subdivision 1, is amended to read:

405.14 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
405.15 other professions or occupations from performing functions for which they are qualified or
405.16 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
405.17 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
405.18 members of the clergy provided such services are provided within the scope of regular
405.19 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
405.20 licensed marriage and family therapists; licensed social workers; social workers employed
405.21 by city, county, or state agencies; licensed professional counselors; licensed professional
405.22 clinical counselors; licensed school counselors; registered occupational therapists or
405.23 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
405.24 (UMICAD) certified counselors when providing services to Native American people; city,
405.25 county, or state employees when providing assessments or case management under Minnesota
405.26 Rules, chapter 9530; and individuals defined in section 256B.0623, subdivision 5, paragraph
405.27 (a), clauses (1) ~~and (2)~~ to (6), providing integrated dual diagnosis co-occurring substance
405.28 use disorder treatment in adult mental health rehabilitative programs certified or licensed
405.29 by the Department of Human Services under section 245I.23, 256B.0622, or 256B.0623.

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

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

406.9 Sec. 10. Minnesota Statutes 2020, section 245.462, subdivision 1, is amended to read:

406.10 Subdivision 1. **Definitions.** The definitions in this section apply to sections 245.461 to
406.11 ~~245.486~~ 245.4863.

406.12 Sec. 11. Minnesota Statutes 2020, section 245.462, subdivision 6, is amended to read:

406.13 Subd. 6. **Community support services program.** "Community support services program"
406.14 means services, other than inpatient or residential treatment services, provided or coordinated
406.15 by an identified program and staff under the ~~clinical~~ treatment supervision of a mental health
406.16 professional designed to help adults with serious and persistent mental illness to function
406.17 and remain in the community. A community support services program includes:

406.18 (1) client outreach,

406.19 (2) medication monitoring,

406.20 (3) assistance in independent living skills,

406.21 (4) development of employability and work-related opportunities,

406.22 (5) crisis assistance,

406.23 (6) psychosocial rehabilitation,

406.24 (7) help in applying for government benefits, and

406.25 (8) housing support services.

406.26 The community support services program must be coordinated with the case management
406.27 services specified in section 245.4711.

406.28 Sec. 12. Minnesota Statutes 2020, section 245.462, subdivision 8, is amended to read:

406.29 Subd. 8. **Day treatment services.** "Day treatment," "day treatment services," or "day
406.30 treatment program" means ~~a structured program of treatment and care provided to an adult~~

407.1 ~~in or by: (1) a hospital accredited by the joint commission on accreditation of health~~
407.2 ~~organizations and licensed under sections 144.50 to 144.55; (2) a community mental health~~
407.3 ~~center under section 245.62; or (3) an entity that is under contract with the county board to~~
407.4 ~~operate a program that meets the requirements of section 245.4712, subdivision 2, and~~
407.5 ~~Minnesota Rules, parts 9505.0170 to 9505.0475. Day treatment consists of group~~
407.6 ~~psychotherapy and other intensive therapeutic services that are provided at least two days~~
407.7 ~~a week by a multidisciplinary staff under the clinical supervision of a mental health~~
407.8 ~~professional. Day treatment may include education and consultation provided to families~~
407.9 ~~and other individuals as part of the treatment process. The services are aimed at stabilizing~~
407.10 ~~the adult's mental health status, providing mental health services, and developing and~~
407.11 ~~improving the adult's independent living and socialization skills. The goal of day treatment~~
407.12 ~~is to reduce or relieve mental illness and to enable the adult to live in the community. Day~~
407.13 ~~treatment services are not a part of inpatient or residential treatment services. Day treatment~~
407.14 ~~services are distinguished from day care by their structured therapeutic program of~~
407.15 ~~psychotherapy services. The commissioner may limit medical assistance reimbursement~~
407.16 ~~for day treatment to 15 hours per week per person the treatment services described by section~~
407.17 ~~256B.0671, subdivision 3.~~

407.18 Sec. 13. Minnesota Statutes 2020, section 245.462, subdivision 9, is amended to read:

407.19 Subd. 9. **Diagnostic assessment.** ~~(a) "Diagnostic assessment" has the meaning given in~~
407.20 ~~Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota~~
407.21 ~~Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a~~
407.22 ~~standard, extended, or brief diagnostic assessment, or an adult update section 245I.10,~~
407.23 ~~subdivisions 4 to 6.~~

407.24 ~~(b) A brief diagnostic assessment must include a face-to-face interview with the client~~
407.25 ~~and a written evaluation of the client by a mental health professional or a clinical trainee,~~
407.26 ~~as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or~~
407.27 ~~clinical trainee must gather initial components of a standard diagnostic assessment, including~~
407.28 ~~the client's:~~

407.29 (1) age;

407.30 (2) description of symptoms, including reason for referral;

407.31 (3) history of mental health treatment;

407.32 (4) cultural influences and their impact on the client; and

407.33 (5) mental status examination.

408.1 ~~(e) On the basis of the initial components, the professional or clinical trainee must draw~~
408.2 ~~a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's~~
408.3 ~~immediate needs or presenting problem.~~

408.4 ~~(d) Treatment sessions conducted under authorization of a brief assessment may be used~~
408.5 ~~to gather additional information necessary to complete a standard diagnostic assessment or~~
408.6 ~~an extended diagnostic assessment.~~

408.7 ~~(e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
408.8 ~~unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible~~
408.9 ~~for psychological testing as part of the diagnostic process.~~

408.10 ~~(f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
408.11 ~~unit (c), prior to completion of a client's initial diagnostic assessment, but in conjunction~~
408.12 ~~with the diagnostic assessment process, a client is eligible for up to three individual or family~~
408.13 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~
408.14 ~~sessions not to exceed three sessions.~~

408.15 ~~(g) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item B, subitem (3),~~
408.16 ~~unit (a), a brief diagnostic assessment may be used for a client's family who requires a~~
408.17 ~~language interpreter to participate in the assessment.~~

408.18 Sec. 14. Minnesota Statutes 2020, section 245.462, subdivision 14, is amended to read:

408.19 Subd. 14. **Individual treatment plan.** "Individual treatment plan" means ~~a written plan~~
408.20 ~~of intervention, treatment, and services for an adult with mental illness that is developed~~
408.21 ~~by a service provider under the clinical supervision of a mental health professional on the~~
408.22 ~~basis of a diagnostic assessment. The plan identifies goals and objectives of treatment,~~
408.23 ~~treatment strategy, a schedule for accomplishing treatment goals and objectives, and the~~
408.24 ~~individual responsible for providing treatment to the adult with mental illness~~ the formulation
408.25 of planned services that are responsive to the needs and goals of a client. An individual
408.26 treatment plan must be completed according to section 245I.10, subdivisions 7 and 8.

408.27 Sec. 15. Minnesota Statutes 2020, section 245.462, subdivision 16, is amended to read:

408.28 Subd. 16. **Mental health funds.** "Mental health funds" are funds expended under sections
408.29 245.73 and 256E.12, federal mental health block grant funds, and funds expended under
408.30 section 256D.06 to facilities licensed under section 245I.23 or Minnesota Rules, parts
408.31 9520.0500 to 9520.0670.

409.1 Sec. 16. Minnesota Statutes 2020, section 245.462, subdivision 17, is amended to read:

409.2 Subd. 17. **Mental health practitioner.** ~~(a) "Mental health practitioner" means a staff~~
409.3 ~~person providing services to adults with mental illness or children with emotional disturbance~~
409.4 ~~who is qualified in at least one of the ways described in paragraphs (b) to (g). A mental~~
409.5 ~~health practitioner for a child client must have training working with children. A mental~~
409.6 ~~health practitioner for an adult client must have training working with adults qualified~~
409.7 ~~according to section 245I.04, subdivision 4.~~

409.8 ~~(b) For purposes of this subdivision, a practitioner is qualified through relevant~~
409.9 ~~coursework if the practitioner completes at least 30 semester hours or 45 quarter hours in~~
409.10 ~~behavioral sciences or related fields and:~~

409.11 ~~(1) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
409.12 ~~or children with:~~

409.13 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

409.14 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
409.15 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
409.16 ~~mental illness and substance abuse, and psychotropic medications and side effects;~~

409.17 ~~(2) is fluent in the non-English language of the ethnic group to which at least 50 percent~~
409.18 ~~of the practitioner's clients belong, completes 40 hours of training in the delivery of services~~
409.19 ~~to adults with mental illness or children with emotional disturbance, and receives clinical~~
409.20 ~~supervision from a mental health professional at least once a week until the requirement of~~
409.21 ~~2,000 hours of supervised experience is met;~~

409.22 ~~(3) is working in a day treatment program under section 245.4712, subdivision 2; or~~

409.23 ~~(4) has completed a practicum or internship that (i) requires direct interaction with adults~~
409.24 ~~or children served, and (ii) is focused on behavioral sciences or related fields.~~

409.25 ~~(c) For purposes of this subdivision, a practitioner is qualified through work experience~~
409.26 ~~if the person:~~

409.27 ~~(1) has at least 4,000 hours of supervised experience in the delivery of services to adults~~
409.28 ~~or children with:~~

409.29 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

409.30 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
409.31 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
409.32 ~~mental illness and substance abuse, and psychotropic medications and side effects; or~~

410.1 ~~(2) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
410.2 ~~or children with:~~

410.3 ~~(i) mental illness, emotional disturbance, or substance use disorder, and receives clinical~~
410.4 ~~supervision as required by applicable statutes and rules from a mental health professional~~
410.5 ~~at least once a week until the requirement of 4,000 hours of supervised experience is met;~~
410.6 ~~or~~

410.7 ~~(ii) traumatic brain injury or developmental disabilities; completes training on mental~~
410.8 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
410.9 ~~mental illness and substance abuse, and psychotropic medications and side effects; and~~
410.10 ~~receives clinical supervision as required by applicable statutes and rules at least once a week~~
410.11 ~~from a mental health professional until the requirement of 4,000 hours of supervised~~
410.12 ~~experience is met.~~

410.13 ~~(d) For purposes of this subdivision, a practitioner is qualified through a graduate student~~
410.14 ~~internship if the practitioner is a graduate student in behavioral sciences or related fields~~
410.15 ~~and is formally assigned by an accredited college or university to an agency or facility for~~
410.16 ~~clinical training.~~

410.17 ~~(e) For purposes of this subdivision, a practitioner is qualified by a bachelor's or master's~~
410.18 ~~degree if the practitioner:~~

410.19 ~~(1) holds a master's or other graduate degree in behavioral sciences or related fields; or~~

410.20 ~~(2) holds a bachelor's degree in behavioral sciences or related fields and completes a~~
410.21 ~~practicum or internship that (i) requires direct interaction with adults or children served,~~
410.22 ~~and (ii) is focused on behavioral sciences or related fields.~~

410.23 ~~(f) For purposes of this subdivision, a practitioner is qualified as a vendor of medical~~
410.24 ~~care if the practitioner meets the definition of vendor of medical care in section 256B.02,~~
410.25 ~~subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.~~

410.26 ~~(g) For purposes of medical assistance coverage of diagnostic assessments, explanations~~
410.27 ~~of findings, and psychotherapy under section 256B.0625, subdivision 65, a mental health~~
410.28 ~~practitioner working as a clinical trainee means that the practitioner's clinical supervision~~
410.29 ~~experience is helping the practitioner gain knowledge and skills necessary to practice~~
410.30 ~~effectively and independently. This may include supervision of direct practice, treatment~~
410.31 ~~team collaboration, continued professional learning, and job management. The practitioner~~
410.32 ~~must also:~~

411.1 ~~(1) comply with requirements for licensure or board certification as a mental health~~
411.2 ~~professional, according to the qualifications under Minnesota Rules, part 9505.0371, subpart~~
411.3 ~~5, item A, including supervised practice in the delivery of mental health services for the~~
411.4 ~~treatment of mental illness; or~~

411.5 ~~(2) be a student in a bona fide field placement or internship under a program leading to~~
411.6 ~~completion of the requirements for licensure as a mental health professional according to~~
411.7 ~~the qualifications under Minnesota Rules, part 9505.0371, subpart 5, item A.~~

411.8 ~~(h) For purposes of this subdivision, "behavioral sciences or related fields" has the~~
411.9 ~~meaning given in section 256B.0623, subdivision 5, paragraph (d).~~

411.10 ~~(i) Notwithstanding the licensing requirements established by a health-related licensing~~
411.11 ~~board, as defined in section 214.01, subdivision 2, this subdivision supersedes any other~~
411.12 ~~statute or rule.~~

411.13 Sec. 17. Minnesota Statutes 2020, section 245.462, subdivision 18, is amended to read:

411.14 Subd. 18. **Mental health professional.** "Mental health professional" means a staff person
411.15 ~~providing clinical services in the treatment of mental illness who is qualified in at least one~~
411.16 ~~of the following ways: who is qualified according to section 245I.04, subdivision 2.~~

411.17 ~~(1) in psychiatric nursing: a registered nurse who is licensed under sections 148.171 to~~
411.18 ~~148.285; and:~~

411.19 ~~(i) who is certified as a clinical specialist or as a nurse practitioner in adult or family~~
411.20 ~~psychiatric and mental health nursing by a national nurse certification organization; or~~

411.21 ~~(ii) who has a master's degree in nursing or one of the behavioral sciences or related~~
411.22 ~~fields from an accredited college or university or its equivalent, with at least 4,000 hours~~
411.23 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
411.24 ~~of mental illness;~~

411.25 ~~(2) in clinical social work: a person licensed as an independent clinical social worker~~
411.26 ~~under chapter 148D, or a person with a master's degree in social work from an accredited~~
411.27 ~~college or university, with at least 4,000 hours of post-master's supervised experience in~~
411.28 ~~the delivery of clinical services in the treatment of mental illness;~~

411.29 ~~(3) in psychology: an individual licensed by the Board of Psychology under sections~~
411.30 ~~148.88 to 148.98 who has stated to the Board of Psychology competencies in the diagnosis~~
411.31 ~~and treatment of mental illness;~~

412.1 ~~(4) in psychiatry: a physician licensed under chapter 147 and certified by the American~~
412.2 ~~Board of Psychiatry and Neurology or eligible for board certification in psychiatry, or an~~
412.3 ~~osteopathic physician licensed under chapter 147 and certified by the American Osteopathic~~
412.4 ~~Board of Neurology and Psychiatry or eligible for board certification in psychiatry;~~

412.5 ~~(5) in marriage and family therapy: the mental health professional must be a marriage~~
412.6 ~~and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of~~
412.7 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
412.8 ~~mental illness;~~

412.9 ~~(6) in licensed professional clinical counseling, the mental health professional shall be~~
412.10 ~~a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours~~
412.11 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
412.12 ~~of mental illness; or~~

412.13 ~~(7) in allied fields: a person with a master's degree from an accredited college or university~~
412.14 ~~in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's~~
412.15 ~~supervised experience in the delivery of clinical services in the treatment of mental illness.~~

412.16 Sec. 18. Minnesota Statutes 2020, section 245.462, subdivision 21, is amended to read:

412.17 Subd. 21. **Outpatient services.** "Outpatient services" means mental health services,
412.18 excluding day treatment and community support services programs, provided by or under
412.19 the ~~clinical~~ clinical treatment supervision of a mental health professional to adults with mental
412.20 illness who live outside a hospital. Outpatient services include clinical activities such as
412.21 individual, group, and family therapy; individual treatment planning; diagnostic assessments;
412.22 medication management; and psychological testing.

412.23 Sec. 19. Minnesota Statutes 2020, section 245.462, subdivision 23, is amended to read:

412.24 Subd. 23. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
412.25 under the ~~clinical~~ clinical treatment supervision of a mental health professional, in a community
412.26 residential setting other than an acute care hospital or regional treatment center inpatient
412.27 unit, that must be licensed as a residential treatment program for adults with mental illness
412.28 under chapter 245I, Minnesota Rules, parts 9520.0500 to 9520.0670, or other rules adopted
412.29 by the commissioner.

413.1 Sec. 20. Minnesota Statutes 2020, section 245.462, is amended by adding a subdivision
413.2 to read:

413.3 Subd. 27. **Treatment supervision.** "Treatment supervision" means the treatment
413.4 supervision described by section 245I.06.

413.5 Sec. 21. Minnesota Statutes 2020, section 245.4661, subdivision 5, is amended to read:

413.6 Subd. 5. **Planning for pilot projects.** (a) Each local plan for a pilot project, with the
413.7 exception of the placement of a Minnesota specialty treatment facility as defined in paragraph
413.8 (c), must be developed under the direction of the county board, or multiple county boards
413.9 acting jointly, as the local mental health authority. The planning process for each pilot shall
413.10 include, but not be limited to, mental health consumers, families, advocates, local mental
413.11 health advisory councils, local and state providers, representatives of state and local public
413.12 employee bargaining units, and the department of human services. As part of the planning
413.13 process, the county board or boards shall designate a managing entity responsible for receipt
413.14 of funds and management of the pilot project.

413.15 (b) For Minnesota specialty treatment facilities, the commissioner shall issue a request
413.16 for proposal for regions in which a need has been identified for services.

413.17 (c) For purposes of this section, "Minnesota specialty treatment facility" is defined as
413.18 an intensive residential treatment service licensed under section 256B.0622, subdivision 2,
413.19 paragraph (b) chapter 245I.

413.20 Sec. 22. Minnesota Statutes 2020, section 245.4662, subdivision 1, is amended to read:

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

413.23 (b) "Community partnership" means a project involving the collaboration of two or more
413.24 eligible applicants.

413.25 (c) "Eligible applicant" means an eligible county, Indian tribe, mental health service
413.26 provider, hospital, or community partnership. Eligible applicant does not include a
413.27 state-operated direct care and treatment facility or program under chapter 246.

413.28 (d) "Intensive residential treatment services" has the meaning given in section 256B.0622,
413.29 ~~subdivision 2.~~

413.30 (e) "Metropolitan area" means the seven-county metropolitan area, as defined in section
413.31 473.121, subdivision 2.

414.1 Sec. 23. Minnesota Statutes 2020, section 245.467, subdivision 2, is amended to read:

414.2 Subd. 2. **Diagnostic assessment.** ~~All providers of residential, acute care hospital inpatient,~~
414.3 ~~and regional treatment centers must complete a diagnostic assessment for each of their~~
414.4 ~~clients within five days of admission. Providers of day treatment services must complete a~~
414.5 ~~diagnostic assessment within five days after the adult's second visit or within 30 days after~~
414.6 ~~intake, whichever occurs first. In cases where a diagnostic assessment is available and has~~
414.7 ~~been completed within three years preceding admission, only an adult diagnostic assessment~~
414.8 ~~update is necessary. An "adult diagnostic assessment update" means a written summary by~~
414.9 ~~a mental health professional of the adult's current mental health status and service needs~~
414.10 ~~and includes a face-to-face interview with the adult. If the adult's mental health status has~~
414.11 ~~changed markedly since the adult's most recent diagnostic assessment, a new diagnostic~~
414.12 ~~assessment is required. Compliance with the provisions of this subdivision does not ensure~~
414.13 ~~eligibility for medical assistance reimbursement under chapter 256B. Providers of services~~
414.14 governed by this section must complete a diagnostic assessment according to the standards
414.15 of section 245I.10, subdivisions 4 to 6.

414.16 Sec. 24. Minnesota Statutes 2020, section 245.467, subdivision 3, is amended to read:

414.17 Subd. 3. **Individual treatment plans.** ~~All providers of outpatient services, day treatment~~
414.18 ~~services, residential treatment, acute care hospital inpatient treatment, and all regional~~
414.19 ~~treatment centers must develop an individual treatment plan for each of their adult clients.~~
414.20 ~~The individual treatment plan must be based on a diagnostic assessment. To the extent~~
414.21 ~~possible, the adult client shall be involved in all phases of developing and implementing~~
414.22 ~~the individual treatment plan. Providers of residential treatment and acute care hospital~~
414.23 ~~inpatient treatment, and all regional treatment centers must develop the individual treatment~~
414.24 ~~plan within ten days of client intake and must review the individual treatment plan every~~
414.25 ~~90 days after intake. Providers of day treatment services must develop the individual~~
414.26 ~~treatment plan before the completion of five working days in which service is provided or~~
414.27 ~~within 30 days after the diagnostic assessment is completed or obtained, whichever occurs~~
414.28 ~~first. Providers of outpatient services must develop the individual treatment plan within 30~~
414.29 ~~days after the diagnostic assessment is completed or obtained or by the end of the second~~
414.30 ~~session of an outpatient service, not including the session in which the diagnostic assessment~~
414.31 ~~was provided, whichever occurs first. Outpatient and day treatment services providers must~~
414.32 ~~review the individual treatment plan every 90 days after intake. Providers of services~~
414.33 governed by this section must complete an individual treatment plan according to the
414.34 standards of section 245I.10, subdivisions 7 and 8.

415.1 Sec. 25. Minnesota Statutes 2020, section 245.470, subdivision 1, is amended to read:

415.2 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
415.3 contract for enough outpatient services within the county to meet the needs of adults with
415.4 mental illness residing in the county. Services may be provided directly by the county
415.5 through county-operated ~~mental health centers or mental health clinics approved by the~~
415.6 ~~commissioner under section 245.69, subdivision 2 meeting the standards of chapter 245I;~~
415.7 by contract with privately operated ~~mental health centers or mental health clinics approved~~
415.8 ~~by the commissioner under section 245.69, subdivision 2 meeting the standards of chapter~~
415.9 245I; by contract with hospital mental health outpatient programs certified by the Joint
415.10 Commission on Accreditation of Hospital Organizations; or by contract with a licensed
415.11 mental health professional ~~as defined in section 245.462, subdivision 18, clauses (1) to (6).~~
415.12 Clients may be required to pay a fee according to section 245.481. Outpatient services
415.13 include:

415.14 (1) conducting diagnostic assessments;

415.15 (2) conducting psychological testing;

415.16 (3) developing or modifying individual treatment plans;

415.17 (4) making referrals and recommending placements as appropriate;

415.18 (5) treating an adult's mental health needs through therapy;

415.19 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
415.20 medication; and

415.21 (7) preventing placement in settings that are more intensive, costly, or restrictive than
415.22 necessary and appropriate to meet client needs.

415.23 (b) County boards may request a waiver allowing outpatient services to be provided in
415.24 a nearby trade area if it is determined that the client can best be served outside the county.

415.25 Sec. 26. Minnesota Statutes 2020, section 245.4712, subdivision 2, is amended to read:

415.26 Subd. 2. **Day treatment services provided.** (a) Day treatment services must be developed
415.27 as a part of the community support services available to adults with serious and persistent
415.28 mental illness residing in the county. Adults may be required to pay a fee according to
415.29 section 245.481. Day treatment services must be designed to:

415.30 (1) provide a structured environment for treatment;

415.31 (2) provide support for residing in the community;

416.1 (3) prevent placement in settings that are more intensive, costly, or restrictive than
416.2 necessary and appropriate to meet client need;

416.3 (4) coordinate with or be offered in conjunction with a local education agency's special
416.4 education program; and

416.5 (5) operate on a continuous basis throughout the year.

416.6 (b) ~~For purposes of complying with medical assistance requirements, an adult day~~
416.7 ~~treatment program must comply with the method of clinical supervision specified in~~
416.8 ~~Minnesota Rules, part 9505.0371, subpart 4. The clinical supervision must be performed~~
416.9 ~~by a qualified supervisor who satisfies the requirements of Minnesota Rules, part 9505.0371,~~
416.10 ~~subpart 5. An adult day treatment program must comply with medical assistance requirements~~
416.11 ~~in section 256B.0671, subdivision 3.~~

416.12 ~~A day treatment program must demonstrate compliance with this clinical supervision~~
416.13 ~~requirement by the commissioner's review and approval of the program according to~~
416.14 ~~Minnesota Rules, part 9505.0372, subpart 8.~~

416.15 (c) County boards may request a waiver from including day treatment services if they
416.16 can document that:

416.17 (1) an alternative plan of care exists through the county's community support services
416.18 for clients who would otherwise need day treatment services;

416.19 (2) day treatment, if included, would be duplicative of other components of the
416.20 community support services; and

416.21 (3) county demographics and geography make the provision of day treatment services
416.22 cost ineffective and infeasible.

416.23 Sec. 27. Minnesota Statutes 2020, section 245.472, subdivision 2, is amended to read:

416.24 Subd. 2. **Specific requirements.** Providers of residential services must be licensed under
416.25 chapter 245I or applicable rules adopted by the commissioner and must be clinically
416.26 supervised by a mental health professional. Persons employed in facilities licensed under
416.27 Minnesota Rules, parts 9520.0500 to 9520.0670, in the capacity of program director as of
416.28 July 1, 1987, in accordance with Minnesota Rules, parts 9520.0500 to 9520.0670, may be
416.29 allowed to continue providing clinical supervision within a facility, provided they continue
416.30 to be employed as a program director in a facility licensed under Minnesota Rules, parts
416.31 9520.0500 to 9520.0670. Residential services must be provided under treatment supervision.

417.1 Sec. 28. Minnesota Statutes 2020, section 245.4863, is amended to read:

417.2 **245.4863 INTEGRATED CO-OCCURRING DISORDER TREATMENT.**

417.3 (a) The commissioner shall require individuals who perform chemical dependency
417.4 assessments to screen clients for co-occurring mental health disorders, and staff who perform
417.5 mental health diagnostic assessments to screen for co-occurring substance use disorders.
417.6 Screening tools must be approved by the commissioner. If a client screens positive for a
417.7 co-occurring mental health or substance use disorder, the individual performing the screening
417.8 must document what actions will be taken in response to the results and whether further
417.9 assessments must be performed.

417.10 (b) Notwithstanding paragraph (a), screening is not required when:

417.11 (1) the presence of co-occurring disorders was documented for the client in the past 12
417.12 months;

417.13 (2) the client is currently receiving co-occurring disorders treatment;

417.14 (3) the client is being referred for co-occurring disorders treatment; or

417.15 (4) a mental health professional, ~~as defined in Minnesota Rules, part 9505.0370, subpart~~
417.16 ~~18,~~ who is competent to perform diagnostic assessments of co-occurring disorders is
417.17 performing a diagnostic assessment ~~that meets the requirements in Minnesota Rules, part~~
417.18 ~~9533.0090, subpart 5,~~ to identify whether the client may have co-occurring mental health
417.19 and chemical dependency disorders. If an individual is identified to have co-occurring
417.20 mental health and substance use disorders, the assessing mental health professional must
417.21 document what actions will be taken to address the client's co-occurring disorders.

417.22 (c) The commissioner shall adopt rules as necessary to implement this section. The
417.23 commissioner shall ensure that the rules are effective on July 1, 2013, thereby establishing
417.24 a certification process for integrated dual disorder treatment providers and a system through
417.25 which individuals receive integrated dual diagnosis treatment if assessed as having both a
417.26 substance use disorder and either a serious mental illness or emotional disturbance.

417.27 (d) The commissioner shall apply for any federal waivers necessary to secure, to the
417.28 extent allowed by law, federal financial participation for the provision of integrated dual
417.29 diagnosis treatment to persons with co-occurring disorders.

417.30 Sec. 29. Minnesota Statutes 2020, section 245.4871, subdivision 9a, is amended to read:

417.31 Subd. 9a. **Crisis assistance planning.** "Crisis assistance planning" means ~~assistance to~~
417.32 ~~the child, the child's family, and all providers of services to the child to: recognize factors~~

418.1 ~~precipitating a mental health crisis, identify behaviors related to the crisis, and be informed~~
 418.2 ~~of available resources to resolve the crisis. Crisis assistance requires the development of a~~
 418.3 ~~plan which addresses prevention and intervention strategies to be used in a potential crisis.~~
 418.4 ~~Other interventions include: (1) arranging for admission to acute care hospital inpatient~~
 418.5 ~~treatment~~ the development of a written plan to assist a child and the child's family in
 418.6 preventing and addressing a potential crisis and is distinct from mobile crisis services defined
 418.7 in section 256B.0624. The plan must address prevention, deescalation, and intervention
 418.8 strategies to be used in a crisis. The plan identifies factors that might precipitate a crisis,
 418.9 behaviors or symptoms related to the emergence of a crisis, and the resources available to
 418.10 resolve a crisis. The plan must address the following potential needs: (1) acute care; (2)
 418.11 crisis placement; (3) community resources for follow-up; and (4) emotional support to the
 418.12 family during crisis. When appropriate for the child's needs, the plan must include strategies
 418.13 to reduce the child's risk of suicide and self-injurious behavior. Crisis assistance planning
 418.14 does not include services designed to secure the safety of a child who is at risk of abuse or
 418.15 neglect or necessary emergency services.

418.16 Sec. 30. Minnesota Statutes 2020, section 245.4871, subdivision 10, is amended to read:

418.17 Subd. 10. **Day treatment services.** "Day treatment," "day treatment services," or "day
 418.18 treatment program" means a structured program of treatment and care provided to a child
 418.19 in:

418.20 (1) an outpatient hospital accredited by the Joint Commission on Accreditation of Health
 418.21 Organizations and licensed under sections 144.50 to 144.55;

418.22 (2) a community mental health center under section 245.62;

418.23 (3) an entity that is under contract with the county board to operate a program that meets
 418.24 the requirements of section 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170
 418.25 to 9505.0475; ~~or~~

418.26 (4) an entity that operates a program that meets the requirements of section 245.4884,
 418.27 subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475, that is under contract
 418.28 with an entity that is under contract with a county board; or

418.29 (5) a program certified under section 256B.0943.

418.30 Day treatment consists of group psychotherapy and other intensive therapeutic services
 418.31 that are provided for a minimum two-hour time block by a multidisciplinary staff under the
 418.32 ~~clinical~~ treatment supervision of a mental health professional. Day treatment may include
 418.33 education and consultation provided to families and other individuals as an extension of the

419.1 treatment process. The services are aimed at stabilizing the child's mental health status, and
419.2 developing and improving the child's daily independent living and socialization skills. Day
419.3 treatment services are distinguished from day care by their structured therapeutic program
419.4 of psychotherapy services. Day treatment services are not a part of inpatient hospital or
419.5 residential treatment services.

419.6 A day treatment service must be available to a child up to 15 hours a week throughout
419.7 the year and must be coordinated with, integrated with, or part of an education program
419.8 offered by the child's school.

419.9 Sec. 31. Minnesota Statutes 2020, section 245.4871, subdivision 11a, is amended to read:

419.10 Subd. 11a. **Diagnostic assessment.** ~~(a) "Diagnostic assessment" has the meaning given~~
419.11 ~~in Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota~~
419.12 ~~Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a~~
419.13 ~~standard, extended, or brief diagnostic assessment, or an adult update section 245I.10,~~
419.14 ~~subdivisions 4 to 6.~~

419.15 ~~(b) A brief diagnostic assessment must include a face-to-face interview with the client~~
419.16 ~~and a written evaluation of the client by a mental health professional or a clinical trainee,~~
419.17 ~~as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or~~
419.18 ~~clinical trainee must gather initial components of a standard diagnostic assessment, including~~
419.19 ~~the client's:~~

419.20 ~~(1) age;~~

419.21 ~~(2) description of symptoms, including reason for referral;~~

419.22 ~~(3) history of mental health treatment;~~

419.23 ~~(4) cultural influences and their impact on the client; and~~

419.24 ~~(5) mental status examination.~~

419.25 ~~(c) On the basis of the brief components, the professional or clinical trainee must draw~~
419.26 ~~a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's~~
419.27 ~~immediate needs or presenting problem.~~

419.28 ~~(d) Treatment sessions conducted under authorization of a brief assessment may be used~~
419.29 ~~to gather additional information necessary to complete a standard diagnostic assessment or~~
419.30 ~~an extended diagnostic assessment.~~

420.1 ~~(e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
420.2 ~~unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible~~
420.3 ~~for psychological testing as part of the diagnostic process.~~

420.4 ~~(f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),~~
420.5 ~~unit (e), prior to completion of a client's initial diagnostic assessment, but in conjunction~~
420.6 ~~with the diagnostic assessment process, a client is eligible for up to three individual or family~~
420.7 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~
420.8 ~~sessions not to exceed three sessions.~~

420.9 Sec. 32. Minnesota Statutes 2020, section 245.4871, subdivision 17, is amended to read:

420.10 Subd. 17. **Family community support services.** "Family community support services"
420.11 means services provided under the ~~clinical~~ treatment supervision of a mental health
420.12 professional and designed to help each child with severe emotional disturbance to function
420.13 and remain with the child's family in the community. Family community support services
420.14 do not include acute care hospital inpatient treatment, residential treatment services, or
420.15 regional treatment center services. Family community support services include:

420.16 (1) client outreach to each child with severe emotional disturbance and the child's family;

420.17 (2) medication monitoring where necessary;

420.18 (3) assistance in developing independent living skills;

420.19 (4) assistance in developing parenting skills necessary to address the needs of the child
420.20 with severe emotional disturbance;

420.21 (5) assistance with leisure and recreational activities;

420.22 (6) crisis ~~assistance~~ planning, including crisis placement and respite care;

420.23 (7) professional home-based family treatment;

420.24 (8) foster care with therapeutic supports;

420.25 (9) day treatment;

420.26 (10) assistance in locating respite care and special needs day care; and

420.27 (11) assistance in obtaining potential financial resources, including those benefits listed
420.28 in section 245.4884, subdivision 5.

421.1 Sec. 33. Minnesota Statutes 2020, section 245.4871, subdivision 21, is amended to read:

421.2 Subd. 21. **Individual treatment plan.** "Individual treatment plan" means ~~a written plan~~
421.3 ~~of intervention, treatment, and services for a child with an emotional disturbance that is~~
421.4 ~~developed by a service provider under the clinical supervision of a mental health professional~~
421.5 ~~on the basis of a diagnostic assessment. An individual treatment plan for a child must be~~
421.6 ~~developed in conjunction with the family unless clinically inappropriate. The plan identifies~~
421.7 ~~goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment~~
421.8 ~~goals and objectives, and the individuals responsible for providing treatment to the child~~
421.9 ~~with an emotional disturbance~~ the formulation of planned services that are responsive to
421.10 the needs and goals of a client. An individual treatment plan must be completed according
421.11 to section 245I.10, subdivisions 7 and 8.

421.12 Sec. 34. Minnesota Statutes 2020, section 245.4871, subdivision 26, is amended to read:

421.13 Subd. 26. **Mental health practitioner.** "Mental health practitioner" ~~has the meaning~~
421.14 ~~given in section 245.462, subdivision 17~~ means a staff person who is qualified according
421.15 to section 245I.04, subdivision 4.

421.16 Sec. 35. Minnesota Statutes 2020, section 245.4871, subdivision 27, is amended to read:

421.17 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person
421.18 ~~providing clinical services in the diagnosis and treatment of children's emotional disorders.~~
421.19 ~~A mental health professional must have training and experience in working with children~~
421.20 ~~consistent with the age group to which the mental health professional is assigned. A mental~~
421.21 ~~health professional must be qualified in at least one of the following ways:~~ who is qualified
421.22 according to section 245I.04, subdivision 2.

421.23 ~~(1) in psychiatric nursing, the mental health professional must be a registered nurse who~~
421.24 ~~is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in~~
421.25 ~~child and adolescent psychiatric or mental health nursing by a national nurse certification~~
421.26 ~~organization or who has a master's degree in nursing or one of the behavioral sciences or~~
421.27 ~~related fields from an accredited college or university or its equivalent, with at least 4,000~~
421.28 ~~hours of post-master's supervised experience in the delivery of clinical services in the~~
421.29 ~~treatment of mental illness;~~

421.30 ~~(2) in clinical social work, the mental health professional must be a person licensed as~~
421.31 ~~an independent clinical social worker under chapter 148D, or a person with a master's degree~~
421.32 ~~in social work from an accredited college or university, with at least 4,000 hours of~~

422.1 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
422.2 ~~mental disorders;~~

422.3 ~~(3) in psychology, the mental health professional must be an individual licensed by the~~
422.4 ~~board of psychology under sections 148.88 to 148.98 who has stated to the board of~~
422.5 ~~psychology competencies in the diagnosis and treatment of mental disorders;~~

422.6 ~~(4) in psychiatry, the mental health professional must be a physician licensed under~~
422.7 ~~chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible~~
422.8 ~~for board certification in psychiatry or an osteopathic physician licensed under chapter 147~~
422.9 ~~and certified by the American Osteopathic Board of Neurology and Psychiatry or eligible~~
422.10 ~~for board certification in psychiatry;~~

422.11 ~~(5) in marriage and family therapy, the mental health professional must be a marriage~~
422.12 ~~and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of~~
422.13 ~~post-master's supervised experience in the delivery of clinical services in the treatment of~~
422.14 ~~mental disorders or emotional disturbances;~~

422.15 ~~(6) in licensed professional clinical counseling, the mental health professional shall be~~
422.16 ~~a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours~~
422.17 ~~of post-master's supervised experience in the delivery of clinical services in the treatment~~
422.18 ~~of mental disorders or emotional disturbances; or~~

422.19 ~~(7) in allied fields, the mental health professional must be a person with a master's degree~~
422.20 ~~from an accredited college or university in one of the behavioral sciences or related fields,~~
422.21 ~~with at least 4,000 hours of post-master's supervised experience in the delivery of clinical~~
422.22 ~~services in the treatment of emotional disturbances.~~

422.23 Sec. 36. Minnesota Statutes 2020, section 245.4871, subdivision 29, is amended to read:

422.24 Subd. 29. **Outpatient services.** "Outpatient services" means mental health services,
422.25 excluding day treatment and community support services programs, provided by or under
422.26 the clinical treatment supervision of a mental health professional to children with emotional
422.27 disturbances who live outside a hospital. Outpatient services include clinical activities such
422.28 as individual, group, and family therapy; individual treatment planning; diagnostic
422.29 assessments; medication management; and psychological testing.

422.30 Sec. 37. Minnesota Statutes 2020, section 245.4871, subdivision 31, is amended to read:

422.31 Subd. 31. **Professional home-based family treatment.** "Professional home-based family
422.32 treatment" means intensive mental health services provided to children because of an

423.1 emotional disturbance (1) who are at risk of out-of-home placement; (2) who are in
423.2 out-of-home placement; or (3) who are returning from out-of-home placement. Services
423.3 are provided to the child and the child's family primarily in the child's home environment.
423.4 Services may also be provided in the child's school, child care setting, or other community
423.5 setting appropriate to the child. Services must be provided on an individual family basis,
423.6 must be child-oriented and family-oriented, and must be designed using information from
423.7 diagnostic and functional assessments to meet the specific mental health needs of the child
423.8 and the child's family. Examples of services are: (1) individual therapy; (2) family therapy;
423.9 (3) client outreach; (4) assistance in developing individual living skills; (5) assistance in
423.10 developing parenting skills necessary to address the needs of the child; (6) assistance with
423.11 leisure and recreational services; (7) ~~crisis assistance~~ crisis planning, including crisis respite care
423.12 and arranging for crisis placement; and (8) assistance in locating respite and child care.
423.13 Services must be coordinated with other services provided to the child and family.

423.14 Sec. 38. Minnesota Statutes 2020, section 245.4871, subdivision 32, is amended to read:

423.15 Subd. 32. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
423.16 under the ~~clinical~~ treatment supervision of a mental health professional, in a community
423.17 residential setting other than an acute care hospital or regional treatment center inpatient
423.18 unit, that must be licensed as a residential treatment program for children with emotional
423.19 disturbances under Minnesota Rules, parts 2960.0580 to 2960.0700, or other rules adopted
423.20 by the commissioner.

423.21 Sec. 39. Minnesota Statutes 2020, section 245.4871, subdivision 34, is amended to read:

423.22 Subd. 34. **Therapeutic support of foster care.** "Therapeutic support of foster care"
423.23 means the mental health training and mental health support services and ~~clinical~~ treatment
423.24 supervision provided by a mental health professional to foster families caring for children
423.25 with severe emotional disturbance to provide a therapeutic family environment and support
423.26 for the child's improved functioning. Therapeutic support of foster care includes services
423.27 provided under section 256B.0946.

423.28 Sec. 40. Minnesota Statutes 2020, section 245.4871, is amended by adding a subdivision
423.29 to read:

423.30 Subd. 36. **Treatment supervision.** "Treatment supervision" means the treatment
423.31 supervision described by section 245I.06.

424.1 Sec. 41. Minnesota Statutes 2020, section 245.4876, subdivision 2, is amended to read:

424.2 Subd. 2. **Diagnostic assessment.** ~~All residential treatment facilities and acute care~~
424.3 ~~hospital inpatient treatment facilities that provide mental health services for children must~~
424.4 ~~complete a diagnostic assessment for each of their child clients within five working days~~
424.5 ~~of admission. Providers of day treatment services for children must complete a diagnostic~~
424.6 ~~assessment within five days after the child's second visit or 30 days after intake, whichever~~
424.7 ~~occurs first. In cases where a diagnostic assessment is available and has been completed~~
424.8 ~~within 180 days preceding admission, only updating is necessary. "Updating" means a~~
424.9 ~~written summary by a mental health professional of the child's current mental health status~~
424.10 ~~and service needs. If the child's mental health status has changed markedly since the child's~~
424.11 ~~most recent diagnostic assessment, a new diagnostic assessment is required. Compliance~~
424.12 ~~with the provisions of this subdivision does not ensure eligibility for medical assistance~~
424.13 ~~reimbursement under chapter 256B. Providers of services governed by this section shall~~
424.14 complete a diagnostic assessment according to the standards of section 245I.10, subdivisions
424.15 4 to 6.

424.16 Sec. 42. Minnesota Statutes 2020, section 245.4876, subdivision 3, is amended to read:

424.17 Subd. 3. **Individual treatment plans.** ~~All providers of outpatient services, day treatment~~
424.18 ~~services, professional home-based family treatment, residential treatment, and acute care~~
424.19 ~~hospital inpatient treatment, and all regional treatment centers that provide mental health~~
424.20 ~~services for children must develop an individual treatment plan for each child client. The~~
424.21 ~~individual treatment plan must be based on a diagnostic assessment. To the extent appropriate,~~
424.22 ~~the child and the child's family shall be involved in all phases of developing and~~
424.23 ~~implementing the individual treatment plan. Providers of residential treatment, professional~~
424.24 ~~home-based family treatment, and acute care hospital inpatient treatment, and regional~~
424.25 ~~treatment centers must develop the individual treatment plan within ten working days of~~
424.26 ~~client intake or admission and must review the individual treatment plan every 90 days after~~
424.27 ~~intake, except that the administrative review of the treatment plan of a child placed in a~~
424.28 ~~residential facility shall be as specified in sections 260C.203 and 260C.212, subdivision 9.~~
424.29 ~~Providers of day treatment services must develop the individual treatment plan before the~~
424.30 ~~completion of five working days in which service is provided or within 30 days after the~~
424.31 ~~diagnostic assessment is completed or obtained, whichever occurs first. Providers of~~
424.32 ~~outpatient services must develop the individual treatment plan within 30 days after the~~
424.33 ~~diagnostic assessment is completed or obtained or by the end of the second session of an~~
424.34 ~~outpatient service, not including the session in which the diagnostic assessment was provided,~~
424.35 ~~whichever occurs first. Providers of outpatient and day treatment services must review the~~

425.1 ~~individual treatment plan every 90 days after intake.~~ Providers of services governed by this
425.2 section shall complete an individual treatment plan according to the standards of section
425.3 245I.10, subdivisions 7 and 8.

425.4 Sec. 43. Minnesota Statutes 2020, section 245.488, subdivision 1, is amended to read:

425.5 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
425.6 contract for enough outpatient services within the county to meet the needs of each child
425.7 with emotional disturbance residing in the county and the child's family. Services may be
425.8 provided directly by the county through county-operated ~~mental health centers or mental~~
425.9 ~~health clinics approved by the commissioner under section 245.69, subdivision 2~~ meeting
425.10 the standards of chapter 245I; by contract with privately operated ~~mental health centers or~~
425.11 ~~mental health clinics approved by the commissioner under section 245.69, subdivision 2,~~
425.12 meeting the standards of chapter 245I; by contract with hospital mental health outpatient
425.13 programs certified by the Joint Commission on Accreditation of Hospital Organizations;
425.14 or by contract with a ~~licensed~~ mental health professional ~~as defined in section 245.4871,~~
425.15 ~~subdivision 27, clauses (1) to (6).~~ A child or a child's parent may be required to pay a fee
425.16 based in accordance with section 245.481. Outpatient services include:

425.17 (1) conducting diagnostic assessments;

425.18 (2) conducting psychological testing;

425.19 (3) developing or modifying individual treatment plans;

425.20 (4) making referrals and recommending placements as appropriate;

425.21 (5) treating the child's mental health needs through therapy; and

425.22 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
425.23 medication.

425.24 (b) County boards may request a waiver allowing outpatient services to be provided in
425.25 a nearby trade area if it is determined that the child requires necessary and appropriate
425.26 services that are only available outside the county.

425.27 (c) Outpatient services offered by the county board to prevent placement must be at the
425.28 level of treatment appropriate to the child's diagnostic assessment.

425.29 Sec. 44. Minnesota Statutes 2020, section 245.4901, subdivision 2, is amended to read:

425.30 Subd. 2. **Eligible applicants.** An eligible applicant for school-linked mental health grants
425.31 is an entity that is:

426.1 (1) a mental health clinic certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~
426.2 section 245I.20;

426.3 (2) a community mental health center under section 256B.0625, subdivision 5;

426.4 (3) an Indian health service facility or a facility owned and operated by a tribe or tribal
426.5 organization operating under United States Code, title 25, section 5321;

426.6 (4) a provider of children's therapeutic services and supports as defined in section
426.7 256B.0943; or

426.8 (5) enrolled in medical assistance as a mental health or substance use disorder provider
426.9 agency and employs at least two full-time equivalent mental health professionals qualified
426.10 according to section ~~245I.16~~ 245I.04, subdivision 2, or two alcohol and drug counselors
426.11 licensed or exempt from licensure under chapter 148F who are qualified to provide clinical
426.12 services to children and families.

426.13 Sec. 45. Minnesota Statutes 2020, section 245.62, subdivision 2, is amended to read:

426.14 Subd. 2. **Definition.** A community mental health center is a private nonprofit corporation
426.15 or public agency approved under the ~~rules promulgated by the commissioner pursuant to~~
426.16 ~~subdivision 4~~ standards of section 256B.0625, subdivision 5.

426.17 Sec. 46. Minnesota Statutes 2020, section 245A.04, subdivision 5, is amended to read:

426.18 Subd. 5. **Commissioner's right of access.** (a) When the commissioner is exercising the
426.19 powers conferred by this chapter, ~~sections 245.69 and~~ section 626.557, and chapter 260E,
426.20 the commissioner must be given access to:

426.21 (1) the physical plant and grounds where the program is provided;

426.22 (2) documents and records, including records maintained in electronic format;

426.23 (3) persons served by the program; and

426.24 (4) staff and personnel records of current and former staff whenever the program is in
426.25 operation and the information is relevant to inspections or investigations conducted by the
426.26 commissioner. Upon request, the license holder must provide the commissioner verification
426.27 of documentation of staff work experience, training, or educational requirements.

426.28 The commissioner must be given access without prior notice and as often as the
426.29 commissioner considers necessary if the commissioner is investigating alleged maltreatment,
426.30 conducting a licensing inspection, or investigating an alleged violation of applicable laws
426.31 or rules. In conducting inspections, the commissioner may request and shall receive assistance

427.1 from other state, county, and municipal governmental agencies and departments. The
 427.2 applicant or license holder shall allow the commissioner to photocopy, photograph, and
 427.3 make audio and video tape recordings during the inspection of the program at the
 427.4 commissioner's expense. The commissioner shall obtain a court order or the consent of the
 427.5 subject of the records or the parents or legal guardian of the subject before photocopying
 427.6 hospital medical records.

427.7 (b) Persons served by the program have the right to refuse to consent to be interviewed,
 427.8 photographed, or audio or videotaped. Failure or refusal of an applicant or license holder
 427.9 to fully comply with this subdivision is reasonable cause for the commissioner to deny the
 427.10 application or immediately suspend or revoke the license.

427.11 Sec. 47. Minnesota Statutes 2020, section 245A.10, subdivision 4, is amended to read:

427.12 Subd. 4. **License or certification fee for certain programs.** (a) Child care centers shall
 427.13 pay an annual nonrefundable license fee based on the following schedule:

427.14	427.15	Child Care Center
427.16	Licensed Capacity	License Fee
427.16	1 to 24 persons	\$200
427.17	25 to 49 persons	\$300
427.18	50 to 74 persons	\$400
427.19	75 to 99 persons	\$500
427.20	100 to 124 persons	\$600
427.21	125 to 149 persons	\$700
427.22	150 to 174 persons	\$800
427.23	175 to 199 persons	\$900
427.24	200 to 224 persons	\$1,000
427.25	225 or more persons	\$1,100

427.26 (b)(1) A program licensed to provide one or more of the home and community-based
 427.27 services and supports identified under chapter 245D to persons with disabilities or age 65
 427.28 and older, shall pay an annual nonrefundable license fee based on revenues derived from
 427.29 the provision of services that would require licensure under chapter 245D during the calendar
 427.30 year immediately preceding the year in which the license fee is paid, according to the
 427.31 following schedule:

427.32	License Holder Annual Revenue	License Fee
427.33	less than or equal to \$10,000	\$200
427.34	greater than \$10,000 but less than or	
427.35	equal to \$25,000	\$300

428.1	greater than \$25,000 but less than or	
428.2	equal to \$50,000	\$400
428.3	greater than \$50,000 but less than or	
428.4	equal to \$100,000	\$500
428.5	greater than \$100,000 but less than or	
428.6	equal to \$150,000	\$600
428.7	greater than \$150,000 but less than or	
428.8	equal to \$200,000	\$800
428.9	greater than \$200,000 but less than or	
428.10	equal to \$250,000	\$1,000
428.11	greater than \$250,000 but less than or	
428.12	equal to \$300,000	\$1,200
428.13	greater than \$300,000 but less than or	
428.14	equal to \$350,000	\$1,400
428.15	greater than \$350,000 but less than or	
428.16	equal to \$400,000	\$1,600
428.17	greater than \$400,000 but less than or	
428.18	equal to \$450,000	\$1,800
428.19	greater than \$450,000 but less than or	
428.20	equal to \$500,000	\$2,000
428.21	greater than \$500,000 but less than or	
428.22	equal to \$600,000	\$2,250
428.23	greater than \$600,000 but less than or	
428.24	equal to \$700,000	\$2,500
428.25	greater than \$700,000 but less than or	
428.26	equal to \$800,000	\$2,750
428.27	greater than \$800,000 but less than or	
428.28	equal to \$900,000	\$3,000
428.29	greater than \$900,000 but less than or	
428.30	equal to \$1,000,000	\$3,250
428.31	greater than \$1,000,000 but less than or	
428.32	equal to \$1,250,000	\$3,500
428.33	greater than \$1,250,000 but less than or	
428.34	equal to \$1,500,000	\$3,750
428.35	greater than \$1,500,000 but less than or	
428.36	equal to \$1,750,000	\$4,000
428.37	greater than \$1,750,000 but less than or	
428.38	equal to \$2,000,000	\$4,250
428.39	greater than \$2,000,000 but less than or	
428.40	equal to \$2,500,000	\$4,500
428.41	greater than \$2,500,000 but less than or	
428.42	equal to \$3,000,000	\$4,750
428.43	greater than \$3,000,000 but less than or	
428.44	equal to \$3,500,000	\$5,000
428.45	greater than \$3,500,000 but less than or	
428.46	equal to \$4,000,000	\$5,500

429.1	greater than \$4,000,000 but less than or	
429.2	equal to \$4,500,000	\$6,000
429.3	greater than \$4,500,000 but less than or	
429.4	equal to \$5,000,000	\$6,500
429.5	greater than \$5,000,000 but less than or	
429.6	equal to \$7,500,000	\$7,000
429.7	greater than \$7,500,000 but less than or	
429.8	equal to \$10,000,000	\$8,500
429.9	greater than \$10,000,000 but less than or	
429.10	equal to \$12,500,000	\$10,000
429.11	greater than \$12,500,000 but less than or	
429.12	equal to \$15,000,000	\$14,000
429.13	greater than \$15,000,000	\$18,000

429.14 (2) If requested, the license holder shall provide the commissioner information to verify
 429.15 the license holder's annual revenues or other information as needed, including copies of
 429.16 documents submitted to the Department of Revenue.

429.17 (3) At each annual renewal, a license holder may elect to pay the highest renewal fee,
 429.18 and not provide annual revenue information to the commissioner.

429.19 (4) A license holder that knowingly provides the commissioner incorrect revenue amounts
 429.20 for the purpose of paying a lower license fee shall be subject to a civil penalty in the amount
 429.21 of double the fee the provider should have paid.

429.22 (5) Notwithstanding clause (1), a license holder providing services under one or more
 429.23 licenses under chapter 245B that are in effect on May 15, 2013, shall pay an annual license
 429.24 fee for calendar years 2014, 2015, and 2016, equal to the total license fees paid by the license
 429.25 holder for all licenses held under chapter 245B for calendar year 2013. For calendar year
 429.26 2017 and thereafter, the license holder shall pay an annual license fee according to clause
 429.27 (1).

429.28 (c) A chemical dependency treatment program licensed under chapter 245G, to provide
 429.29 chemical dependency treatment shall pay an annual nonrefundable license fee based on the
 429.30 following schedule:

429.31	Licensed Capacity	License Fee
429.32	1 to 24 persons	\$600
429.33	25 to 49 persons	\$800
429.34	50 to 74 persons	\$1,000
429.35	75 to 99 persons	\$1,200
429.36	100 or more persons	\$1,400

430.1 (d) A chemical dependency program licensed under Minnesota Rules, parts 9530.6510
 430.2 to 9530.6590, to provide detoxification services shall pay an annual nonrefundable license
 430.3 fee based on the following schedule:

430.4	Licensed Capacity	License Fee
430.5	1 to 24 persons	\$760
430.6	25 to 49 persons	\$960
430.7	50 or more persons	\$1,160

430.8 (e) Except for child foster care, a residential facility licensed under Minnesota Rules,
 430.9 chapter 2960, to serve children shall pay an annual nonrefundable license fee based on the
 430.10 following schedule:

430.11	Licensed Capacity	License Fee
430.12	1 to 24 persons	\$1,000
430.13	25 to 49 persons	\$1,100
430.14	50 to 74 persons	\$1,200
430.15	75 to 99 persons	\$1,300
430.16	100 or more persons	\$1,400

430.17 (f) A residential facility licensed under section 245I.23 or Minnesota Rules, parts
 430.18 9520.0500 to 9520.0670, to serve persons with mental illness shall pay an annual
 430.19 nonrefundable license fee based on the following schedule:

430.20	Licensed Capacity	License Fee
430.21	1 to 24 persons	\$2,525
430.22	25 or more persons	\$2,725

430.23 (g) A residential facility licensed under Minnesota Rules, parts 9570.2000 to 9570.3400,
 430.24 to serve persons with physical disabilities shall pay an annual nonrefundable license fee
 430.25 based on the following schedule:

430.26	Licensed Capacity	License Fee
430.27	1 to 24 persons	\$450
430.28	25 to 49 persons	\$650
430.29	50 to 74 persons	\$850
430.30	75 to 99 persons	\$1,050
430.31	100 or more persons	\$1,250

430.32 (h) A program licensed to provide independent living assistance for youth under section
 430.33 245A.22 shall pay an annual nonrefundable license fee of \$1,500.

431.1 (i) A private agency licensed to provide foster care and adoption services under Minnesota
 431.2 Rules, parts 9545.0755 to 9545.0845, shall pay an annual nonrefundable license fee of \$875.

431.3 (j) A program licensed as an adult day care center licensed under Minnesota Rules, parts
 431.4 9555.9600 to 9555.9730, shall pay an annual nonrefundable license fee based on the
 431.5 following schedule:

431.6	Licensed Capacity	License Fee
431.7	1 to 24 persons	\$500
431.8	25 to 49 persons	\$700
431.9	50 to 74 persons	\$900
431.10	75 to 99 persons	\$1,100
431.11	100 or more persons	\$1,300

431.12 (k) A program licensed to provide treatment services to persons with sexual psychopathic
 431.13 personalities or sexually dangerous persons under Minnesota Rules, parts 9515.3000 to
 431.14 9515.3110, shall pay an annual nonrefundable license fee of \$20,000.

431.15 (l) A ~~mental health center or mental health clinic requesting certification for purposes~~
 431.16 ~~of insurance and subscriber contract reimbursement under Minnesota Rules, parts 9520.0750~~
 431.17 ~~to 9520.0870~~ certified under section 245I.20, shall pay a an annual nonrefundable certification
 431.18 fee of \$1,550 per year. If the ~~mental health center or mental health clinic~~ provides services
 431.19 at a primary location with satellite facilities, the satellite facilities shall be certified with the
 431.20 primary location without an additional charge.

431.21 Sec. 48. Minnesota Statutes 2020, section 245A.65, subdivision 2, is amended to read:

431.22 Subd. 2. **Abuse prevention plans.** All license holders shall establish and enforce ongoing
 431.23 written program abuse prevention plans and individual abuse prevention plans as required
 431.24 under section 626.557, subdivision 14.

431.25 (a) The scope of the program abuse prevention plan is limited to the population, physical
 431.26 plant, and environment within the control of the license holder and the location where
 431.27 licensed services are provided. In addition to the requirements in section 626.557, subdivision
 431.28 14, the program abuse prevention plan shall meet the requirements in clauses (1) to (5).

431.29 (1) The assessment of the population shall include an evaluation of the following factors:
 431.30 age, gender, mental functioning, physical and emotional health or behavior of the client;
 431.31 the need for specialized programs of care for clients; the need for training of staff to meet
 431.32 identified individual needs; and the knowledge a license holder may have regarding previous
 431.33 abuse that is relevant to minimizing risk of abuse for clients.

432.1 (2) The assessment of the physical plant where the licensed services are provided shall
432.2 include an evaluation of the following factors: the condition and design of the building as
432.3 it relates to the safety of the clients; and the existence of areas in the building which are
432.4 difficult to supervise.

432.5 (3) The assessment of the environment for each facility and for each site when living
432.6 arrangements are provided by the agency shall include an evaluation of the following factors:
432.7 the location of the program in a particular neighborhood or community; the type of grounds
432.8 and terrain surrounding the building; the type of internal programming; and the program's
432.9 staffing patterns.

432.10 (4) The license holder shall provide an orientation to the program abuse prevention plan
432.11 for clients receiving services. If applicable, the client's legal representative must be notified
432.12 of the orientation. The license holder shall provide this orientation for each new person
432.13 within 24 hours of admission, or for persons who would benefit more from a later orientation,
432.14 the orientation may take place within 72 hours.

432.15 (5) The license holder's governing body or the governing body's delegated representative
432.16 shall review the plan at least annually using the assessment factors in the plan and any
432.17 substantiated maltreatment findings that occurred since the last review. The governing body
432.18 or the governing body's delegated representative shall revise the plan, if necessary, to reflect
432.19 the review results.

432.20 (6) A copy of the program abuse prevention plan shall be posted in a prominent location
432.21 in the program and be available upon request to mandated reporters, persons receiving
432.22 services, and legal representatives.

432.23 (b) In addition to the requirements in section 626.557, subdivision 14, the individual
432.24 abuse prevention plan shall meet the requirements in clauses (1) and (2).

432.25 (1) The plan shall include a statement of measures that will be taken to minimize the
432.26 risk of abuse to the vulnerable adult when the individual assessment required in section
432.27 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the
432.28 specific measures identified in the program abuse prevention plan. The measures shall
432.29 include the specific actions the program will take to minimize the risk of abuse within the
432.30 scope of the licensed services, and will identify referrals made when the vulnerable adult
432.31 is susceptible to abuse outside the scope or control of the licensed services. When the
432.32 assessment indicates that the vulnerable adult does not need specific risk reduction measures
432.33 in addition to those identified in the program abuse prevention plan, the individual abuse
432.34 prevention plan shall document this determination.

433.1 (2) An individual abuse prevention plan shall be developed for each new person as part
433.2 of the initial individual program plan or service plan required under the applicable licensing
433.3 rule or statute. The review and evaluation of the individual abuse prevention plan shall be
433.4 done as part of the review of the program plan ~~or~~, service plan, or treatment plan. The person
433.5 receiving services shall participate in the development of the individual abuse prevention
433.6 plan to the full extent of the person's abilities. If applicable, the person's legal representative
433.7 shall be given the opportunity to participate with or for the person in the development of
433.8 the plan. The interdisciplinary team shall document the review of all abuse prevention plans
433.9 at least annually, using the individual assessment and any reports of abuse relating to the
433.10 person. The plan shall be revised to reflect the results of this review.

433.11 Sec. 49. Minnesota Statutes 2020, section 245D.02, subdivision 20, is amended to read:

433.12 Subd. 20. **Mental health crisis intervention team.** "Mental health crisis intervention
433.13 team" means a mental health crisis response provider as identified in section 256B.0624,
433.14 ~~subdivision 2, paragraph (d), for adults, and in section 256B.0944, subdivision 1, paragraph~~
433.15 ~~(d), for children.~~

433.16 Sec. 50. Minnesota Statutes 2020, section 256B.0615, subdivision 1, is amended to read:

433.17 Subdivision 1. **Scope.** Medical assistance covers mental health certified peer specialist
433.18 services, as established in subdivision 2, subject to federal approval, if provided to recipients
433.19 who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and
433.20 are provided by a mental health certified peer specialist who has completed the training
433.21 under subdivision 5 and is qualified according to section 245I.04, subdivision 10.

433.22 Sec. 51. Minnesota Statutes 2020, section 256B.0615, subdivision 5, is amended to read:

433.23 Subd. 5. **Certified peer specialist training and certification.** The commissioner of
433.24 human services shall develop a training and certification process for certified peer specialists,
433.25 ~~who must be at least 21 years of age.~~ The candidates must have had a primary diagnosis of
433.26 mental illness, be a current or former consumer of mental health services, and must
433.27 demonstrate leadership and advocacy skills and a strong dedication to recovery. The training
433.28 curriculum must teach participating consumers specific skills relevant to providing peer
433.29 support to other consumers. In addition to initial training and certification, the commissioner
433.30 shall develop ongoing continuing educational workshops on pertinent issues related to peer
433.31 support counseling.

434.1 Sec. 52. Minnesota Statutes 2020, section 256B.0616, subdivision 1, is amended to read:

434.2 Subdivision 1. **Scope.** Medical assistance covers mental health certified family peer
434.3 specialists services, as established in subdivision 2, subject to federal approval, if provided
434.4 to recipients who have an emotional disturbance or severe emotional disturbance under
434.5 chapter 245, and are provided by a mental health certified family peer specialist who has
434.6 completed the training under subdivision 5 and is qualified according to section 245I.04,
434.7 subdivision 12. A family peer specialist cannot provide services to the peer specialist's
434.8 family.

434.9 Sec. 53. Minnesota Statutes 2020, section 256B.0616, subdivision 3, is amended to read:

434.10 Subd. 3. **Eligibility.** Family peer support services may be ~~located in~~ provided to recipients
434.11 of inpatient hospitalization, partial hospitalization, residential treatment, intensive treatment
434.12 in foster care, day treatment, children's therapeutic services and supports, or crisis services.

434.13 Sec. 54. Minnesota Statutes 2020, section 256B.0616, subdivision 5, is amended to read:

434.14 Subd. 5. **Certified family peer specialist training and certification.** The commissioner
434.15 shall develop a training and certification process for certified family peer specialists ~~who~~
434.16 ~~must be at least 21 years of age.~~ The candidates must have raised or be currently raising a
434.17 child with a mental illness, have had experience navigating the children's mental health
434.18 system, and must demonstrate leadership and advocacy skills and a strong dedication to
434.19 family-driven and family-focused services. The training curriculum must teach participating
434.20 family peer specialists specific skills relevant to providing peer support to other parents. In
434.21 addition to initial training and certification, the commissioner shall develop ongoing
434.22 continuing educational workshops on pertinent issues related to family peer support
434.23 counseling.

434.24 Sec. 55. Minnesota Statutes 2020, section 256B.0622, subdivision 1, is amended to read:

434.25 Subdivision 1. **Scope.** (a) Subject to federal approval, medical assistance covers medically
434.26 necessary, assertive community treatment for clients as defined in subdivision 2a and
434.27 intensive residential treatment services for clients as defined in subdivision 3, when the
434.28 services are provided by an entity certified under and meeting the standards in this section.

434.29 (b) Subject to federal approval, medical assistance covers medically necessary, intensive
434.30 residential treatment services when the services are provided by an entity licensed under
434.31 and meeting the standards in section 245I.23.

435.1 (c) The provider entity must make reasonable and good faith efforts to report individual
435.2 client outcomes to the commissioner, using instruments and protocols approved by the
435.3 commissioner.

435.4 Sec. 56. Minnesota Statutes 2020, section 256B.0622, subdivision 2, is amended to read:

435.5 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
435.6 meanings given them.

435.7 (b) "ACT team" means the group of interdisciplinary mental health staff who work as
435.8 a team to provide assertive community treatment.

435.9 (c) "Assertive community treatment" means intensive nonresidential treatment and
435.10 rehabilitative mental health services provided according to the assertive community treatment
435.11 model. Assertive community treatment provides a single, fixed point of responsibility for
435.12 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per
435.13 day, seven days per week, in a community-based setting.

435.14 (d) "Individual treatment plan" means ~~the document that results from a person-centered~~
435.15 ~~planning process of determining real-life outcomes with clients and developing strategies~~
435.16 ~~to achieve those outcomes~~ a plan described by section 245I.10, subdivisions 7 and 8.

435.17 ~~(e) "Assertive engagement" means the use of collaborative strategies to engage clients~~
435.18 ~~to receive services.~~

435.19 ~~(f) "Benefits and finance support" means assisting clients in capably managing financial~~
435.20 ~~affairs. Services include, but are not limited to, assisting clients in applying for benefits;~~
435.21 ~~assisting with redetermination of benefits; providing financial crisis management; teaching~~
435.22 ~~and supporting budgeting skills and asset development; and coordinating with a client's~~
435.23 ~~representative payee, if applicable.~~

435.24 ~~(g) "Co-occurring disorder treatment" means the treatment of co-occurring mental illness~~
435.25 ~~and substance use disorders and is characterized by assertive outreach, stage-wise~~
435.26 ~~comprehensive treatment, treatment goal setting, and flexibility to work within each stage~~
435.27 ~~of treatment. Services include, but are not limited to, assessing and tracking clients' stages~~
435.28 ~~of change readiness and treatment; applying the appropriate treatment based on stages of~~
435.29 ~~change, such as outreach and motivational interviewing techniques to work with clients in~~
435.30 ~~earlier stages of change readiness and cognitive behavioral approaches and relapse prevention~~
435.31 ~~to work with clients in later stages of change; and facilitating access to community supports.~~

435.32 ~~(h)~~ (e) "Crisis assessment and intervention" means mental health crisis response services
435.33 as defined in section 256B.0624, subdivision 2, ~~paragraphs (e) to (e).~~

436.1 ~~(i) "Employment services" means assisting clients to work at jobs of their choosing.~~
436.2 ~~Services must follow the principles of the individual placement and support (IPS)~~
436.3 ~~employment model, including focusing on competitive employment; emphasizing individual~~
436.4 ~~client preferences and strengths; ensuring employment services are integrated with mental~~
436.5 ~~health services; conducting rapid job searches and systematic job development according~~
436.6 ~~to client preferences and choices; providing benefits counseling; and offering all services~~
436.7 ~~in an individualized and time-unlimited manner. Services shall also include educating clients~~
436.8 ~~about opportunities and benefits of work and school and assisting the client in learning job~~
436.9 ~~skills, navigating the work place, and managing work relationships.~~

436.10 ~~(j) "Family psychoeducation and support" means services provided to the client's family~~
436.11 ~~and other natural supports to restore and strengthen the client's unique social and family~~
436.12 ~~relationships. Services include, but are not limited to, individualized psychoeducation about~~
436.13 ~~the client's illness and the role of the family and other significant people in the therapeutic~~
436.14 ~~process; family intervention to restore contact, resolve conflict, and maintain relationships~~
436.15 ~~with family and other significant people in the client's life; ongoing communication and~~
436.16 ~~collaboration between the ACT team and the family; introduction and referral to family~~
436.17 ~~self-help programs and advocacy organizations that promote recovery and family~~
436.18 ~~engagement, individual supportive counseling, parenting training, and service coordination~~
436.19 ~~to help clients fulfill parenting responsibilities; coordinating services for the child and~~
436.20 ~~restoring relationships with children who are not in the client's custody; and coordinating~~
436.21 ~~with child welfare and family agencies, if applicable. These services must be provided with~~
436.22 ~~the client's agreement and consent.~~

436.23 ~~(k) "Housing access support" means assisting clients to find, obtain, retain, and move~~
436.24 ~~to safe and adequate housing of their choice. Housing access support includes, but is not~~
436.25 ~~limited to, locating housing options with a focus on integrated independent settings; applying~~
436.26 ~~for housing subsidies, programs, or resources; assisting the client in developing relationships~~
436.27 ~~with local landlords; providing tenancy support and advocacy for the individual's tenancy~~
436.28 ~~rights at the client's home; and assisting with relocation.~~

436.29 ~~(f)~~ (f) "Individual treatment team" means a minimum of three members of the ACT team
436.30 who are responsible for consistently carrying out most of a client's assertive community
436.31 treatment services.

436.32 ~~(m) "Intensive residential treatment services treatment team" means all staff who provide~~
436.33 ~~intensive residential treatment services under this section to clients. At a minimum, this~~
436.34 ~~includes the clinical supervisor; mental health professionals as defined in section 245.462,~~
436.35 ~~subdivision 18, clauses (1) to (6); mental health practitioners as defined in section 245.462,~~

437.1 ~~subdivision 17; mental health rehabilitation workers under section 256B.0623, subdivision~~
437.2 ~~5, paragraph (a), clause (4); and mental health certified peer specialists under section~~
437.3 ~~256B.0615.~~

437.4 ~~(n) "Intensive residential treatment services" means short-term, time-limited services~~
437.5 ~~provided in a residential setting to clients who are in need of more restrictive settings and~~
437.6 ~~are at risk of significant functional deterioration if they do not receive these services. Services~~
437.7 ~~are designed to develop and enhance psychiatric stability, personal and emotional adjustment,~~
437.8 ~~self-sufficiency, and skills to live in a more independent setting. Services must be directed~~
437.9 ~~toward a targeted discharge date with specified client outcomes.~~

437.10 ~~(o) "Medication assistance and support" means assisting clients in accessing medication,~~
437.11 ~~developing the ability to take medications with greater independence, and providing~~
437.12 ~~medication setup. This includes the prescription, administration, and order of medication~~
437.13 ~~by appropriate medical staff.~~

437.14 ~~(p) "Medication education" means educating clients on the role and effects of medications~~
437.15 ~~in treating symptoms of mental illness and the side effects of medications.~~

437.16 ~~(q) "Overnight staff" means a member of the intensive residential treatment services~~
437.17 ~~team who is responsible during hours when clients are typically asleep.~~

437.18 ~~(r) "Mental health certified peer specialist services" has the meaning given in section~~
437.19 ~~256B.0615.~~

437.20 ~~(s) "Physical health services" means any service or treatment to meet the physical health~~
437.21 ~~needs of the client to support the client's mental health recovery. Services include, but are~~
437.22 ~~not limited to, education on primary health issues, including wellness education; medication~~
437.23 ~~administration and monitoring; providing and coordinating medical screening and follow-up;~~
437.24 ~~scheduling routine and acute medical and dental care visits; tobacco cessation strategies;~~
437.25 ~~assisting clients in attending appointments; communicating with other providers; and~~
437.26 ~~integrating all physical and mental health treatment.~~

437.27 ~~(t) (g) "Primary team member" means the person who leads and coordinates the activities~~
437.28 ~~of the individual treatment team and is the individual treatment team member who has~~
437.29 ~~primary responsibility for establishing and maintaining a therapeutic relationship with the~~
437.30 ~~client on a continuing basis.~~

437.31 ~~(u) "Rehabilitative mental health services" means mental health services that are~~
437.32 ~~rehabilitative and enable the client to develop and enhance psychiatric stability, social~~

438.1 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
438.2 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~

438.3 ~~(v) "Symptom management" means supporting clients in identifying and targeting the~~
438.4 ~~symptoms and occurrence patterns of their mental illness and developing strategies to reduce~~
438.5 ~~the impact of those symptoms.~~

438.6 ~~(w) "Therapeutic interventions" means empirically supported techniques to address~~
438.7 ~~specific symptoms and behaviors such as anxiety, psychotic symptoms, emotional~~
438.8 ~~dysregulation, and trauma symptoms. Interventions include empirically supported~~
438.9 ~~psychotherapies including, but not limited to, cognitive behavioral therapy, exposure therapy,~~
438.10 ~~acceptance and commitment therapy, interpersonal therapy, and motivational interviewing.~~

438.11 ~~(x) "Wellness self-management and prevention" means a combination of approaches to~~
438.12 ~~working with the client to build and apply skills related to recovery, and to support the client~~
438.13 ~~in participating in leisure and recreational activities, civic participation, and meaningful~~
438.14 ~~structure.~~

438.15 (h) "Certified rehabilitation specialist" means a staff person who is qualified according
438.16 to section 245I.04, subdivision 8.

438.17 (i) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
438.18 subdivision 6.

438.19 (j) "Mental health certified peer specialist" means a staff person who is qualified
438.20 according to section 245I.04, subdivision 10.

438.21 (k) "Mental health practitioner" means a staff person who is qualified according to section
438.22 245I.04, subdivision 4.

438.23 (l) "Mental health professional" means a staff person who is qualified according to
438.24 section 245I.04, subdivision 2.

438.25 (m) "Mental health rehabilitation worker" means a staff person who is qualified according
438.26 to section 245I.04, subdivision 14.

438.27 Sec. 57. Minnesota Statutes 2020, section 256B.0622, subdivision 3a, is amended to read:

438.28 Subd. 3a. **Provider certification and contract requirements for assertive community**
438.29 **treatment.** (a) The assertive community treatment provider must:

438.30 (1) have a contract with the host county to provide assertive community treatment
438.31 services; and

439.1 (2) have each ACT team be certified by the state following the certification process and
439.2 procedures developed by the commissioner. The certification process determines whether
439.3 the ACT team meets the standards for assertive community treatment under this section as
439.4 ~~well as, the standards in chapter 245I as required in section 245I.011, subdivision 5, and~~
439.5 minimum program fidelity standards as measured by a nationally recognized fidelity tool
439.6 approved by the commissioner. Recertification must occur at least every three years.

439.7 (b) An ACT team certified under this subdivision must meet the following standards:

439.8 (1) have capacity to recruit, hire, manage, and train required ACT team members;

439.9 (2) have adequate administrative ability to ensure availability of services;

439.10 ~~(3) ensure adequate preservice and ongoing training for staff;~~

439.11 ~~(4) ensure that staff is capable of implementing culturally specific services that are~~
439.12 ~~culturally responsive and appropriate as determined by the client's culture, beliefs, values,~~
439.13 ~~and language as identified in the individual treatment plan;~~

439.14 ~~(5)~~ (3) ensure flexibility in service delivery to respond to the changing and intermittent
439.15 care needs of a client as identified by the client and the individual treatment plan;

439.16 ~~(6) develop and maintain client files, individual treatment plans, and contact charting;~~

439.17 ~~(7) develop and maintain staff training and personnel files;~~

439.18 ~~(8) submit information as required by the state;~~

439.19 ~~(9)~~ (4) keep all necessary records required by law;

439.20 ~~(10) comply with all applicable laws;~~

439.21 ~~(11)~~ (5) be an enrolled Medicaid provider; and

439.22 ~~(12)~~ (6) establish and maintain a quality assurance plan to determine specific service
439.23 outcomes and the client's satisfaction with services; and.

439.24 ~~(13) develop and maintain written policies and procedures regarding service provision~~
439.25 ~~and administration of the provider entity.~~

439.26 (c) The commissioner may intervene at any time and decertify an ACT team with cause.
439.27 The commissioner shall establish a process for decertification of an ACT team and shall
439.28 require corrective action, medical assistance repayment, or decertification of an ACT team
439.29 that no longer meets the requirements in this section or that fails to meet the clinical quality
439.30 standards or administrative standards provided by the commissioner in the application and
439.31 certification process. The decertification is subject to appeal to the state.

440.1 Sec. 58. Minnesota Statutes 2020, section 256B.0622, subdivision 4, is amended to read:

440.2 Subd. 4. **Provider entity licensure and contract requirements for intensive residential**
440.3 **treatment services.** ~~(a) The intensive residential treatment services provider entity must:~~

440.4 ~~(1) be licensed under Minnesota Rules, parts 9520.0500 to 9520.0670;~~

440.5 ~~(2) not exceed 16 beds per site; and~~

440.6 ~~(3) comply with the additional standards in this section.~~

440.7 ~~(b)~~ (a) The commissioner shall develop procedures for counties and providers to submit
440.8 other documentation as needed to allow the commissioner to determine whether the standards
440.9 in this section are met.

440.10 ~~(e)~~ (b) A provider entity must specify in the provider entity's application what geographic
440.11 area and populations will be served by the proposed program. A provider entity must
440.12 document that the capacity or program specialties of existing programs are not sufficient
440.13 to meet the service needs of the target population. A provider entity must submit evidence
440.14 of ongoing relationships with other providers and levels of care to facilitate referrals to and
440.15 from the proposed program.

440.16 ~~(d)~~ (c) A provider entity must submit documentation that the provider entity requested
440.17 a statement of need from each county board and tribal authority that serves as a local mental
440.18 health authority in the proposed service area. The statement of need must specify if the local
440.19 mental health authority supports or does not support the need for the proposed program and
440.20 the basis for this determination. If a local mental health authority does not respond within
440.21 60 days of the receipt of the request, the commissioner shall determine the need for the
440.22 program based on the documentation submitted by the provider entity.

440.23 Sec. 59. Minnesota Statutes 2020, section 256B.0622, subdivision 7, is amended to read:

440.24 Subd. 7. **Assertive community treatment service standards.** (a) ACT teams must offer
440.25 and have the capacity to directly provide the following services:

440.26 (1) assertive engagement using collaborative strategies to encourage clients to receive
440.27 services;

440.28 (2) benefits and finance support that assists clients to capably manage financial affairs.
440.29 Services include but are not limited to assisting clients in applying for benefits, assisting
440.30 with redetermination of benefits, providing financial crisis management, teaching and
440.31 supporting budgeting skills and asset development, and coordinating with a client's
440.32 representative payee, if applicable;

441.1 (3) co-occurring substance use disorder treatment as defined in section 245I.02,
441.2 subdivision 11;

441.3 (4) crisis assessment and intervention;

441.4 (5) employment services that assist clients to work at jobs of the clients' choosing.
441.5 Services must follow the principles of the individual placement and support employment
441.6 model, including focusing on competitive employment, emphasizing individual client
441.7 preferences and strengths, ensuring employment services are integrated with mental health
441.8 services, conducting rapid job searches and systematic job development according to client
441.9 preferences and choices, providing benefits counseling, and offering all services in an
441.10 individualized and time-unlimited manner. Services must also include educating clients
441.11 about opportunities and benefits of work and school and assisting the client in learning job
441.12 skills, navigating the workplace, workplace accommodations, and managing work
441.13 relationships;

441.14 (6) family psychoeducation and support provided to the client's family and other natural
441.15 supports to restore and strengthen the client's unique social and family relationships. Services
441.16 include but are not limited to individualized psychoeducation about the client's illness and
441.17 the role of the family and other significant people in the therapeutic process; family
441.18 intervention to restore contact, resolve conflict, and maintain relationships with family and
441.19 other significant people in the client's life; ongoing communication and collaboration between
441.20 the ACT team and the family; introduction and referral to family self-help programs and
441.21 advocacy organizations that promote recovery and family engagement, individual supportive
441.22 counseling, parenting training, and service coordination to help clients fulfill parenting
441.23 responsibilities; coordinating services for the child and restoring relationships with children
441.24 who are not in the client's custody; and coordinating with child welfare and family agencies,
441.25 if applicable. These services must be provided with the client's agreement and consent;

441.26 (7) housing access support that assists clients to find, obtain, retain, and move to safe
441.27 and adequate housing of their choice. Housing access support includes but is not limited to
441.28 locating housing options with a focus on integrated independent settings; applying for
441.29 housing subsidies, programs, or resources; assisting the client in developing relationships
441.30 with local landlords; providing tenancy support and advocacy for the individual's tenancy
441.31 rights at the client's home; and assisting with relocation;

441.32 (8) medication assistance and support that assists clients in accessing medication,
441.33 developing the ability to take medications with greater independence, and providing

442.1 medication setup. Medication assistance and support includes assisting the client with the
442.2 prescription, administration, and ordering of medication by appropriate medical staff;

442.3 (9) medication education that educates clients on the role and effects of medications in
442.4 treating symptoms of mental illness and the side effects of medications;

442.5 (10) mental health certified peer specialists services according to section 256B.0615;

442.6 (11) physical health services to meet the physical health needs of the client to support
442.7 the client's mental health recovery. Services include but are not limited to education on
442.8 primary health and wellness issues, medication administration and monitoring, providing
442.9 and coordinating medical screening and follow-up, scheduling routine and acute medical
442.10 and dental care visits, tobacco cessation strategies, assisting clients in attending appointments,
442.11 communicating with other providers, and integrating all physical and mental health treatment;

442.12 (12) rehabilitative mental health services as defined in section 245I.02, subdivision 33;

442.13 (13) symptom management that supports clients in identifying and targeting the symptoms
442.14 and occurrence patterns of their mental illness and developing strategies to reduce the impact
442.15 of those symptoms;

442.16 (14) therapeutic interventions to address specific symptoms and behaviors such as
442.17 anxiety, psychotic symptoms, emotional dysregulation, and trauma symptoms. Interventions
442.18 include empirically supported psychotherapies including but not limited to cognitive
442.19 behavioral therapy, exposure therapy, acceptance and commitment therapy, interpersonal
442.20 therapy, and motivational interviewing;

442.21 (15) wellness self-management and prevention that includes a combination of approaches
442.22 to working with the client to build and apply skills related to recovery, and to support the
442.23 client in participating in leisure and recreational activities, civic participation, and meaningful
442.24 structure; and

442.25 (16) other services based on client needs as identified in a client's assertive community
442.26 treatment individual treatment plan.

442.27 (b) ACT teams must ensure the provision of all services necessary to meet a client's
442.28 needs as identified in the client's individual treatment plan.

442.29 Sec. 60. Minnesota Statutes 2020, section 256B.0622, subdivision 7a, is amended to read:

442.30 Subd. 7a. **Assertive community treatment team staff requirements and roles.** (a)

442.31 The required treatment staff qualifications and roles for an ACT team are:

442.32 (1) the team leader:

443.1 (i) shall be a ~~licensed mental health professional who is qualified under Minnesota Rules,~~
443.2 ~~part 9505.0371, subpart 5, item A.~~ Individuals who are not licensed but who are eligible
443.3 for licensure and are otherwise qualified may also fulfill this role but must obtain full
443.4 licensure within 24 months of assuming the role of team leader;

443.5 (ii) must be an active member of the ACT team and provide some direct services to
443.6 clients;

443.7 (iii) must be a single full-time staff member, dedicated to the ACT team, who is
443.8 responsible for overseeing the administrative operations of the team, providing ~~clinical~~
443.9 ~~oversight~~ treatment supervision of services in conjunction with the psychiatrist or psychiatric
443.10 care provider, and supervising team members to ensure delivery of best and ethical practices;
443.11 and

443.12 (iv) must be available to provide overall ~~clinical oversight~~ treatment supervision to the
443.13 ACT team after regular business hours and on weekends and holidays. The team leader may
443.14 delegate this duty to another qualified member of the ACT team;

443.15 (2) the psychiatric care provider:

443.16 (i) must be a ~~licensed psychiatrist certified by the American Board of Psychiatry and~~
443.17 ~~Neurology or eligible for board certification or certified by the American Osteopathic Board~~
443.18 ~~of Neurology and Psychiatry or eligible for board certification, or a psychiatric nurse who~~
443.19 ~~is qualified under Minnesota Rules, part 9505.0371, subpart 5, item A~~ mental health
443.20 professional permitted to prescribe psychiatric medications as part of the mental health
443.21 professional's scope of practice. The psychiatric care provider must have demonstrated
443.22 clinical experience working with individuals with serious and persistent mental illness;

443.23 (ii) shall collaborate with the team leader in sharing overall clinical responsibility for
443.24 screening and admitting clients; monitoring clients' treatment and team member service
443.25 delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects,
443.26 and health-related conditions; actively collaborating with nurses; and helping provide ~~clinical~~
443.27 treatment supervision to the team;

443.28 (iii) shall fulfill the following functions for assertive community treatment clients:
443.29 provide assessment and treatment of clients' symptoms and response to medications, including
443.30 side effects; provide brief therapy to clients; provide diagnostic and medication education
443.31 to clients, with medication decisions based on shared decision making; monitor clients'
443.32 nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and
443.33 community visits;

444.1 (iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized
444.2 for mental health treatment and shall communicate directly with the client's inpatient
444.3 psychiatric care providers to ensure continuity of care;

444.4 (v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per
444.5 50 clients. Part-time psychiatric care providers shall have designated hours to work on the
444.6 team, with sufficient blocks of time on consistent days to carry out the provider's clinical,
444.7 supervisory, and administrative responsibilities. No more than two psychiatric care providers
444.8 may share this role;

444.9 (vi) may not provide specific roles and responsibilities by telemedicine unless approved
444.10 by the commissioner; and

444.11 (vii) shall provide psychiatric backup to the program after regular business hours and
444.12 on weekends and holidays. The psychiatric care provider may delegate this duty to another
444.13 qualified psychiatric provider;

444.14 (3) the nursing staff:

444.15 (i) shall consist of one to three registered nurses or advanced practice registered nurses,
444.16 of whom at least one has a minimum of one-year experience working with adults with
444.17 serious mental illness and a working knowledge of psychiatric medications. No more than
444.18 two individuals can share a full-time equivalent position;

444.19 (ii) are responsible for managing medication, administering and documenting medication
444.20 treatment, and managing a secure medication room; and

444.21 (iii) shall develop strategies, in collaboration with clients, to maximize taking medications
444.22 as prescribed; screen and monitor clients' mental and physical health conditions and
444.23 medication side effects; engage in health promotion, prevention, and education activities;
444.24 communicate and coordinate services with other medical providers; facilitate the development
444.25 of the individual treatment plan for clients assigned; and educate the ACT team in monitoring
444.26 psychiatric and physical health symptoms and medication side effects;

444.27 (4) the co-occurring disorder specialist:

444.28 (i) shall be a full-time equivalent co-occurring disorder specialist who has received
444.29 specific training on co-occurring disorders that is consistent with national evidence-based
444.30 practices. The training must include practical knowledge of common substances and how
444.31 they affect mental illnesses, the ability to assess substance use disorders and the client's
444.32 stage of treatment, motivational interviewing, and skills necessary to provide counseling to
444.33 clients at all different stages of change and treatment. The co-occurring disorder specialist

445.1 may also be an individual who is a licensed alcohol and drug counselor as described in
445.2 section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience,
445.3 and other requirements in section 245G.11, subdivision 5. No more than two co-occurring
445.4 disorder specialists may occupy this role; and

445.5 (ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients.
445.6 The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT
445.7 team members on co-occurring disorders;

445.8 (5) the vocational specialist:

445.9 (i) shall be a full-time vocational specialist who has at least one-year experience providing
445.10 employment services or advanced education that involved field training in vocational services
445.11 to individuals with mental illness. An individual who does not meet these qualifications
445.12 may also serve as the vocational specialist upon completing a training plan approved by the
445.13 commissioner;

445.14 (ii) shall provide or facilitate the provision of vocational services to clients. The vocational
445.15 specialist serves as a consultant and educator to fellow ACT team members on these services;
445.16 and

445.17 (iii) ~~should~~ must not refer individuals to receive any type of vocational services or linkage
445.18 by providers outside of the ACT team;

445.19 (6) the mental health certified peer specialist:

445.20 (i) shall be a full-time equivalent ~~mental health certified peer specialist as defined in~~
445.21 ~~section 256B.0615~~. No more than two individuals can share this position. The mental health
445.22 certified peer specialist is a fully integrated team member who provides highly individualized
445.23 services in the community and promotes the self-determination and shared decision-making
445.24 abilities of clients. This requirement may be waived due to workforce shortages upon
445.25 approval of the commissioner;

445.26 (ii) must provide coaching, mentoring, and consultation to the clients to promote recovery,
445.27 self-advocacy, and self-direction, promote wellness management strategies, and assist clients
445.28 in developing advance directives; and

445.29 (iii) must model recovery values, attitudes, beliefs, and personal action to encourage
445.30 wellness and resilience, provide consultation to team members, promote a culture where
445.31 the clients' points of view and preferences are recognized, understood, respected, and
445.32 integrated into treatment, and serve in a manner equivalent to other team members;

446.1 (7) the program administrative assistant shall be a full-time office-based program
446.2 administrative assistant position assigned to solely work with the ACT team, providing a
446.3 range of supports to the team, clients, and families; and

446.4 (8) additional staff:

446.5 (i) shall be based on team size. Additional treatment team staff may include licensed
446.6 mental health professionals as defined in Minnesota Rules, part 9505.0371, subpart 5, item
446.7 A; clinical trainees; certified rehabilitation specialists; mental health practitioners as defined
446.8 in section 245.462, subdivision 17; a mental health practitioner working as a clinical trainee
446.9 according to Minnesota Rules, part 9505.0371, subpart 5, item C; or mental health
446.10 rehabilitation workers as defined in section 256B.0623, subdivision 5, paragraph (a), clause
446.11 (4). These individuals shall have the knowledge, skills, and abilities required by the
446.12 population served to carry out rehabilitation and support functions; and

446.13 (ii) shall be selected based on specific program needs or the population served.

446.14 (b) Each ACT team must clearly document schedules for all ACT team members.

446.15 (c) Each ACT team member must serve as a primary team member for clients assigned
446.16 by the team leader and are responsible for facilitating the individual treatment plan process
446.17 for those clients. The primary team member for a client is the responsible team member
446.18 knowledgeable about the client's life and circumstances and writes the individual treatment
446.19 plan. The primary team member provides individual supportive therapy or counseling, and
446.20 provides primary support and education to the client's family and support system.

446.21 (d) Members of the ACT team must have strong clinical skills, professional qualifications,
446.22 experience, and competency to provide a full breadth of rehabilitation services. Each staff
446.23 member shall be proficient in their respective discipline and be able to work collaboratively
446.24 as a member of a multidisciplinary team to deliver the majority of the treatment,
446.25 rehabilitation, and support services clients require to fully benefit from receiving assertive
446.26 community treatment.

446.27 (e) Each ACT team member must fulfill training requirements established by the
446.28 commissioner.

446.29 Sec. 61. Minnesota Statutes 2020, section 256B.0622, subdivision 7b, is amended to read:

446.30 Subd. 7b. **Assertive community treatment program size and opportunities.** (a) Each
446.31 ACT team shall maintain an annual average caseload that does not exceed 100 clients.
446.32 Staff-to-client ratios shall be based on team size as follows:

447.1 (1) a small ACT team must:

447.2 (i) employ at least six but no more than seven full-time treatment team staff, excluding
447.3 the program assistant and the psychiatric care provider;

447.4 (ii) serve an annual average maximum of no more than 50 clients;

447.5 (iii) ensure at least one full-time equivalent position for every eight clients served;

447.6 (iv) schedule ACT team staff for at least eight-hour shift coverage on weekdays and
447.7 on-call duty to provide crisis services and deliver services after hours when staff are not
447.8 working;

447.9 (v) provide crisis services during business hours if the small ACT team does not have
447.10 sufficient staff numbers to operate an after-hours on-call system. During all other hours,
447.11 the ACT team may arrange for coverage for crisis assessment and intervention services
447.12 through a reliable crisis-intervention provider as long as there is a mechanism by which the
447.13 ACT team communicates routinely with the crisis-intervention provider and the on-call
447.14 ACT team staff are available to see clients face-to-face when necessary or if requested by
447.15 the crisis-intervention services provider;

447.16 (vi) adjust schedules and provide staff to carry out the needed service activities in the
447.17 evenings or on weekend days or holidays, when necessary;

447.18 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
447.19 provider is not regularly scheduled to work. If availability of the ACT team's psychiatric
447.20 care provider during all hours is not feasible, alternative psychiatric prescriber backup must
447.21 be arranged and a mechanism of timely communication and coordination established in
447.22 writing; and

447.23 (viii) be composed of, at minimum, one full-time team leader, at least 16 hours each
447.24 week per 50 clients of psychiatric provider time, or equivalent if fewer clients, one full-time
447.25 equivalent nursing, one full-time ~~substance abuse~~ co-occurring disorder specialist, one
447.26 full-time equivalent mental health certified peer specialist, one full-time vocational specialist,
447.27 one full-time program assistant, and at least one additional full-time ACT team member
447.28 who has mental health professional, certified rehabilitation specialist, clinical trainee, or
447.29 mental health practitioner status; and

447.30 (2) a midsize ACT team shall:

447.31 (i) be composed of, at minimum, one full-time team leader, at least 16 hours of psychiatry
447.32 time for 51 clients, with an additional two hours for every six clients added to the team, 1.5
447.33 to two full-time equivalent nursing staff, one full-time ~~substance abuse~~ co-occurring disorder

448.1 specialist, one full-time equivalent mental health certified peer specialist, one full-time
448.2 vocational specialist, one full-time program assistant, and at least 1.5 to two additional
448.3 full-time equivalent ACT members, with at least one dedicated full-time staff member with
448.4 mental health professional status. Remaining team members may have mental health
448.5 professional, certified rehabilitation specialist, clinical trainee, or mental health practitioner
448.6 status;

448.7 (ii) employ seven or more treatment team full-time equivalents, excluding the program
448.8 assistant and the psychiatric care provider;

448.9 (iii) serve an annual average maximum caseload of 51 to 74 clients;

448.10 (iv) ensure at least one full-time equivalent position for every nine clients served;

448.11 (v) schedule ACT team staff for a minimum of ten-hour shift coverage on weekdays
448.12 and six- to eight-hour shift coverage on weekends and holidays. In addition to these minimum
448.13 specifications, staff are regularly scheduled to provide the necessary services on a
448.14 client-by-client basis in the evenings and on weekends and holidays;

448.15 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
448.16 when staff are not working;

448.17 (vii) have the authority to arrange for coverage for crisis assessment and intervention
448.18 services through a reliable crisis-intervention provider as long as there is a mechanism by
448.19 which the ACT team communicates routinely with the crisis-intervention provider and the
448.20 on-call ACT team staff are available to see clients face-to-face when necessary or if requested
448.21 by the crisis-intervention services provider; and

448.22 (viii) arrange for and provide psychiatric backup during all hours the psychiatric care
448.23 provider is not regularly scheduled to work. If availability of the psychiatric care provider
448.24 during all hours is not feasible, alternative psychiatric prescriber backup must be arranged
448.25 and a mechanism of timely communication and coordination established in writing;

448.26 (3) a large ACT team must:

448.27 (i) be composed of, at minimum, one full-time team leader, at least 32 hours each week
448.28 per 100 clients, or equivalent of psychiatry time, three full-time equivalent nursing staff,
448.29 one full-time ~~substance abuse~~ co-occurring disorder specialist, one full-time equivalent
448.30 mental health certified peer specialist, one full-time vocational specialist, one full-time
448.31 program assistant, and at least two additional full-time equivalent ACT team members, with
448.32 at least one dedicated full-time staff member with mental health professional status.

449.1 Remaining team members may have mental health professional or mental health practitioner
449.2 status;

449.3 (ii) employ nine or more treatment team full-time equivalents, excluding the program
449.4 assistant and psychiatric care provider;

449.5 (iii) serve an annual average maximum caseload of 75 to 100 clients;

449.6 (iv) ensure at least one full-time equivalent position for every nine individuals served;

449.7 (v) schedule staff to work two eight-hour shifts, with a minimum of two staff on the
449.8 second shift providing services at least 12 hours per day weekdays. For weekends and
449.9 holidays, the team must operate and schedule ACT team staff to work one eight-hour shift,
449.10 with a minimum of two staff each weekend day and every holiday;

449.11 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
449.12 when staff are not working; and

449.13 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
449.14 provider is not regularly scheduled to work. If availability of the ACT team psychiatric care
449.15 provider during all hours is not feasible, alternative psychiatric backup must be arranged
449.16 and a mechanism of timely communication and coordination established in writing.

449.17 (b) An ACT team of any size may have a staff-to-client ratio that is lower than the
449.18 requirements described in paragraph (a) upon approval by the commissioner, but may not
449.19 exceed a one-to-ten staff-to-client ratio.

449.20 Sec. 62. Minnesota Statutes 2020, section 256B.0622, subdivision 7d, is amended to read:

449.21 Subd. 7d. **Assertive community treatment assessment and individual treatment**
449.22 **plan.** (a) An initial assessment, ~~including a diagnostic assessment that meets the requirements~~
449.23 ~~of Minnesota Rules, part 9505.0372, subpart 1, and a 30-day treatment plan~~ shall be
449.24 completed the day of the client's admission to assertive community treatment by the ACT
449.25 team leader or the psychiatric care provider, with participation by designated ACT team
449.26 members and the client. The initial assessment must include obtaining or completing a
449.27 standard diagnostic assessment according to section 245I.10, subdivision 6, and completing
449.28 a 30-day individual treatment plan. The team leader, psychiatric care provider, or other
449.29 mental health professional designated by the team leader or psychiatric care provider, must
449.30 update the client's diagnostic assessment at least annually.

450.1 (b) ~~An initial~~ A functional assessment must be completed ~~within ten days of intake and~~
450.2 ~~updated every six months for assertive community treatment, or prior to discharge from the~~
450.3 ~~service, whichever comes first~~ according to section 245I.10, subdivision 9.

450.4 (c) ~~Within 30 days of the client's assertive community treatment admission, the ACT~~
450.5 ~~team shall complete an in-depth assessment of the domains listed under section 245.462,~~
450.6 ~~subdivision 11a.~~

450.7 (d) Each part of the ~~in-depth~~ functional assessment areas shall be completed by each
450.8 respective team specialist or an ACT team member with skill and knowledge in the area
450.9 being assessed. ~~The assessments are based upon all available information, including that~~
450.10 ~~from client interview family and identified natural supports, and written summaries from~~
450.11 ~~other agencies, including police, courts, county social service agencies, outpatient facilities,~~
450.12 ~~and inpatient facilities, where applicable.~~

450.13 (e) ~~(c)~~ Between 30 and 45 days after the client's admission to assertive community
450.14 treatment, the entire ACT team must hold a comprehensive case conference, where all team
450.15 members, including the psychiatric provider, present information discovered from the
450.16 completed ~~in-depth~~ assessments and provide treatment recommendations. The conference
450.17 must serve as the basis for the first ~~six-month~~ individual treatment plan, which must be
450.18 written by the primary team member.

450.19 (f) ~~(d)~~ The client's psychiatric care provider, primary team member, and individual
450.20 treatment team members shall assume responsibility for preparing the written narrative of
450.21 the results from the psychiatric and social functioning history timeline and the comprehensive
450.22 assessment.

450.23 (g) ~~(e)~~ The primary team member and individual treatment team members shall be
450.24 assigned by the team leader in collaboration with the psychiatric care provider by the time
450.25 of the first treatment planning meeting or 30 days after admission, whichever occurs first.

450.26 (h) ~~(f)~~ Individual treatment plans must be developed through the following treatment
450.27 planning process:

450.28 (1) The individual treatment plan shall be developed in collaboration with the client and
450.29 the client's preferred natural supports, and guardian, if applicable and appropriate. The ACT
450.30 team shall evaluate, together with each client, the client's needs, strengths, and preferences
450.31 and develop the individual treatment plan collaboratively. The ACT team shall make every
450.32 effort to ensure that the client and the client's family and natural supports, with the client's
450.33 consent, are in attendance at the treatment planning meeting, are involved in ongoing

451.1 meetings related to treatment, and have the necessary supports to fully participate. The
451.2 client's participation in the development of the individual treatment plan shall be documented.

451.3 (2) The client and the ACT team shall work together to formulate and prioritize the
451.4 issues, set goals, research approaches and interventions, and establish the plan. The plan is
451.5 individually tailored so that the treatment, rehabilitation, and support approaches and
451.6 interventions achieve optimum symptom reduction, help fulfill the personal needs and
451.7 aspirations of the client, take into account the cultural beliefs and realities of the individual,
451.8 and improve all the aspects of psychosocial functioning that are important to the client. The
451.9 process supports strengths, rehabilitation, and recovery.

451.10 (3) Each client's individual treatment plan shall identify service needs, strengths and
451.11 capacities, and barriers, and set specific and measurable short- and long-term goals for each
451.12 service need. The individual treatment plan must clearly specify the approaches and
451.13 interventions necessary for the client to achieve the individual goals, when the interventions
451.14 shall happen, and identify which ACT team member shall carry out the approaches and
451.15 interventions.

451.16 (4) The primary team member and the individual treatment team, together with the client
451.17 and the client's family and natural supports with the client's consent, are responsible for
451.18 reviewing and rewriting the treatment goals and individual treatment plan whenever there
451.19 is a major decision point in the client's course of treatment or at least every six months.

451.20 (5) The primary team member shall prepare a summary that thoroughly describes in
451.21 writing the client's and the individual treatment team's evaluation of the client's progress
451.22 and goal attainment, the effectiveness of the interventions, and the satisfaction with services
451.23 since the last individual treatment plan. The client's most recent diagnostic assessment must
451.24 be included with the treatment plan summary.

451.25 (6) The individual treatment plan and review must be ~~signed~~ approved or acknowledged
451.26 by the client, the primary team member, the team leader, the psychiatric care provider, and
451.27 all individual treatment team members. A copy of the ~~signed~~ approved individual treatment
451.28 plan ~~is~~ must be made available to the client.

451.29 Sec. 63. Minnesota Statutes 2020, section 256B.0623, subdivision 1, is amended to read:

451.30 Subdivision 1. **Scope.** Subject to federal approval, medical assistance covers medically
451.31 necessary adult rehabilitative mental health services as defined in subdivision 2, subject to
451.32 federal approval, if provided to recipients as defined in subdivision 3 and provided by a
451.33 qualified provider entity meeting the standards in this section and by a qualified individual

452.1 ~~provider working within the provider's scope of practice and identified in the recipient's~~
452.2 ~~individual treatment plan as defined in section 245.462, subdivision 14, and if determined~~
452.3 ~~to be medically necessary according to section 62Q.53~~ when the services are provided by
452.4 an entity meeting the standards in this section. The provider entity must make reasonable
452.5 and good faith efforts to report individual client outcomes to the commissioner, using
452.6 instruments and protocols approved by the commissioner.

452.7 Sec. 64. Minnesota Statutes 2020, section 256B.0623, subdivision 2, is amended to read:

452.8 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
452.9 given them.

452.10 (a) "Adult rehabilitative mental health services" means ~~mental health services which are~~
452.11 ~~rehabilitative and enable the recipient to develop and enhance psychiatric stability, social~~
452.12 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
452.13 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~
452.14 ~~Adult rehabilitative mental health services are also appropriate when provided to enable a~~
452.15 ~~recipient to retain stability and functioning, if the recipient would be at risk of significant~~
452.16 ~~functional decompensation or more restrictive service settings without these services~~ the
452.17 services described in section 245I.02, subdivision 33.

452.18 ~~(1) Adult rehabilitative mental health services instruct, assist, and support the recipient~~
452.19 ~~in areas such as: interpersonal communication skills, community resource utilization and~~
452.20 ~~integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting~~
452.21 ~~and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,~~
452.22 ~~transportation skills, medication education and monitoring, mental illness symptom~~
452.23 ~~management skills, household management skills, employment-related skills, parenting~~
452.24 ~~skills, and transition to community living services.~~

452.25 ~~(2) These services shall be provided to the recipient on a one-to-one basis in the recipient's~~
452.26 ~~home or another community setting or in groups.~~

452.27 (b) "Medication education services" means services provided individually or in groups
452.28 which focus on educating the recipient about mental illness and symptoms; the role and
452.29 effects of medications in treating symptoms of mental illness; and the side effects of
452.30 medications. Medication education is coordinated with medication management services
452.31 and does not duplicate it. Medication education services are provided by physicians, advanced
452.32 practice registered nurses, pharmacists, physician assistants, or registered nurses.

453.1 (c) "Transition to community living services" means services which maintain continuity
453.2 of contact between the rehabilitation services provider and the recipient and which facilitate
453.3 discharge from a hospital, residential treatment program ~~under Minnesota Rules, chapter~~
453.4 ~~9505~~, board and lodging facility, or nursing home. Transition to community living services
453.5 are not intended to provide other areas of adult rehabilitative mental health services.

453.6 Sec. 65. Minnesota Statutes 2020, section 256B.0623, subdivision 3, is amended to read:

453.7 Subd. 3. **Eligibility.** An eligible recipient is an individual who:

453.8 (1) is age 18 or older;

453.9 (2) is diagnosed with a medical condition, such as mental illness or traumatic brain
453.10 injury, for which adult rehabilitative mental health services are needed;

453.11 (3) has substantial disability and functional impairment in three or more of the areas
453.12 listed in section ~~245.462, subdivision 11a~~ 245I.10, subdivision 9, clause (4), so that
453.13 self-sufficiency is markedly reduced; and

453.14 (4) has had a recent standard diagnostic assessment ~~or an adult diagnostic assessment~~
453.15 ~~update~~ by a qualified professional that documents adult rehabilitative mental health services
453.16 are medically necessary to address identified disability and functional impairments and
453.17 individual recipient goals.

453.18 Sec. 66. Minnesota Statutes 2020, section 256B.0623, subdivision 4, is amended to read:

453.19 Subd. 4. **Provider entity standards.** (a) The provider entity must be certified by the
453.20 state following the certification process and procedures developed by the commissioner.

453.21 (b) The certification process is a determination as to whether the entity meets the standards
453.22 in this ~~subdivision~~ section and chapter 245I, as required in section 245I.011, subdivision 5.
453.23 The certification must specify which adult rehabilitative mental health services the entity
453.24 is qualified to provide.

453.25 (c) A noncounty provider entity must obtain additional certification from each county
453.26 in which it will provide services. The additional certification must be based on the adequacy
453.27 of the entity's knowledge of that county's local health and human service system, and the
453.28 ability of the entity to coordinate its services with the other services available in that county.
453.29 A county-operated entity must obtain this additional certification from any other county in
453.30 which it will provide services.

453.31 (d) State-level recertification must occur at least every three years.

454.1 (e) The commissioner may intervene at any time and decertify providers with cause.
454.2 The decertification is subject to appeal to the state. A county board may recommend that
454.3 the state decertify a provider for cause.

454.4 (f) The adult rehabilitative mental health services provider entity must meet the following
454.5 standards:

454.6 (1) have capacity to recruit, hire, manage, and train ~~mental health professionals, mental~~
454.7 ~~health practitioners, and mental health rehabilitation workers~~ qualified staff;

454.8 (2) have adequate administrative ability to ensure availability of services;

454.9 ~~(3) ensure adequate preservice and inservice and ongoing training for staff;~~

454.10 ~~(4)~~ (3) ensure that ~~mental health professionals, mental health practitioners, and mental~~
454.11 ~~health rehabilitation workers~~ staff are skilled in the delivery of the specific adult rehabilitative
454.12 mental health services provided to the individual eligible recipient;

454.13 ~~(5) ensure that staff is capable of implementing culturally specific services that are~~
454.14 ~~culturally competent and appropriate as determined by the recipient's culture, beliefs, values,~~
454.15 ~~and language as identified in the individual treatment plan;~~

454.16 ~~(6)~~ (4) ensure enough flexibility in service delivery to respond to the changing and
454.17 intermittent care needs of a recipient as identified by the recipient and the individual treatment
454.18 plan;

454.19 ~~(7) ensure that the mental health professional or mental health practitioner, who is under~~
454.20 ~~the clinical supervision of a mental health professional, involved in a recipient's services~~
454.21 ~~participates in the development of the individual treatment plan;~~

454.22 ~~(8)~~ (5) assist the recipient in arranging needed crisis assessment, intervention, and
454.23 stabilization services;

454.24 ~~(9)~~ (6) ensure that services are coordinated with other recipient mental health services
454.25 providers and the county mental health authority and the federally recognized American
454.26 Indian authority and necessary others after obtaining the consent of the recipient. Services
454.27 must also be coordinated with the recipient's case manager or care coordinator if the recipient
454.28 is receiving case management or care coordination services;

454.29 ~~(10) develop and maintain recipient files, individual treatment plans, and contact charting;~~

454.30 ~~(11) develop and maintain staff training and personnel files;~~

454.31 ~~(12) submit information as required by the state;~~

455.1 ~~(13) establish and maintain a quality assurance plan to evaluate the outcome of services~~
 455.2 ~~provided;~~

455.3 ~~(14)~~ (7) keep all necessary records required by law;

455.4 ~~(15)~~ (8) deliver services as required by section 245.461;

455.5 ~~(16) comply with all applicable laws;~~

455.6 ~~(17)~~ (9) be an enrolled Medicaid provider; and

455.7 ~~(18)~~ (10) maintain a quality assurance plan to determine specific service outcomes and
 455.8 the recipient's satisfaction with services; and.

455.9 ~~(19) develop and maintain written policies and procedures regarding service provision~~
 455.10 ~~and administration of the provider entity.~~

455.11 Sec. 67. Minnesota Statutes 2020, section 256B.0623, subdivision 5, is amended to read:

455.12 Subd. 5. **Qualifications of provider staff.** ~~(a)~~ Adult rehabilitative mental health services
 455.13 must be provided by qualified individual provider staff of a certified provider entity.

455.14 Individual provider staff must be qualified ~~under one of the following criteria~~ as:

455.15 ~~(1) a mental health professional as defined in section 245.462, subdivision 18, clauses~~
 455.16 ~~(1) to (6). If the recipient has a current diagnostic assessment by a licensed mental health~~
 455.17 ~~professional as defined in section 245.462, subdivision 18, clauses (1) to (6), recommending~~
 455.18 ~~receipt of adult mental health rehabilitative services, the definition of mental health~~
 455.19 ~~professional for purposes of this section includes a person who is qualified under section~~
 455.20 ~~245.462, subdivision 18, clause (7), and who holds a current and valid national certification~~
 455.21 ~~as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner~~
 455.22 who is qualified according to section 245I.04, subdivision 2;

455.23 ~~(2) a certified rehabilitation specialist who is qualified according to section 245I.04,~~
 455.24 subdivision 8;

455.25 ~~(3) a clinical trainee who is qualified according to section 245I.04, subdivision 6;~~

455.26 ~~(4) a mental health practitioner as defined in section 245.462, subdivision 17. The mental~~
 455.27 ~~health practitioner must work under the clinical supervision of a mental health professional~~
 455.28 qualified according to section 245I.04, subdivision 4;

455.29 ~~(3)~~ (5) a mental health certified peer specialist ~~under section 256B.0615. The certified~~
 455.30 ~~peer specialist must work under the clinical supervision of a mental health professional~~ who
 455.31 is qualified according to section 245I.04, subdivision 10; or

456.1 ~~(4) (6) a mental health rehabilitation worker who is qualified according to section 245I.04,~~
456.2 ~~subdivision 14. A mental health rehabilitation worker means a staff person working under~~
456.3 ~~the direction of a mental health practitioner or mental health professional and under the~~
456.4 ~~clinical supervision of a mental health professional in the implementation of rehabilitative~~
456.5 ~~mental health services as identified in the recipient's individual treatment plan who:~~

456.6 ~~(i) is at least 21 years of age;~~

456.7 ~~(ii) has a high school diploma or equivalent;~~

456.8 ~~(iii) has successfully completed 30 hours of training during the two years immediately~~
456.9 ~~prior to the date of hire, or before provision of direct services, in all of the following areas:~~
456.10 ~~recovery from mental illness, mental health de-escalation techniques, recipient rights,~~
456.11 ~~recipient-centered individual treatment planning, behavioral terminology, mental illness,~~
456.12 ~~co-occurring mental illness and substance abuse, psychotropic medications and side effects,~~
456.13 ~~functional assessment, local community resources, adult vulnerability, recipient~~
456.14 ~~confidentiality; and~~

456.15 ~~(iv) meets the qualifications in paragraph (b).~~

456.16 ~~(b) In addition to the requirements in paragraph (a), a mental health rehabilitation worker~~
456.17 ~~must also meet the qualifications in clause (1), (2), or (3):~~

456.18 ~~(1) has an associates of arts degree, two years of full-time postsecondary education, or~~
456.19 ~~a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields; is~~
456.20 ~~a registered nurse; or within the previous ten years has:~~

456.21 ~~(i) three years of personal life experience with serious mental illness;~~

456.22 ~~(ii) three years of life experience as a primary caregiver to an adult with a serious mental~~
456.23 ~~illness, traumatic brain injury, substance use disorder, or developmental disability; or~~

456.24 ~~(iii) 2,000 hours of supervised work experience in the delivery of mental health services~~
456.25 ~~to adults with a serious mental illness, traumatic brain injury, substance use disorder, or~~
456.26 ~~developmental disability;~~

456.27 ~~(2)(i) is fluent in the non-English language or competent in the culture of the ethnic~~
456.28 ~~group to which at least 20 percent of the mental health rehabilitation worker's clients belong;~~

456.29 ~~(ii) receives during the first 2,000 hours of work, monthly documented individual clinical~~
456.30 ~~supervision by a mental health professional;~~

457.1 ~~(iii) has 18 hours of documented field supervision by a mental health professional or~~
457.2 ~~mental health practitioner during the first 160 hours of contact work with recipients, and at~~
457.3 ~~least six hours of field supervision quarterly during the following year;~~

457.4 ~~(iv) has review and cosignature of charting of recipient contacts during field supervision~~
457.5 ~~by a mental health professional or mental health practitioner; and~~

457.6 ~~(v) has 15 hours of additional continuing education on mental health topics during the~~
457.7 ~~first year of employment and 15 hours during every additional year of employment; or~~

457.8 ~~(3) for providers of crisis residential services, intensive residential treatment services,~~
457.9 ~~partial hospitalization, and day treatment services:~~

457.10 ~~(i) satisfies clause (2), items (ii) to (iv); and~~

457.11 ~~(ii) has 40 hours of additional continuing education on mental health topics during the~~
457.12 ~~first year of employment.~~

457.13 ~~(c) A mental health rehabilitation worker who solely acts and is scheduled as overnight~~
457.14 ~~staff is not required to comply with paragraph (a), clause (4), item (iv).~~

457.15 ~~(d) For purposes of this subdivision, "behavioral sciences or related fields" means an~~
457.16 ~~education from an accredited college or university and includes but is not limited to social~~
457.17 ~~work, psychology, sociology, community counseling, family social science, child~~
457.18 ~~development, child psychology, community mental health, addiction counseling, counseling~~
457.19 ~~and guidance, special education, and other fields as approved by the commissioner.~~

457.20 Sec. 68. Minnesota Statutes 2020, section 256B.0623, subdivision 6, is amended to read:

457.21 **Subd. 6. Required training and supervision.** ~~(a) Mental health rehabilitation workers~~
457.22 ~~must receive ongoing continuing education training of at least 30 hours every two years in~~
457.23 ~~areas of mental illness and mental health services and other areas specific to the population~~
457.24 ~~being served. Mental health rehabilitation workers must also be subject to the ongoing~~
457.25 ~~direction and clinical supervision standards in paragraphs (c) and (d).~~

457.26 ~~(b) Mental health practitioners must receive ongoing continuing education training as~~
457.27 ~~required by their professional license; or if the practitioner is not licensed, the practitioner~~
457.28 ~~must receive ongoing continuing education training of at least 30 hours every two years in~~
457.29 ~~areas of mental illness and mental health services. Mental health practitioners must meet~~
457.30 ~~the ongoing clinical supervision standards in paragraph (c).~~

457.31 ~~(c) Clinical supervision may be provided by a full- or part-time qualified professional~~
457.32 ~~employed by or under contract with the provider entity. Clinical supervision may be provided~~

- 458.1 ~~by interactive videoconferencing according to procedures developed by the commissioner.~~
458.2 ~~A mental health professional providing clinical supervision of staff delivering adult~~
458.3 ~~rehabilitative mental health services must provide the following guidancee:~~
- 458.4 ~~(1) review the information in the recipient's file;~~
458.5 ~~(2) review and approve initial and updates of individual treatment plans;~~
- 458.6 ~~(a) A treatment supervisor providing treatment supervision required by section 245I.06~~
458.7 ~~must:~~
- 458.8 ~~(3) (1) meet with mental health rehabilitation workers and practitioners, individually or~~
458.9 ~~in small groups, staff receiving treatment supervision at least monthly to discuss treatment~~
458.10 ~~topics of interest to the workers and practitioners;~~
- 458.11 ~~(4) meet with mental health rehabilitation workers and practitioners, individually or in~~
458.12 ~~small groups, at least monthly to discuss and treatment plans of recipients, and approve by~~
458.13 ~~signature and document in the recipient's file any resulting plan updates; and~~
- 458.14 ~~(5) (2) meet at least monthly with the directing clinical trainee or mental health~~
458.15 ~~practitioner, if there is one, to review needs of the adult rehabilitative mental health services~~
458.16 ~~program, review staff on-site observations and evaluate mental health rehabilitation workers,~~
458.17 ~~plan staff training, review program evaluation and development, and consult with the~~
458.18 ~~directing clinical trainee or mental health practitioner; and.~~
- 458.19 ~~(6) be available for urgent consultation as the individual recipient needs or the situation~~
458.20 ~~necessitates.~~
- 458.21 ~~(d) (b) An adult rehabilitative mental health services provider entity must have a treatment~~
458.22 ~~director who is a mental health practitioner or mental health professional clinical trainee,~~
458.23 ~~certified rehabilitation specialist, or mental health practitioner. The treatment director must~~
458.24 ~~ensure the following:~~
- 458.25 ~~(1) while delivering direct services to recipients, a newly hired mental health rehabilitation~~
458.26 ~~worker must be directly observed delivering services to recipients by a mental health~~
458.27 ~~practitioner or mental health professional for at least six hours per 40 hours worked during~~
458.28 ~~the first 160 hours that the mental health rehabilitation worker works ensure the direct~~
458.29 ~~observation of mental health rehabilitation workers required by section 245I.06, subdivision~~
458.30 ~~3, is provided;~~
- 458.31 ~~(2) the mental health rehabilitation worker must receive ongoing on-site direct service~~
458.32 ~~observation by a mental health professional or mental health practitioner for at least six~~
458.33 ~~hours for every six months of employment;~~

459.1 ~~(3) progress notes are reviewed from on-site service observation prepared by the mental~~
 459.2 ~~health rehabilitation worker and mental health practitioner for accuracy and consistency~~
 459.3 ~~with actual recipient contact and the individual treatment plan and goals;~~

459.4 ~~(4) (2) ensure~~ immediate availability by phone or in person for consultation by a mental
 459.5 health professional, certified rehabilitation specialist, clinical trainee, or a mental health
 459.6 practitioner to the mental health rehabilitation ~~services~~ worker during service provision;

459.7 ~~(5) oversee the identification of changes in individual recipient treatment strategies,~~
 459.8 ~~revise the plan, and communicate treatment instructions and methodologies as appropriate~~
 459.9 ~~to ensure that treatment is implemented correctly;~~

459.10 ~~(6) (3) model~~ service practices which: respect the recipient, include the recipient in
 459.11 planning and implementation of the individual treatment plan, recognize the recipient's
 459.12 strengths, collaborate and coordinate with other involved parties and providers;

459.13 ~~(7) (4) ensure that~~ clinical trainees, mental health practitioners, and mental health
 459.14 rehabilitation workers are able to effectively communicate with the recipients, significant
 459.15 others, and providers; and

459.16 ~~(8) (5) oversee the record of the results of on-site direct observation and charting, progress~~
 459.17 ~~note evaluation, and corrective actions taken to modify the work of the~~ clinical trainees,
 459.18 mental health practitioners, and mental health rehabilitation workers.

459.19 ~~(e) (c) A~~ clinical trainee or mental health practitioner who is providing treatment direction
 459.20 for a provider entity must receive treatment supervision at least monthly ~~from a mental~~
 459.21 ~~health professional~~ to:

459.22 (1) identify and plan for general needs of the recipient population served;

459.23 (2) identify and plan to address provider entity program needs and effectiveness;

459.24 (3) identify and plan provider entity staff training and personnel needs and issues; and

459.25 (4) plan, implement, and evaluate provider entity quality improvement programs.

459.26 Sec. 69. Minnesota Statutes 2020, section 256B.0623, subdivision 9, is amended to read:

459.27 Subd. 9. **Functional assessment.** (a) Providers of adult rehabilitative mental health
 459.28 services must complete a written functional assessment ~~as defined in section 245.462,~~
 459.29 ~~subdivision 11a~~ according to section 245I.10, subdivision 9, for each recipient. ~~The functional~~
 459.30 ~~assessment must be completed within 30 days of intake, and reviewed and updated at least~~
 459.31 ~~every six months after it is developed, unless there is a significant change in the functioning~~
 459.32 ~~of the recipient. If there is a significant change in functioning, the assessment must be~~

460.1 ~~updated. A single functional assessment can meet case management and adult rehabilitative~~
460.2 ~~mental health services requirements if agreed to by the recipient. Unless the recipient refuses,~~
460.3 ~~the recipient must have significant participation in the development of the functional~~
460.4 ~~assessment.~~

460.5 (b) When a provider of adult rehabilitative mental health services completes a written
460.6 functional assessment, the provider must also complete a level of care assessment as defined
460.7 in section 245I.02, subdivision 19, for the recipient.

460.8 Sec. 70. Minnesota Statutes 2020, section 256B.0623, subdivision 12, is amended to read:

460.9 Subd. 12. **Additional requirements.** (a) Providers of adult rehabilitative mental health
460.10 services must comply with the requirements relating to referrals for case management in
460.11 section 245.467, subdivision 4.

460.12 (b) Adult rehabilitative mental health services are provided for most recipients in the
460.13 recipient's home and community. Services may also be provided at the home of a relative
460.14 or significant other, job site, psychosocial clubhouse, drop-in center, social setting, classroom,
460.15 or other places in the community. Except for "transition to community services," the place
460.16 of service does not include a regional treatment center, nursing home, residential treatment
460.17 facility licensed under Minnesota Rules, parts 9520.0500 to 9520.0670 (Rule 36), or section
460.18 245I.23, or an acute care hospital.

460.19 (c) Adult rehabilitative mental health services may be provided in group settings if
460.20 appropriate to each participating recipient's needs and individual treatment plan. A group
460.21 is defined as two to ten clients, at least one of whom is a recipient, who is concurrently
460.22 receiving a service which is identified in this section. The service and group must be specified
460.23 in the recipient's individual treatment plan. No more than two qualified staff may bill
460.24 Medicaid for services provided to the same group of recipients. If two adult rehabilitative
460.25 mental health workers bill for recipients in the same group session, they must each bill for
460.26 different recipients.

460.27 (d) Adult rehabilitative mental health services are appropriate if provided to enable a
460.28 recipient to retain stability and functioning, when the recipient is at risk of significant
460.29 functional decompensation or requiring more restrictive service settings without these
460.30 services.

460.31 (e) Adult rehabilitative mental health services instruct, assist, and support the recipient
460.32 in areas including: interpersonal communication skills, community resource utilization and
460.33 integration skills, crisis planning, relapse prevention skills, health care directives, budgeting

461.1 and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,
461.2 transportation skills, medication education and monitoring, mental illness symptom
461.3 management skills, household management skills, employment-related skills, parenting
461.4 skills, and transition to community living services.

461.5 (f) Community intervention, including consultation with relatives, guardians, friends,
461.6 employers, treatment providers, and other significant individuals, is appropriate when
461.7 directed exclusively to the treatment of the client.

461.8 Sec. 71. Minnesota Statutes 2020, section 256B.0625, subdivision 3b, is amended to read:

461.9 **Subd. 3b. Telemedicine services.** (a) Medical assistance covers medically necessary
461.10 services and consultations delivered by a licensed health care provider via telemedicine in
461.11 the same manner as if the service or consultation was delivered in person. Coverage is
461.12 limited to three telemedicine services per enrollee per calendar week, except as provided
461.13 in paragraph (f). Telemedicine services shall be paid at the full allowable rate.

461.14 (b) The commissioner shall establish criteria that a health care provider must attest to
461.15 in order to demonstrate the safety or efficacy of delivering a particular service via
461.16 telemedicine. The attestation may include that the health care provider:

461.17 (1) has identified the categories or types of services the health care provider will provide
461.18 via telemedicine;

461.19 (2) has written policies and procedures specific to telemedicine services that are regularly
461.20 reviewed and updated;

461.21 (3) has policies and procedures that adequately address patient safety before, during,
461.22 and after the telemedicine service is rendered;

461.23 (4) has established protocols addressing how and when to discontinue telemedicine
461.24 services; and

461.25 (5) has an established quality assurance process related to telemedicine services.

461.26 (c) As a condition of payment, a licensed health care provider must document each
461.27 occurrence of a health service provided by telemedicine to a medical assistance enrollee.
461.28 Health care service records for services provided by telemedicine must meet the requirements
461.29 set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must document:

461.30 (1) the type of service provided by telemedicine;

461.31 (2) the time the service began and the time the service ended, including an a.m. and p.m.
461.32 designation;

462.1 (3) the licensed health care provider's basis for determining that telemedicine is an
462.2 appropriate and effective means for delivering the service to the enrollee;

462.3 (4) the mode of transmission of the telemedicine service and records evidencing that a
462.4 particular mode of transmission was utilized;

462.5 (5) the location of the originating site and the distant site;

462.6 (6) if the claim for payment is based on a physician's telemedicine consultation with
462.7 another physician, the written opinion from the consulting physician providing the
462.8 telemedicine consultation; and

462.9 (7) compliance with the criteria attested to by the health care provider in accordance
462.10 with paragraph (b).

462.11 (d) For purposes of this subdivision, unless otherwise covered under this chapter,
462.12 "telemedicine" is defined as the delivery of health care services or consultations while the
462.13 patient is at an originating site and the licensed health care provider is at a distant site. A
462.14 communication between licensed health care providers, or a licensed health care provider
462.15 and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission
462.16 does not constitute telemedicine consultations or services. Telemedicine may be provided
462.17 by means of real-time two-way, interactive audio and visual communications, including the
462.18 application of secure video conferencing or store-and-forward technology to provide or
462.19 support health care delivery, which facilitate the assessment, diagnosis, consultation,
462.20 treatment, education, and care management of a patient's health care.

462.21 (e) For purposes of this section, "licensed health care provider" means a licensed health
462.22 care provider under section 62A.671, subdivision 6, a community paramedic as defined
462.23 under section 144E.001, subdivision 5f, ~~or a clinical trainee who is qualified according to~~
462.24 section 245I.04, subdivision 6, a mental health practitioner defined under section 245.462,
462.25 ~~subdivision 17, or 245.4871, subdivision 26, working under the general supervision of a~~
462.26 mental health professional qualified according to section 245I.04, subdivision 4, and a
462.27 community health worker who meets the criteria under subdivision 49, paragraph (a); "health
462.28 care provider" is defined under section 62A.671, subdivision 3; and "originating site" is
462.29 defined under section 62A.671, subdivision 7.

462.30 (f) The limit on coverage of three telemedicine services per enrollee per calendar week
462.31 does not apply if:

462.32 (1) the telemedicine services provided by the licensed health care provider are for the
462.33 treatment and control of tuberculosis; and

463.1 (2) the services are provided in a manner consistent with the recommendations and best
463.2 practices specified by the Centers for Disease Control and Prevention and the commissioner
463.3 of health.

463.4 Sec. 72. Minnesota Statutes 2020, section 256B.0625, subdivision 5, is amended to read:

463.5 Subd. 5. **Community mental health center services.** Medical assistance covers
463.6 community mental health center services provided by a community mental health center
463.7 that meets the requirements in paragraphs (a) to (j).

463.8 (a) ~~The provider is licensed under Minnesota Rules, parts 9520.0750 to 9520.0870~~ must
463.9 be certified as a mental health clinic under section 245I.20.

463.10 (b) ~~The provider provides mental health services under the clinical supervision of a~~
463.11 ~~mental health professional who is licensed for independent practice at the doctoral level or~~
463.12 ~~by a board-certified psychiatrist~~ In addition to the policies and procedures required by
463.13 section 245I.03, the provider must establish, enforce, and maintain the policies and procedures
463.14 for oversight of clinical services by a doctoral level psychologist or a board certified or
463.15 board eligible psychiatrist who is eligible for board certification. Clinical supervision has
463.16 ~~the meaning given in Minnesota Rules, part 9505.0370, subpart 6.~~ These policies and
463.17 procedures must be developed with the involvement of a doctoral level psychologist and a
463.18 board certified or board eligible psychiatrist, and must include:

463.19 (1) requirements for when to seek clinical consultation with a doctoral level psychologist
463.20 or a board certified or board eligible psychiatrist;

463.21 (2) requirements for the involvement of a doctoral level psychologist or a board certified
463.22 or board eligible psychiatrist in the direction of clinical services; and

463.23 (3) involvement of a doctoral level psychologist or a board certified or board eligible
463.24 psychiatrist in quality improvement initiatives and review as part of a multidisciplinary care
463.25 team.

463.26 (c) The provider must be a private nonprofit corporation or a governmental agency and
463.27 have a community board of directors as specified by section 245.66.

463.28 (d) The provider must have a sliding fee scale that meets the requirements in section
463.29 245.481, and agree to serve within the limits of its capacity all individuals residing in its
463.30 service delivery area.

463.31 (e) At a minimum, the provider must provide the following outpatient mental health
463.32 services: diagnostic assessment; explanation of findings; family, group, and individual

464.1 psychotherapy, including crisis intervention psychotherapy services, ~~multiple family group~~
464.2 ~~psychotherapy~~, psychological testing, and medication management. In addition, the provider
464.3 must provide or be capable of providing upon request of the local mental health authority
464.4 day treatment services, multiple family group psychotherapy, and professional home-based
464.5 mental health services. The provider must have the capacity to provide such services to
464.6 specialized populations such as the elderly, families with children, persons who are seriously
464.7 and persistently mentally ill, and children who are seriously emotionally disturbed.

464.8 (f) The provider must be capable of providing the services specified in paragraph (e) to
464.9 individuals who are ~~diagnosed with both~~ dually diagnosed with mental illness or emotional
464.10 disturbance, and ~~chemical dependency~~ substance use disorder, and to individuals who are
464.11 dually diagnosed with a mental illness or emotional disturbance and developmental disability.

464.12 (g) The provider must provide 24-hour emergency care services or demonstrate the
464.13 capacity to assist recipients in need of such services to access such services on a 24-hour
464.14 basis.

464.15 (h) The provider must have a contract with the local mental health authority to provide
464.16 one or more of the services specified in paragraph (e).

464.17 (i) The provider must agree, upon request of the local mental health authority, to enter
464.18 into a contract with the county to provide mental health services not reimbursable under
464.19 the medical assistance program.

464.20 (j) The provider may not be enrolled with the medical assistance program as both a
464.21 hospital and a community mental health center. The community mental health center's
464.22 administrative, organizational, and financial structure must be separate and distinct from
464.23 that of the hospital.

464.24 (k) The commissioner may require the provider to annually attest that the provider meets
464.25 the requirements in this subdivision using a form that the commissioner provides.

464.26 **EFFECTIVE DATE.** Paragraphs (b), (e), (f), and (k) are effective the day following
464.27 final enactment.

464.28 Sec. 73. Minnesota Statutes 2020, section 256B.0625, subdivision 19c, is amended to
464.29 read:

464.30 Subd. 19c. **Personal care.** Medical assistance covers personal care assistance services
464.31 provided by an individual who is qualified to provide the services according to subdivision
464.32 19a and sections 256B.0651 to 256B.0654, provided in accordance with a plan, and
464.33 supervised by a qualified professional.

465.1 "Qualified professional" means a mental health professional ~~as defined in section 245.462,~~
465.2 ~~subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6);~~ a registered
465.3 nurse as defined in sections 148.171 to 148.285, a licensed social worker as defined in
465.4 sections 148E.010 and 148E.055, or a qualified designated coordinator under section
465.5 245D.081, subdivision 2. The qualified professional shall perform the duties required in
465.6 section 256B.0659.

465.7 Sec. 74. Minnesota Statutes 2020, section 256B.0625, subdivision 28a, is amended to
465.8 read:

465.9 Subd. 28a. **Licensed physician assistant services.** (a) Medical assistance covers services
465.10 performed by a licensed physician assistant if the service is otherwise covered under this
465.11 chapter as a physician service and if the service is within the scope of practice of a licensed
465.12 physician assistant as defined in section 147A.09.

465.13 (b) Licensed physician assistants, who are supervised by a physician certified by the
465.14 American Board of Psychiatry and Neurology or eligible for board certification in psychiatry,
465.15 may bill for medication management and evaluation and management services provided to
465.16 medical assistance enrollees in inpatient hospital settings, and in outpatient settings after
465.17 the licensed physician assistant completes 2,000 hours of clinical experience in the evaluation
465.18 and treatment of mental health, consistent with their authorized scope of practice, as defined
465.19 in section 147A.09, with the exception of performing psychotherapy or diagnostic
465.20 assessments or providing ~~clinical~~ treatment supervision.

465.21 Sec. 75. Minnesota Statutes 2020, section 256B.0625, subdivision 42, is amended to read:

465.22 Subd. 42. **Mental health professional.** Notwithstanding Minnesota Rules, part
465.23 9505.0175, subpart 28, the definition of a mental health professional ~~shall include a person~~
465.24 ~~who is qualified as specified in~~ according to section ~~245.462, subdivision 18, clauses (1) to~~
465.25 ~~(6); or 245.4871, subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2, for the purpose
465.26 of this section and Minnesota Rules, parts 9505.0170 to 9505.0475.

465.27 Sec. 76. Minnesota Statutes 2020, section 256B.0625, subdivision 48, is amended to read:

465.28 Subd. 48. **Psychiatric consultation to primary care practitioners.** Medical assistance
465.29 covers consultation provided by a ~~psychiatrist, a psychologist, an advanced practice registered~~
465.30 ~~nurse certified in psychiatric mental health, a licensed independent clinical social worker,~~
465.31 ~~as defined in section 245.462, subdivision 18, clause (2), or a licensed marriage and family~~
465.32 ~~therapist, as defined in section 245.462, subdivision 18, clause (5)~~ mental health professional

466.1 qualified according to section 245I.04, subdivision 2, except a licensed professional clinical
466.2 counselor licensed under section 148B.5301, via telephone, e-mail, facsimile, or other means
466.3 of communication to primary care practitioners, including pediatricians. The need for
466.4 consultation and the receipt of the consultation must be documented in the patient record
466.5 maintained by the primary care practitioner. If the patient consents, and subject to federal
466.6 limitations and data privacy provisions, the consultation may be provided without the patient
466.7 present.

466.8 Sec. 77. Minnesota Statutes 2020, section 256B.0625, subdivision 49, is amended to read:

466.9 Subd. 49. **Community health worker.** (a) Medical assistance covers the care
466.10 coordination and patient education services provided by a community health worker if the
466.11 community health worker has:

466.12 ~~(1) received a certificate from the Minnesota State Colleges and Universities System~~
466.13 ~~approved community health worker curriculum; or~~

466.14 ~~(2) at least five years of supervised experience with an enrolled physician, registered~~
466.15 ~~nurse, advanced practice registered nurse, mental health professional as defined in section~~
466.16 ~~245.462, subdivision 18, clauses (1) to (6), and section 245.4871, subdivision 27, clauses~~
466.17 ~~(1) to (5), or dentist, or at least five years of supervised experience by a certified public~~
466.18 ~~health nurse operating under the direct authority of an enrolled unit of government.~~

466.19 ~~Community health workers eligible for payment under clause (2) must complete the~~
466.20 ~~certification program by January 1, 2010, to continue to be eligible for payment.~~

466.21 (b) Community health workers must work under the supervision of a medical assistance
466.22 enrolled physician, registered nurse, advanced practice registered nurse, mental health
466.23 professional as defined in section 245.462, subdivision 18, clauses (1) to (6), and section
466.24 245.4871, subdivision 27, clauses (1) to (5), or dentist, or work under the supervision of a
466.25 certified public health nurse operating under the direct authority of an enrolled unit of
466.26 government.

466.27 (c) Care coordination and patient education services covered under this subdivision
466.28 include, but are not limited to, services relating to oral health and dental care.

467.1 Sec. 78. Minnesota Statutes 2020, section 256B.0625, subdivision 56a, is amended to
467.2 read:

467.3 Subd. 56a. **Officer-involved community-based care coordination.** (a) Medical
467.4 assistance covers officer-involved community-based care coordination for an individual
467.5 who:

467.6 (1) has screened positive for benefiting from treatment for a mental illness or substance
467.7 use disorder using a tool approved by the commissioner;

467.8 (2) does not require the security of a public detention facility and is not considered an
467.9 inmate of a public institution as defined in Code of Federal Regulations, title 42, section
467.10 435.1010;

467.11 (3) meets the eligibility requirements in section 256B.056; and

467.12 (4) has agreed to participate in officer-involved community-based care coordination.

467.13 (b) Officer-involved community-based care coordination means navigating services to
467.14 address a client's mental health, chemical health, social, economic, and housing needs, or
467.15 any other activity targeted at reducing the incidence of jail utilization and connecting
467.16 individuals with existing covered services available to them, including, but not limited to,
467.17 targeted case management, waiver case management, or care coordination.

467.18 (c) Officer-involved community-based care coordination must be provided by an
467.19 individual who is an employee of or is under contract with a county, or is an employee of
467.20 or under contract with an Indian health service facility or facility owned and operated by a
467.21 tribe or a tribal organization operating under Public Law 93-638 as a 638 facility to provide
467.22 officer-involved community-based care coordination and is qualified under one of the
467.23 following criteria:

467.24 (1) a ~~licensed~~ mental health professional as ~~defined in section 245.462, subdivision 18,~~
467.25 ~~clauses (1) to (6);~~

467.26 (2) a clinical trainee qualified according to section 245I.04, subdivision 6, working under
467.27 the treatment supervision of a mental health professional according to section 245I.06;

467.28 (3) a mental health practitioner as defined in section 245.462, subdivision 17 qualified
467.29 according to section 245I.04, subdivision 4, working under the ~~clinical~~ treatment supervision
467.30 of a mental health professional according to section 245I.06;

468.1 ~~(3)~~ (4) a mental health certified peer specialist ~~under section 256B.0615~~ qualified
468.2 according to section 245I.04, subdivision 10, working under the clinical treatment supervision
468.3 of a mental health professional according to section 245I.06;

468.4 (4) an individual qualified as an alcohol and drug counselor under section 245G.11,
468.5 subdivision 5; or

468.6 (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the
468.7 supervision of an individual qualified as an alcohol and drug counselor under section
468.8 245G.11, subdivision 5.

468.9 (d) Reimbursement is allowed for up to 60 days following the initial determination of
468.10 eligibility.

468.11 (e) Providers of officer-involved community-based care coordination shall annually
468.12 report to the commissioner on the number of individuals served, and number of the
468.13 community-based services that were accessed by recipients. The commissioner shall ensure
468.14 that services and payments provided under officer-involved community-based care
468.15 coordination do not duplicate services or payments provided under section 256B.0625,
468.16 subdivision 20, 256B.0753, 256B.0755, or 256B.0757.

468.17 (f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for
468.18 officer-involved community-based care coordination services shall be provided by the
468.19 county providing the services, from sources other than federal funds or funds used to match
468.20 other federal funds.

468.21 Sec. 79. Minnesota Statutes 2020, section 256B.0757, subdivision 4c, is amended to read:

468.22 Subd. 4c. **Behavioral health home services staff qualifications.** (a) A behavioral health
468.23 home services provider must maintain staff with required professional qualifications
468.24 appropriate to the setting.

468.25 (b) If behavioral health home services are offered in a mental health setting, the
468.26 integration specialist must be a registered nurse licensed under the Minnesota Nurse Practice
468.27 Act, sections 148.171 to 148.285.

468.28 (c) If behavioral health home services are offered in a primary care setting, the integration
468.29 specialist must be a mental health professional ~~as defined in~~ who is qualified according to
468.30 ~~section 245.462, subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1)~~
468.31 ~~to (6)~~ 245I.04, subdivision 2.

469.1 (d) If behavioral health home services are offered in either a primary care setting or
469.2 mental health setting, the systems navigator must be a mental health practitioner ~~as defined~~
469.3 ~~in~~ who is qualified according to section 245.462, subdivision 17 245I.04, subdivision 4, or
469.4 a community health worker as defined in section 256B.0625, subdivision 49.

469.5 (e) If behavioral health home services are offered in either a primary care setting or
469.6 mental health setting, the qualified health home specialist must be one of the following:

469.7 (1) a mental health certified peer support specialist as defined in who is qualified
469.8 according to section 256B.0615 245I.04, subdivision 10;

469.9 (2) a mental health certified family peer support specialist as defined in who is qualified
469.10 according to section 256B.0616 245I.04, subdivision 12;

469.11 (3) a case management associate as defined in section 245.462, subdivision 4, paragraph
469.12 (g), or 245.4871, subdivision 4, paragraph (j);

469.13 (4) a mental health rehabilitation worker ~~as defined in~~ who is qualified according to
469.14 section 256B.0623, subdivision 5, clause (4) 245I.04, subdivision 14;

469.15 (5) a community paramedic as defined in section 144E.28, subdivision 9;

469.16 (6) a peer recovery specialist as defined in section 245G.07, subdivision 1, clause (5);

469.17 or

469.18 (7) a community health worker as defined in section 256B.0625, subdivision 49.

469.19 Sec. 80. Minnesota Statutes 2020, section 256B.0941, subdivision 1, is amended to read:

469.20 Subdivision 1. **Eligibility.** (a) An individual who is eligible for mental health treatment
469.21 services in a psychiatric residential treatment facility must meet all of the following criteria:

469.22 (1) before admission, services are determined to be medically necessary according to
469.23 Code of Federal Regulations, title 42, section 441.152;

469.24 (2) is younger than 21 years of age at the time of admission. Services may continue until
469.25 the individual meets criteria for discharge or reaches 22 years of age, whichever occurs
469.26 first;

469.27 (3) has a mental health diagnosis as defined in the most recent edition of the Diagnostic
469.28 and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression,
469.29 or a finding that the individual is a risk to self or others;

469.30 (4) has functional impairment and a history of difficulty in functioning safely and
469.31 successfully in the community, school, home, or job; an inability to adequately care for

470.1 one's physical needs; or caregivers, guardians, or family members are unable to safely fulfill
470.2 the individual's needs;

470.3 (5) requires psychiatric residential treatment under the direction of a physician to improve
470.4 the individual's condition or prevent further regression so that services will no longer be
470.5 needed;

470.6 (6) utilized and exhausted other community-based mental health services, or clinical
470.7 evidence indicates that such services cannot provide the level of care needed; and

470.8 (7) was referred for treatment in a psychiatric residential treatment facility by a ~~qualified~~
470.9 mental health professional ~~licensed as defined in~~ qualified according to section 245.4871,
470.10 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

470.11 (b) The commissioner shall provide oversight and review the use of referrals for clients
470.12 admitted to psychiatric residential treatment facilities to ensure that eligibility criteria,
470.13 clinical services, and treatment planning reflect clinical, state, and federal standards for
470.14 psychiatric residential treatment facility level of care. The commissioner shall coordinate
470.15 the production of a statewide list of children and youth who meet the medical necessity
470.16 criteria for psychiatric residential treatment facility level of care and who are awaiting
470.17 admission. The commissioner and any recipient of the list shall not use the statewide list to
470.18 direct admission of children and youth to specific facilities.

470.19 Sec. 81. Minnesota Statutes 2020, section 256B.0943, subdivision 1, is amended to read:

470.20 Subdivision 1. **Definitions.** For purposes of this section, the following terms have the
470.21 meanings given them.

470.22 (a) "Children's therapeutic services and supports" means the flexible package of mental
470.23 health services for children who require varying therapeutic and rehabilitative levels of
470.24 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,
470.25 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision
470.26 20. The services are time-limited interventions that are delivered using various treatment
470.27 modalities and combinations of services designed to reach treatment outcomes identified
470.28 in the individual treatment plan.

470.29 ~~(b) "Clinical supervision" means the overall responsibility of the mental health~~
470.30 ~~professional for the control and direction of individualized treatment planning, service~~
470.31 ~~delivery, and treatment review for each client. A mental health professional who is an~~
470.32 ~~enrolled Minnesota health care program provider accepts full professional responsibility~~

471.1 ~~for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work,~~
471.2 ~~and oversees or directs the supervisee's work.~~

471.3 ~~(e)~~ (b) "Clinical trainee" means a ~~mental health practitioner who meets the qualifications~~
471.4 ~~specified in Minnesota Rules, part 9505.0371, subpart 5, item C~~ staff person who is qualified
471.5 according to section 245I.04, subdivision 6.

471.6 ~~(d)~~ (c) "Crisis assistance planning" has the meaning given in section 245.4871, subdivision
471.7 9a. ~~Crisis assistance entails the development of a written plan to assist a child's family to~~
471.8 ~~contend with a potential crisis and is distinct from the immediate provision of crisis~~
471.9 ~~intervention services.~~

471.10 ~~(e)~~ (d) "Culturally competent provider" means a provider who understands and can
471.11 utilize to a client's benefit the client's culture when providing services to the client. A provider
471.12 may be culturally competent because the provider is of the same cultural or ethnic group
471.13 as the client or the provider has developed the knowledge and skills through training and
471.14 experience to provide services to culturally diverse clients.

471.15 ~~(f)~~ (e) "Day treatment program" for children means a site-based structured mental health
471.16 program consisting of psychotherapy for three or more individuals and individual or group
471.17 skills training provided by a ~~multidisciplinary~~ team, under the ~~clinical~~ treatment supervision
471.18 of a mental health professional.

471.19 ~~(g)~~ (f) "Standard diagnostic assessment" ~~has the meaning given in Minnesota Rules, part~~
471.20 ~~9505.0372, subpart 1~~ means the assessment described in 245I.10, subdivision 6.

471.21 ~~(h)~~ (g) "Direct service time" means the time that a mental health professional, clinical
471.22 trainee, mental health practitioner, or mental health behavioral aide spends face-to-face with
471.23 a client and the client's family or providing covered telemedicine services. Direct service
471.24 time includes time in which the provider obtains a client's history, develops a client's
471.25 treatment plan, records individual treatment outcomes, or provides service components of
471.26 children's therapeutic services and supports. Direct service time does not include time doing
471.27 work before and after providing direct services, including scheduling or maintaining clinical
471.28 records.

471.29 ~~(i)~~ (h) "Direction of mental health behavioral aide" means the activities of a mental
471.30 health professional, clinical trainee, or mental health practitioner in guiding the mental
471.31 health behavioral aide in providing services to a client. The direction of a mental health
471.32 behavioral aide must be based on the client's ~~individualized~~ individual treatment plan and
471.33 meet the requirements in subdivision 6, paragraph (b), clause (5).

472.1 ~~(j)~~ (i) "Emotional disturbance" has the meaning given in section 245.4871, subdivision
472.2 15.

472.3 ~~(k)~~ (j) "Individual behavioral plan" means a plan of intervention, treatment, and services
472.4 for a child written by a mental health professional or a clinical trainee or mental health
472.5 practitioner, under the ~~clinical~~ treatment supervision of a mental health professional, to
472.6 guide the work of the mental health behavioral aide. The individual behavioral plan may
472.7 be incorporated into the child's individual treatment plan so long as the behavioral plan is
472.8 separately communicable to the mental health behavioral aide.

472.9 ~~(l)~~ (k) "Individual treatment plan" ~~has the meaning given in Minnesota Rules, part~~
472.10 ~~9505.0371, subpart 7~~ means the plan described in section 245I.10, subdivisions 7 and 8.

472.11 ~~(m)~~ (l) "Mental health behavioral aide services" means medically necessary one-on-one
472.12 activities performed by a ~~trained paraprofessional qualified as provided in subdivision 7,~~
472.13 ~~paragraph (b), clause (3)~~ mental health behavioral aide qualified according to section 245I.04,
472.14 subdivision 16, to assist a child retain or generalize psychosocial skills as previously trained
472.15 by a mental health professional, clinical trainee, or mental health practitioner and as described
472.16 in the child's individual treatment plan and individual behavior plan. Activities involve
472.17 working directly with the child or child's family as provided in subdivision 9, paragraph
472.18 (b), clause (4).

472.19 (m) "Mental health certified family peer specialist" means a staff person who is qualified
472.20 according to section 245I.04, subdivision 12.

472.21 (n) "Mental health practitioner" ~~has the meaning given in section 245.462, subdivision~~
472.22 ~~17, except that a practitioner working in a day treatment setting may qualify as a mental~~
472.23 ~~health practitioner if the practitioner holds a bachelor's degree in one of the behavioral~~
472.24 ~~sciences or related fields from an accredited college or university, and: (1) has at least 2,000~~
472.25 ~~hours of clinically supervised experience in the delivery of mental health services to clients~~
472.26 ~~with mental illness; (2) is fluent in the language, other than English, of the cultural group~~
472.27 ~~that makes up at least 50 percent of the practitioner's clients, completes 40 hours of training~~
472.28 ~~on the delivery of services to clients with mental illness, and receives clinical supervision~~
472.29 ~~from a mental health professional at least once per week until meeting the required 2,000~~
472.30 ~~hours of supervised experience; or (3) receives 40 hours of training on the delivery of~~
472.31 ~~services to clients with mental illness within six months of employment, and clinical~~
472.32 ~~supervision from a mental health professional at least once per week until meeting the~~
472.33 ~~required 2,000 hours of supervised experience~~ means a staff person who is qualified according
472.34 to section 245I.04, subdivision 4.

473.1 (o) "Mental health professional" means ~~an individual as defined in Minnesota Rules,~~
473.2 ~~part 9505.0370, subpart 18~~ a staff person who is qualified according to section 245I.04,
473.3 subdivision 2.

473.4 (p) "Mental health service plan development" includes:

473.5 (1) the development, review, and revision of a child's individual treatment plan, as
473.6 ~~provided in Minnesota Rules, part 9505.0371, subpart 7,~~ including involvement of the client
473.7 or client's parents, primary caregiver, or other person authorized to consent to mental health
473.8 services for the client, and including arrangement of treatment and support activities specified
473.9 in the individual treatment plan; and

473.10 (2) administering and reporting the standardized outcome measurement instruments,
473.11 ~~determined and updated by the commissioner~~ measurements in section 245I.10, subdivision
473.12 6, paragraph (d), clauses (3) and (4), and other standardized outcome measurements approved
473.13 by the commissioner, as periodically needed to evaluate the effectiveness of treatment for
473.14 ~~children receiving clinical services and reporting outcome measures, as required by the~~
473.15 ~~commissioner.~~

473.16 (q) "Mental illness," for persons at least age 18 but under age 21, has the meaning given
473.17 in section 245.462, subdivision 20, paragraph (a).

473.18 (r) "Psychotherapy" means the treatment of ~~mental or emotional disorders or~~
473.19 ~~maladjustment by psychological means. Psychotherapy may be provided in many modalities~~
473.20 ~~in accordance with Minnesota Rules, part 9505.0372, subpart 6, including patient and/or~~
473.21 ~~family psychotherapy; family psychotherapy; psychotherapy for crisis; group psychotherapy;~~
473.22 ~~or multiple-family psychotherapy. Beginning with the American Medical Association's~~
473.23 ~~Current Procedural Terminology, standard edition, 2014, the procedure "individual~~
473.24 ~~psychotherapy" is replaced with "patient and/or family psychotherapy," a substantive change~~
473.25 ~~that permits the therapist to work with the client's family without the client present to obtain~~
473.26 ~~information about the client or to explain the client's treatment plan to the family.~~
473.27 ~~Psychotherapy is appropriate for crisis response when a child has become dysregulated or~~
473.28 ~~experienced new trauma since the diagnostic assessment was completed and needs~~
473.29 ~~psychotherapy to address issues not currently included in the child's individual treatment~~
473.30 ~~plan~~ described in section 256B.0671, subdivision 11.

473.31 (s) "Rehabilitative services" or "psychiatric rehabilitation services" means ~~a series or~~
473.32 ~~multidisciplinary combination of psychiatric and psychosocial interventions to:~~ (1) restore
473.33 a child or adolescent to an age-appropriate developmental trajectory that had been disrupted
473.34 by a psychiatric illness; or (2) enable the child to self-monitor, compensate for, cope with,

474.1 counteract, or replace psychosocial skills deficits or maladaptive skills acquired over the
 474.2 course of a psychiatric illness. Psychiatric rehabilitation services for children combine
 474.3 coordinated psychotherapy to address internal psychological, emotional, and intellectual
 474.4 processing deficits, and skills training to restore personal and social functioning. Psychiatric
 474.5 rehabilitation services establish a progressive series of goals with each achievement building
 474.6 upon a prior achievement. ~~Continuing progress toward goals is expected, and rehabilitative~~
 474.7 ~~potential ceases when successive improvement is not observable over a period of time.~~

474.8 (t) "Skills training" means individual, family, or group training, delivered by or under
 474.9 the supervision of a mental health professional, designed to facilitate the acquisition of
 474.10 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate
 474.11 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child
 474.12 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or
 474.13 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject
 474.14 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

474.15 (u) "Treatment supervision" means the supervision described in section 245I.06.

474.16 Sec. 82. Minnesota Statutes 2020, section 256B.0943, subdivision 2, is amended to read:

474.17 Subd. 2. **Covered service components of children's therapeutic services and**
 474.18 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary
 474.19 children's therapeutic services and supports ~~as defined in this section that~~ when the services
 474.20 are provided by an eligible provider entity certified under subdivision 4 provides to a client
 474.21 eligible under subdivision 3 and meeting the standards in this section. The provider entity
 474.22 must make reasonable and good faith efforts to report individual client outcomes to the
 474.23 commissioner, using instruments and protocols approved by the commissioner.

474.24 (b) The service components of children's therapeutic services and supports are:

474.25 (1) patient and/or family psychotherapy, family psychotherapy, psychotherapy for crisis,
 474.26 and group psychotherapy;

474.27 (2) individual, family, or group skills training provided by a mental health professional,
 474.28 clinical trainee, or mental health practitioner;

474.29 (3) crisis ~~assistance~~ planning;

474.30 (4) mental health behavioral aide services;

474.31 (5) direction of a mental health behavioral aide;

474.32 (6) mental health service plan development; and

475.1 (7) children's day treatment.

475.2 Sec. 83. Minnesota Statutes 2020, section 256B.0943, subdivision 3, is amended to read:

475.3 Subd. 3. **Determination of client eligibility.** (a) A client's eligibility to receive children's
475.4 therapeutic services and supports under this section shall be determined based on a standard
475.5 diagnostic assessment by a mental health professional or a ~~mental health practitioner who~~
475.6 ~~meets the requirements of a clinical trainee as defined in Minnesota Rules, part 9505.0371,~~
475.7 ~~subpart 5, item C,~~ clinical trainee that is performed within one year before the initial start
475.8 of service. The standard diagnostic assessment must ~~meet the requirements for a standard~~
475.9 ~~or extended diagnostic assessment as defined in Minnesota Rules, part 9505.0372, subpart~~
475.10 ~~1, items B and C,~~ and:

475.11 ~~(1) include current diagnoses, including any differential diagnosis, in accordance with~~
475.12 ~~all criteria for a complete diagnosis and diagnostic profile as specified in the current edition~~
475.13 ~~of the Diagnostic and Statistical Manual of the American Psychiatric Association, or, for~~
475.14 ~~children under age five, as specified in the current edition of the Diagnostic Classification~~
475.15 ~~of Mental Health Disorders of Infancy and Early Childhood;~~

475.16 ~~(2)~~ (1) determine whether a child under age 18 has a diagnosis of emotional disturbance
475.17 or, if the person is between the ages of 18 and 21, whether the person has a mental illness;

475.18 ~~(3)~~ (2) document children's therapeutic services and supports as medically necessary to
475.19 address an identified disability, functional impairment, and the individual client's needs and
475.20 goals; and

475.21 ~~(4)~~ (3) be used in the development of the ~~individualized~~ individual treatment plan; and

475.22 ~~(5) be completed annually until age 18. For individuals between age 18 and 21, unless~~
475.23 ~~a client's mental health condition has changed markedly since the client's most recent~~
475.24 ~~diagnostic assessment, annual updating is necessary. For the purpose of this section,~~
475.25 ~~"updating" means an adult diagnostic update as defined in Minnesota Rules, part 9505.0371,~~
475.26 ~~subpart 2, item E.~~

475.27 (b) Notwithstanding paragraph (a), a client may be determined to be eligible for up to
475.28 five days of day treatment under this section based on a hospital's medical history and
475.29 presentation examination of the client.

475.30 Sec. 84. Minnesota Statutes 2020, section 256B.0943, subdivision 4, is amended to read:

475.31 Subd. 4. **Provider entity certification.** (a) The commissioner shall establish an initial
475.32 provider entity application and certification process and recertification process to determine

476.1 whether a provider entity has an administrative and clinical infrastructure that meets the
476.2 requirements in subdivisions 5 and 6. A provider entity must be certified for the three core
476.3 rehabilitation services of psychotherapy, skills training, and crisis ~~assistance~~ planning. The
476.4 commissioner shall recertify a provider entity at least every three years. The commissioner
476.5 shall establish a process for decertification of a provider entity and shall require corrective
476.6 action, medical assistance repayment, or decertification of a provider entity that no longer
476.7 meets the requirements in this section or that fails to meet the clinical quality standards or
476.8 administrative standards provided by the commissioner in the application and certification
476.9 process.

476.10 (b) For purposes of this section, a provider entity must meet the standards in this section
476.11 and chapter 245I, as required under section 245I.011, subdivision 5, and be:

476.12 (1) an Indian health services facility or a facility owned and operated by a tribe or tribal
476.13 organization operating as a 638 facility under Public Law 93-638 certified by the state;

476.14 (2) a county-operated entity certified by the state; or

476.15 (3) a noncounty entity certified by the state.

476.16 Sec. 85. Minnesota Statutes 2020, section 256B.0943, subdivision 5, is amended to read:

476.17 Subd. 5. **Provider entity administrative infrastructure requirements.** ~~(a) To be an~~
476.18 ~~eligible provider entity under this section, a provider entity must have an administrative~~
476.19 ~~infrastructure that establishes authority and accountability for decision making and oversight~~
476.20 ~~of functions, including finance, personnel, system management, clinical practice, and~~
476.21 ~~individual treatment outcomes measurement. An eligible provider entity shall demonstrate~~
476.22 the availability, by means of employment or contract, of at least one backup mental health
476.23 professional in the event of the primary mental health professional's absence. ~~The provider~~
476.24 ~~must have written policies and procedures that it reviews and updates every three years and~~
476.25 ~~distributes to staff initially and upon each subsequent update.~~

476.26 (b) ~~The administrative infrastructure written~~ In addition to the policies and procedures
476.27 required under section 245I.03, the policies and procedures must include:

476.28 ~~(1) personnel procedures, including a process for: (i) recruiting, hiring, training, and~~
476.29 ~~retention of culturally and linguistically competent providers; (ii) conducting a criminal~~
476.30 ~~background check on all direct service providers and volunteers; (iii) investigating, reporting,~~
476.31 ~~and acting on violations of ethical conduct standards; (iv) investigating, reporting, and acting~~
476.32 ~~on violations of data privacy policies that are compliant with federal and state laws; (v)~~
476.33 ~~utilizing volunteers, including screening applicants, training and supervising volunteers,~~

477.1 ~~and providing liability coverage for volunteers; and (vi) documenting that each mental~~
477.2 ~~health professional, mental health practitioner, or mental health behavioral aide meets the~~
477.3 ~~applicable provider qualification criteria, training criteria under subdivision 8, and clinical~~
477.4 ~~supervision or direction of a mental health behavioral aide requirements under subdivision~~
477.5 ~~6;~~

477.6 ~~(2) (1) fiscal procedures, including internal fiscal control practices and a process for~~
477.7 ~~collecting revenue that is compliant with federal and state laws; and~~

477.8 ~~(3) (2) a client-specific treatment outcomes measurement system, including baseline~~
477.9 ~~measures, to measure a client's progress toward achieving mental health rehabilitation goals.~~
477.10 ~~Effective July 1, 2017, to be eligible for medical assistance payment, a provider entity must~~
477.11 ~~report individual client outcomes to the commissioner, using instruments and protocols~~
477.12 ~~approved by the commissioner; and~~

477.13 ~~(4) a process to establish and maintain individual client records. The client's records~~
477.14 ~~must include:~~

477.15 ~~(i) the client's personal information;~~

477.16 ~~(ii) forms applicable to data privacy;~~

477.17 ~~(iii) the client's diagnostic assessment, updates, results of tests, individual treatment~~
477.18 ~~plan, and individual behavior plan, if necessary;~~

477.19 ~~(iv) documentation of service delivery as specified under subdivision 6;~~

477.20 ~~(v) telephone contacts;~~

477.21 ~~(vi) discharge plan; and~~

477.22 ~~(vii) if applicable, insurance information.~~

477.23 (c) A provider entity that uses a restrictive procedure with a client must meet the
477.24 requirements of section 245.8261.

477.25 Sec. 86. Minnesota Statutes 2020, section 256B.0943, subdivision 5a, is amended to read:

477.26 Subd. 5a. **Background studies.** The requirements for background studies under ~~this~~
477.27 section 245I.011, subdivision 4, paragraph (d), may be met by a children's therapeutic
477.28 services and supports services agency through the commissioner's NETStudy system as
477.29 provided under sections 245C.03, subdivision 7, and 245C.10, subdivision 8.

478.1 Sec. 87. Minnesota Statutes 2020, section 256B.0943, subdivision 6, is amended to read:

478.2 Subd. 6. **Provider entity clinical infrastructure requirements.** (a) To be an eligible
478.3 provider entity under this section, a provider entity must have a clinical infrastructure that
478.4 utilizes diagnostic assessment, ~~individualized~~ individual treatment plans, service delivery,
478.5 and individual treatment plan review that are culturally competent, child-centered, and
478.6 family-driven to achieve maximum benefit for the client. The provider entity must review,
478.7 and update as necessary, the clinical policies and procedures every three years, must distribute
478.8 the policies and procedures to staff initially and upon each subsequent update, and must
478.9 train staff accordingly.

478.10 (b) The clinical infrastructure written policies and procedures must include policies and
478.11 procedures for meeting the requirements in this subdivision:

478.12 (1) providing or obtaining a client's standard diagnostic assessment, including a standard
478.13 diagnostic assessment ~~performed by an outside or independent clinician, that identifies acute~~
478.14 ~~and chronic clinical disorders, co-occurring medical conditions, and sources of psychological~~
478.15 ~~and environmental problems, including baselines, and a functional assessment. The functional~~
478.16 ~~assessment component must clearly summarize the client's individual strengths and needs.~~
478.17 When required components of the standard diagnostic assessment, ~~such as baseline measures,~~
478.18 are not provided in an outside or independent assessment or ~~when baseline measures cannot~~
478.19 ~~be attained in a one-session standard diagnostic assessment~~ immediately, the provider entity
478.20 must determine the missing information within 30 days and amend the child's standard
478.21 diagnostic assessment or incorporate the ~~baselines~~ information into the child's individual
478.22 treatment plan;

478.23 (2) developing an individual treatment plan ~~that~~;

478.24 ~~(i) is based on the information in the client's diagnostic assessment and baselines;~~

478.25 ~~(ii) identified goals and objectives of treatment, treatment strategy, schedule for~~
478.26 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
478.27 ~~treatment services and supports;~~

478.28 ~~(iii) is developed after completion of the client's diagnostic assessment by a mental health~~
478.29 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
478.30 ~~and supports;~~

478.31 ~~(iv) is developed through a child-centered, family-driven, culturally appropriate planning~~
478.32 ~~process, including allowing parents and guardians to observe or participate in individual~~
478.33 ~~and family treatment services, assessment, and treatment planning;~~

479.1 ~~(v) is reviewed at least once every 90 days and revised to document treatment progress~~
479.2 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
479.3 ~~changes in treatment; and~~

479.4 ~~(vi) is signed by the clinical supervisor and by the client or by the client's parent or other~~
479.5 ~~person authorized by statute to consent to mental health services for the client. A client's~~
479.6 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
479.7 ~~by documented oral approval that is later verified by written signature;~~

479.8 (3) developing an individual behavior plan that documents treatment strategies and
479.9 describes interventions to be provided by the mental health behavioral aide. The individual
479.10 behavior plan must include:

479.11 (i) detailed instructions on the ~~treatment strategies to be provided~~ psychosocial skills to
479.12 be practiced;

479.13 (ii) time allocated to each ~~treatment strategy~~ intervention;

479.14 (iii) methods of documenting the child's behavior;

479.15 (iv) methods of monitoring the child's progress in reaching objectives; and

479.16 (v) goals to increase or decrease targeted behavior as identified in the individual treatment
479.17 plan;

479.18 (4) providing clinical treatment supervision plans for ~~mental health practitioners and~~
479.19 ~~mental health behavioral aides. A mental health professional must document the clinical~~
479.20 ~~supervision the professional provides by cosigning individual treatment plans and making~~
479.21 ~~entries in the client's record on supervisory activities. The clinical supervisor also shall~~
479.22 ~~document supervisee-specific supervision in the supervisee's personnel file. Clinical staff~~
479.23 according to section 245I.06. Treatment supervision does not include the authority to make
479.24 or terminate court-ordered placements of the child. A clinical treatment supervisor must be
479.25 available for urgent consultation as required by the individual client's needs or the situation.
479.26 ~~Clinical supervision may occur individually or in a small group to discuss treatment and~~
479.27 ~~review progress toward goals. The focus of clinical supervision must be the client's treatment~~
479.28 ~~needs and progress and the mental health practitioner's or behavioral aide's ability to provide~~
479.29 ~~services;~~

479.30 (4a) meeting day treatment program conditions in items (i) ~~to (iii)~~ and (ii):

479.31 (i) the clinical treatment supervisor must be present and available on the premises more
479.32 than 50 percent of the time in a provider's standard working week during which the supervisee
479.33 is providing a mental health service; and

480.1 ~~(ii) the diagnosis and the client's individual treatment plan or a change in the diagnosis~~
480.2 ~~or individual treatment plan must be made by or reviewed, approved, and signed by the~~
480.3 ~~clinical supervisor; and~~

480.4 ~~(iii)~~ (ii) every 30 days, the ~~clinical~~ treatment supervisor must review and sign the record
480.5 indicating the supervisor has reviewed the client's care for all activities in the preceding
480.6 30-day period;

480.7 (4b) meeting the ~~clinical~~ treatment supervision standards in items (i) ~~to (iv)~~ and (ii) for
480.8 all other services provided under CTSS:

480.9 ~~(i) medical assistance shall reimburse for services provided by a mental health practitioner~~
480.10 ~~who is delivering services that fall within the scope of the practitioner's practice and who~~
480.11 ~~is supervised by a mental health professional who accepts full professional responsibility;~~

480.12 ~~(ii) medical assistance shall reimburse for services provided by a mental health behavioral~~
480.13 ~~aide who is delivering services that fall within the scope of the aide's practice and who is~~
480.14 ~~supervised by a mental health professional who accepts full professional responsibility and~~
480.15 ~~has an approved plan for clinical supervision of the behavioral aide. Plans must be developed~~
480.16 ~~in accordance with supervision standards defined in Minnesota Rules, part 9505.0371,~~
480.17 ~~subpart 4, items A to D;~~

480.18 ~~(iii)~~ (i) the mental health professional is required to be present at the site of service
480.19 delivery for observation as clinically appropriate when the clinical trainee, mental health
480.20 practitioner, or mental health behavioral aide is providing CTSS services; and

480.21 ~~(iv)~~ (ii) when conducted, the on-site presence of the mental health professional must be
480.22 documented in the child's record and signed by the mental health professional who accepts
480.23 full professional responsibility;

480.24 (5) providing direction to a mental health behavioral aide. For entities that employ mental
480.25 health behavioral aides, the ~~clinical~~ treatment supervisor must be employed by the provider
480.26 entity or other provider certified to provide mental health behavioral aide services to ensure
480.27 necessary and appropriate oversight for the client's treatment and continuity of care. The
480.28 ~~mental health professional or mental health practitioner~~ staff giving direction must begin
480.29 with the goals on the ~~individualized~~ individual treatment plan, and instruct the mental health
480.30 behavioral aide on how to implement therapeutic activities and interventions that will lead
480.31 to goal attainment. The ~~professional or practitioner~~ staff giving direction must also instruct
480.32 the mental health behavioral aide about the client's diagnosis, functional status, and other
480.33 characteristics that are likely to affect service delivery. Direction must also include
480.34 determining that the mental health behavioral aide has the skills to interact with the client

481.1 and the client's family in ways that convey personal and cultural respect and that the aide
481.2 actively solicits information relevant to treatment from the family. The aide must be able
481.3 to clearly explain or demonstrate the activities the aide is doing with the client and the
481.4 activities' relationship to treatment goals. Direction is more didactic than is supervision and
481.5 requires the ~~professional or practitioner~~ staff providing it to continuously evaluate the mental
481.6 health behavioral aide's ability to carry out the activities of the ~~individualized~~ individual
481.7 treatment plan and the ~~individualized~~ individual behavior plan. When providing direction,
481.8 the ~~professional or practitioner~~ staff must:

481.9 (i) review progress notes prepared by the mental health behavioral aide for accuracy and
481.10 consistency with diagnostic assessment, treatment plan, and behavior goals and the
481.11 ~~professional or practitioner~~ staff must approve and sign the progress notes;

481.12 (ii) identify changes in treatment strategies, revise the individual behavior plan, and
481.13 communicate treatment instructions and methodologies as appropriate to ensure that treatment
481.14 is implemented correctly;

481.15 (iii) demonstrate family-friendly behaviors that support healthy collaboration among
481.16 the child, the child's family, and providers as treatment is planned and implemented;

481.17 (iv) ensure that the mental health behavioral aide is able to effectively communicate
481.18 with the child, the child's family, and the provider; ~~and~~

481.19 (v) record the results of any evaluation and corrective actions taken to modify the work
481.20 of the mental health behavioral aide; and

481.21 (vi) ensure the immediate accessibility of a mental health professional, clinical trainee,
481.22 or mental health practitioner to the behavioral aide during service delivery;

481.23 (6) providing service delivery that implements the individual treatment plan and meets
481.24 the requirements under subdivision 9; and

481.25 (7) individual treatment plan review. The review must determine the extent to which
481.26 the services have met each of the goals and objectives in the treatment plan. The review
481.27 must assess the client's progress and ensure that services and treatment goals continue to
481.28 be necessary and appropriate to the client and the client's family or foster family. ~~Revision~~
481.29 ~~of the individual treatment plan does not require a new diagnostic assessment unless the~~
481.30 ~~client's mental health status has changed markedly. The updated treatment plan must be~~
481.31 ~~signed by the clinical supervisor and by the client, if appropriate, and by the client's parent~~
481.32 ~~or other person authorized by statute to give consent to the mental health services for the~~
481.33 ~~child.~~

- 482.1 Sec. 88. Minnesota Statutes 2020, section 256B.0943, subdivision 7, is amended to read:
- 482.2 Subd. 7. **Qualifications of individual and team providers.** (a) An individual or team
482.3 provider working within the scope of the provider's practice or qualifications may provide
482.4 service components of children's therapeutic services and supports that are identified as
482.5 medically necessary in a client's individual treatment plan.
- 482.6 (b) An individual provider must be qualified as a:
- 482.7 (1) ~~a mental health professional as defined in subdivision 1, paragraph (o); or~~
- 482.8 (2) a clinical trainee;
- 482.9 (3) mental health practitioner or clinical trainee. ~~The mental health practitioner or clinical~~
482.10 ~~trainee must work under the clinical supervision of a mental health professional; or~~
- 482.11 (4) mental health certified family peer specialist; or
- 482.12 ~~(3) a~~ (5) mental health behavioral aide working under the clinical supervision of a mental
482.13 ~~health professional to implement the rehabilitative mental health services previously~~
482.14 ~~introduced by a mental health professional or practitioner and identified in the client's~~
482.15 ~~individual treatment plan and individual behavior plan.~~
- 482.16 ~~(A) A level I mental health behavioral aide must:~~
- 482.17 ~~(i) be at least 18 years old;~~
- 482.18 ~~(ii) have a high school diploma or commissioner of education-selected high school~~
482.19 ~~equivalency certification or two years of experience as a primary caregiver to a child with~~
482.20 ~~severe emotional disturbance within the previous ten years; and~~
- 482.21 ~~(iii) meet preservice and continuing education requirements under subdivision 8.~~
- 482.22 ~~(B) A level II mental health behavioral aide must:~~
- 482.23 ~~(i) be at least 18 years old;~~
- 482.24 ~~(ii) have an associate or bachelor's degree or 4,000 hours of experience in delivering~~
482.25 ~~clinical services in the treatment of mental illness concerning children or adolescents or~~
482.26 ~~complete a certificate program established under subdivision 8a; and~~
- 482.27 ~~(iii) meet preservice and continuing education requirements in subdivision 8.~~
- 482.28 (c) A day treatment multidisciplinary team must include at least one mental health
482.29 professional or clinical trainee and one mental health practitioner.

483.1 Sec. 89. Minnesota Statutes 2020, section 256B.0943, subdivision 9, is amended to read:

483.2 Subd. 9. **Service delivery criteria.** (a) In delivering services under this section, a certified
483.3 provider entity must ensure that:

483.4 (1) ~~each individual provider's caseload size permits the provider to deliver services to~~
483.5 ~~both clients with severe, complex needs and clients with less intensive needs.~~ the provider's
483.6 caseload size should reasonably enable the provider to play an active role in service planning,
483.7 monitoring, and delivering services to meet the client's and client's family's needs, as specified
483.8 in each client's individual treatment plan;

483.9 (2) site-based programs, including day treatment programs, provide staffing and facilities
483.10 to ensure the client's health, safety, and protection of rights, and that the programs are able
483.11 to implement each client's individual treatment plan; and

483.12 (3) a day treatment program is provided to a group of clients by a ~~multidisciplinary~~ team
483.13 under the ~~clinical~~ clinical treatment supervision of a mental health professional. The day treatment
483.14 program must be provided in and by: (i) an outpatient hospital accredited by the Joint
483.15 Commission on Accreditation of Health Organizations and licensed under sections 144.50
483.16 to 144.55; (ii) a community mental health center under section 245.62; or (iii) an entity that
483.17 is certified under subdivision 4 to operate a program that meets the requirements of section
483.18 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475. The day
483.19 treatment program must stabilize the client's mental health status while developing and
483.20 improving the client's independent living and socialization skills. The goal of the day
483.21 treatment program must be to reduce or relieve the effects of mental illness and provide
483.22 training to enable the client to live in the community. The program must be available
483.23 year-round at least three to five days per week, two or three hours per day, unless the normal
483.24 five-day school week is shortened by a holiday, weather-related cancellation, or other
483.25 districtwide reduction in a school week. A child transitioning into or out of day treatment
483.26 must receive a minimum treatment of one day a week for a two-hour time block. The
483.27 two-hour time block must include at least one hour of patient and/or family or group
483.28 psychotherapy. The remainder of the structured treatment program may include patient
483.29 and/or family or group psychotherapy, and individual or group skills training, if included
483.30 in the client's individual treatment plan. Day treatment programs are not part of inpatient
483.31 or residential treatment services. When a day treatment group that meets the minimum group
483.32 size requirement temporarily falls below the minimum group size because of a member's
483.33 temporary absence, medical assistance covers a group session conducted for the group
483.34 members in attendance. A day treatment program may provide fewer than the minimally

484.1 required hours for a particular child during a billing period in which the child is transitioning
484.2 into, or out of, the program.

484.3 (b) To be eligible for medical assistance payment, a provider entity must deliver the
484.4 service components of children's therapeutic services and supports in compliance with the
484.5 following requirements:

484.6 (1) ~~patient and/or family, family, and group psychotherapy must be delivered as specified~~
484.7 ~~in Minnesota Rules, part 9505.0372, subpart 6.~~ psychotherapy to address the child's
484.8 underlying mental health disorder must be documented as part of the child's ongoing
484.9 treatment. A provider must deliver, or arrange for, medically necessary psychotherapy,
484.10 unless the child's parent or caregiver chooses not to receive it. When a provider delivering
484.11 other services to a child under this section deems it not medically necessary to provide
484.12 psychotherapy to the child for a period of 90 days or longer, the provider entity must
484.13 document the medical reasons why psychotherapy is not necessary. When a provider
484.14 determines that a child needs psychotherapy but psychotherapy cannot be delivered due to
484.15 a shortage of licensed mental health professionals in the child's community, the provider
484.16 must document the lack of access in the child's medical record;

484.17 (2) individual, family, or group skills training ~~must be provided by a mental health~~
484.18 ~~professional or a mental health practitioner who is delivering services that fall within the~~
484.19 ~~scope of the provider's practice and is supervised by a mental health professional who~~
484.20 ~~accepts full professional responsibility for the training.~~ Skills training is subject to the
484.21 following requirements:

484.22 (i) a mental health professional, clinical trainee, or mental health practitioner shall provide
484.23 skills training;

484.24 (ii) skills training delivered to a child or the child's family must be targeted to the specific
484.25 deficits or maladaptations of the child's mental health disorder and must be prescribed in
484.26 the child's individual treatment plan;

484.27 (iii) the mental health professional delivering or supervising the delivery of skills training
484.28 must document any underlying psychiatric condition and must document how skills training
484.29 is being used in conjunction with psychotherapy to address the underlying condition;

484.30 (iv) skills training delivered to the child's family must teach skills needed by parents to
484.31 enhance the child's skill development, to help the child utilize daily life skills taught by a
484.32 mental health professional, clinical trainee, or mental health practitioner, and to develop or
484.33 maintain a home environment that supports the child's progressive use of skills;

485.1 (v) group skills training may be provided to multiple recipients who, because of the
485.2 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from
485.3 interaction in a group setting, which must be staffed as follows:

485.4 (A) one mental health professional ~~or one~~₂ clinical trainee₂ or mental health practitioner
485.5 ~~under supervision of a licensed mental health professional~~ must work with a group of three
485.6 to eight clients; or

485.7 (B) any combination of two mental health professionals, ~~two~~ clinical trainees₂ or mental
485.8 health practitioners ~~under supervision of a licensed mental health professional, or one mental~~
485.9 ~~health professional or clinical trainee and one mental health practitioner~~ must work with a
485.10 group of nine to 12 clients;

485.11 (vi) a mental health professional, clinical trainee, or mental health practitioner must have
485.12 taught the psychosocial skill before a mental health behavioral aide may practice that skill
485.13 with the client; and

485.14 (vii) for group skills training, when a skills group that meets the minimum group size
485.15 requirement temporarily falls below the minimum group size because of a group member's
485.16 temporary absence, the provider may conduct the session for the group members in
485.17 attendance;

485.18 (3) crisis ~~assistance~~ planning to a child and family must include development of a written
485.19 plan that anticipates the particular factors specific to the child that may precipitate a
485.20 psychiatric crisis for the child in the near future. The written plan must document actions
485.21 that the family should be prepared to take to resolve or stabilize a crisis, such as advance
485.22 arrangements for direct intervention and support services to the child and the child's family.
485.23 Crisis ~~assistance~~ planning must include preparing resources designed to address abrupt or
485.24 substantial changes in the functioning of the child or the child's family when sudden change
485.25 in behavior or a loss of usual coping mechanisms is observed, or the child begins to present
485.26 a danger to self or others;

485.27 (4) mental health behavioral aide services must be medically necessary treatment services,
485.28 identified in the child's individual treatment plan and individual behavior plan, ~~which are~~
485.29 ~~performed minimally by a paraprofessional qualified according to subdivision 7, paragraph~~
485.30 ~~(b), clause (3)~~, and which are designed to improve the functioning of the child in the
485.31 progressive use of developmentally appropriate psychosocial skills. Activities involve
485.32 working directly with the child, child-peer groupings, or child-family groupings to practice,
485.33 repeat, reintroduce, and master the skills defined in subdivision 1, paragraph (t), as previously
485.34 taught by a mental health professional, clinical trainee, or mental health practitioner including:

- 486.1 (i) providing cues or prompts in skill-building peer-to-peer or parent-child interactions
486.2 so that the child progressively recognizes and responds to the cues independently;
- 486.3 (ii) performing as a practice partner or role-play partner;
- 486.4 (iii) reinforcing the child's accomplishments;
- 486.5 (iv) generalizing skill-building activities in the child's multiple natural settings;
- 486.6 (v) assigning further practice activities; and
- 486.7 (vi) intervening as necessary to redirect the child's target behavior and to de-escalate
486.8 behavior that puts the child or other person at risk of injury.

486.9 To be eligible for medical assistance payment, mental health behavioral aide services must
486.10 be delivered to a child who has been diagnosed with an emotional disturbance or a mental
486.11 illness, as provided in subdivision 1, paragraph (a). The mental health behavioral aide must
486.12 implement treatment strategies in the individual treatment plan and the individual behavior
486.13 plan as developed by the mental health professional, clinical trainee, or mental health
486.14 practitioner providing direction for the mental health behavioral aide. The mental health
486.15 behavioral aide must document the delivery of services in written progress notes. Progress
486.16 notes must reflect implementation of the treatment strategies, as performed by the mental
486.17 health behavioral aide and the child's responses to the treatment strategies; and

486.18 ~~(5) direction of a mental health behavioral aide must include the following:~~

486.19 ~~(i) ongoing face-to-face observation of the mental health behavioral aide delivering~~
486.20 ~~services to a child by a mental health professional or mental health practitioner for at least~~
486.21 ~~a total of one hour during every 40 hours of service provided to a child; and~~

486.22 ~~(ii) immediate accessibility of the mental health professional, clinical trainee, or mental~~
486.23 ~~health practitioner to the mental health behavioral aide during service provision;~~

486.24 ~~(6)~~ (5) mental health service plan development must be performed in consultation with
486.25 the child's family and, when appropriate, with other key participants in the child's life by
486.26 the child's treating mental health professional or clinical trainee or by a mental health
486.27 practitioner and approved by the treating mental health professional. Treatment plan drafting
486.28 consists of development, review, and revision by face-to-face or electronic communication.
486.29 The provider must document events, including the time spent with the family and other key
486.30 participants in the child's life to review, revise, and sign approve the individual treatment
486.31 plan. ~~Notwithstanding Minnesota Rules, part 9505.0371, subpart 7, Medical assistance~~
486.32 ~~covers service plan development before completion of the child's individual treatment plan.~~
486.33 Service plan development is covered only if a treatment plan is completed for the child. If

487.1 upon review it is determined that a treatment plan was not completed for the child, the
487.2 commissioner shall recover the payment for the service plan development; ~~and,~~

487.3 ~~(7) to be eligible for payment, a diagnostic assessment must be complete with regard to~~
487.4 ~~all required components, including multiple assessment appointments required for an~~
487.5 ~~extended diagnostic assessment and the written report. Dates of the multiple assessment~~
487.6 ~~appointments must be noted in the client's clinical record.~~

487.7 Sec. 90. Minnesota Statutes 2020, section 256B.0943, subdivision 11, is amended to read:

487.8 Subd. 11. **Documentation and billing.** ~~(a)~~ A provider entity must document the services
487.9 it provides under this section. The provider entity must ensure that documentation complies
487.10 with Minnesota Rules, parts 9505.2175 and 9505.2197. Services billed under this section
487.11 that are not documented according to this subdivision shall be subject to monetary recovery
487.12 by the commissioner. Billing for covered service components under subdivision 2, paragraph
487.13 (b), must not include anything other than direct service time.

487.14 ~~(b) An individual mental health provider must promptly document the following in a~~
487.15 ~~client's record after providing services to the client:~~

487.16 ~~(1) each occurrence of the client's mental health service, including the date, type, start~~
487.17 ~~and stop times, scope of the service as described in the child's individual treatment plan,~~
487.18 ~~and outcome of the service compared to baselines and objectives;~~

487.19 ~~(2) the name, dated signature, and credentials of the person who delivered the service;~~

487.20 ~~(3) contact made with other persons interested in the client, including representatives~~
487.21 ~~of the courts, corrections systems, or schools. The provider must document the name and~~
487.22 ~~date of each contact;~~

487.23 ~~(4) any contact made with the client's other mental health providers, case manager,~~
487.24 ~~family members, primary caregiver, legal representative, or the reason the provider did not~~
487.25 ~~contact the client's family members, primary caregiver, or legal representative, if applicable;~~

487.26 ~~(5) required clinical supervision directly related to the identified client's services and~~
487.27 ~~needs, as appropriate, with co-signatures of the supervisor and supervisee; and~~

487.28 ~~(6) the date when services are discontinued and reasons for discontinuation of services.~~

487.29 Sec. 91. Minnesota Statutes 2020, section 256B.0946, subdivision 1, is amended to read:

487.30 Subdivision 1. **Required covered service components.** ~~(a) Effective May 23, 2013,~~
487.31 ~~and~~ Subject to federal approval, medical assistance covers medically necessary intensive

488.1 treatment services ~~described under paragraph (b) that~~ when the services are provided by a
488.2 provider entity ~~eligible under subdivision 3 to a client eligible under subdivision 2 who is~~
488.3 ~~placed in a foster home licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or~~
488.4 ~~placed in a foster home licensed under the regulations established by a federally recognized~~
488.5 ~~Minnesota tribe~~ certified under and meeting the standards in this section. The provider entity
488.6 must make reasonable and good faith efforts to report individual client outcomes to the
488.7 commissioner, using instruments and protocols approved by the commissioner.

488.8 (b) Intensive treatment services to children with mental illness residing in foster family
488.9 settings that comprise specific required service components provided in clauses (1) to (5)
488.10 are reimbursed by medical assistance when they meet the following standards:

488.11 (1) psychotherapy provided by a mental health professional ~~as defined in Minnesota~~
488.12 ~~Rules, part 9505.0371, subpart 5, item A,~~ or a clinical trainee, ~~as defined in Minnesota~~
488.13 ~~Rules, part 9505.0371, subpart 5, item C;~~

488.14 (2) crisis assistance ~~provided according to standards for children's therapeutic services~~
488.15 ~~and supports in section 256B.0943~~ planning;

488.16 (3) individual, family, and group psychoeducation services, ~~defined in subdivision 1a,~~
488.17 ~~paragraph (q),~~ provided by a mental health professional or a clinical trainee;

488.18 (4) clinical care consultation, ~~as defined in subdivision 1a,~~ and provided by a mental
488.19 health professional or a clinical trainee; and

488.20 (5) service delivery payment requirements as provided under subdivision 4.

488.21 Sec. 92. Minnesota Statutes 2020, section 256B.0946, subdivision 1a, is amended to read:

488.22 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the
488.23 meanings given them.

488.24 (a) "Clinical care consultation" means communication from a treating clinician to other
488.25 providers working with the same client to inform, inquire, and instruct regarding the client's
488.26 symptoms, strategies for effective engagement, care and intervention needs, and treatment
488.27 expectations across service settings, including but not limited to the client's school, social
488.28 services, day care, probation, home, primary care, medication prescribers, disabilities
488.29 services, and other mental health providers and to direct and coordinate clinical service
488.30 components provided to the client and family.

488.31 (b) ~~"Clinical supervision" means the documented time a clinical supervisor and supervisee~~
488.32 ~~spend together to discuss the supervisee's work, to review individual client cases, and for~~

489.1 ~~the supervisee's professional development. It includes the documented oversight and~~
489.2 ~~supervision responsibility for planning, implementation, and evaluation of services for a~~
489.3 ~~client's mental health treatment.~~

489.4 ~~(e) "Clinical supervisor" means the mental health professional who is responsible for~~
489.5 ~~clinical supervision.~~

489.6 ~~(d) (b) "Clinical trainee" has the meaning given in Minnesota Rules, part 9505.0371,~~
489.7 ~~subpart 5, item C; means a staff person who is qualified according to section 245I.04,~~
489.8 ~~subdivision 6.~~

489.9 ~~(e) (c) "Crisis assistance planning" has the meaning given in section 245.4871, subdivision~~
489.10 ~~9a, including the development of a plan that addresses prevention and intervention strategies~~
489.11 ~~to be used in a potential crisis, but does not include actual crisis intervention.~~

489.12 ~~(f) (d) "Culturally appropriate" means providing mental health services in a manner that~~
489.13 ~~incorporates the child's cultural influences, as defined in Minnesota Rules, part 9505.0370,~~
489.14 ~~subpart 9, into interventions as a way to maximize resiliency factors and utilize cultural~~
489.15 ~~strengths and resources to promote overall wellness.~~

489.16 ~~(g) (e) "Culture" means the distinct ways of living and understanding the world that are~~
489.17 ~~used by a group of people and are transmitted from one generation to another or adopted~~
489.18 ~~by an individual.~~

489.19 ~~(h) (f) "Standard diagnostic assessment" has the meaning given in Minnesota Rules, part~~
489.20 ~~9505.0370, subpart 11 means the assessment described in section 245I.10, subdivision 6.~~

489.21 ~~(i) (g) "Family" means a person who is identified by the client or the client's parent or~~
489.22 ~~guardian as being important to the client's mental health treatment. Family may include,~~
489.23 ~~but is not limited to, parents, foster parents, children, spouse, committed partners, former~~
489.24 ~~spouses, persons related by blood or adoption, persons who are a part of the client's~~
489.25 ~~permanency plan, or persons who are presently residing together as a family unit.~~

489.26 ~~(j) (h) "Foster care" has the meaning given in section 260C.007, subdivision 18.~~

489.27 ~~(k) (i) "Foster family setting" means the foster home in which the license holder resides.~~

489.28 ~~(l) (j) "Individual treatment plan" has the meaning given in Minnesota Rules, part~~
489.29 ~~9505.0370, subpart 15 means the plan described in section 245I.10, subdivisions 7 and 8.~~

489.30 ~~(m) "Mental health practitioner" has the meaning given in section 245.462, subdivision~~
489.31 ~~17, and a mental health practitioner working as a clinical trainee according to Minnesota~~
489.32 ~~Rules, part 9505.0371, subpart 5, item C.~~

490.1 (k) "Mental health certified family peer specialist" means a staff person who is qualified
490.2 according to section 245I.04, subdivision 12.

490.3 ~~(n) (l) "Mental health professional" has the meaning given in Minnesota Rules, part~~
490.4 ~~9505.0370, subpart 18~~ means a staff person who is qualified according to section 245I.04,
490.5 subdivision 2.

490.6 ~~(o) (m) "Mental illness" has the meaning given in Minnesota Rules, part 9505.0370,~~
490.7 ~~subpart 20~~ section 245I.02, subdivision 29.

490.8 ~~(p) (n) "Parent" has the meaning given in section 260C.007, subdivision 25.~~

490.9 ~~(q) (o) "Psychoeducation services" means information or demonstration provided to an~~
490.10 ~~individual, family, or group to explain, educate, and support the individual, family, or group~~
490.11 ~~in understanding a child's symptoms of mental illness, the impact on the child's development,~~
490.12 ~~and needed components of treatment and skill development so that the individual, family,~~
490.13 ~~or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,~~
490.14 ~~and achieve optimal mental health and long-term resilience.~~

490.15 ~~(r) (p) "Psychotherapy" has the meaning given in Minnesota Rules, part 9505.0370,~~
490.16 ~~subpart 27~~ means the treatment described in section 256B.0671, subdivision 11.

490.17 ~~(s) (q) "Team consultation and treatment planning" means the coordination of treatment~~
490.18 ~~plans and consultation among providers in a group concerning the treatment needs of the~~
490.19 ~~child, including disseminating the child's treatment service schedule to all members of the~~
490.20 ~~service team. Team members must include all mental health professionals working with the~~
490.21 ~~child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and~~
490.22 ~~at least two of the following: an individualized education program case manager; probation~~
490.23 ~~agent; children's mental health case manager; child welfare worker, including adoption or~~
490.24 ~~guardianship worker; primary care provider; foster parent; and any other member of the~~
490.25 ~~child's service team.~~

490.26 (r) "Trauma" has the meaning given in section 245I.02, subdivision 38.

490.27 (s) "Treatment supervision" means the supervision described under section 245I.06.

490.28 Sec. 93. Minnesota Statutes 2020, section 256B.0946, subdivision 2, is amended to read:

490.29 Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from
490.30 birth through age 20, who is currently placed in a foster home licensed under Minnesota
490.31 Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the
490.32 regulations established by a federally recognized Minnesota tribe, and has received: (1) a

491.1 ~~standard diagnostic assessment and an evaluation of level of care needed, as defined in~~
491.2 ~~paragraphs (a) and (b).~~ within 180 days before the start of service that documents that
491.3 intensive treatment services are medically necessary within a foster family setting to
491.4 ameliorate identified symptoms and functional impairments; and (2) a level of care
491.5 assessment as defined in section 245I.02, subdivision 19, that demonstrates that the individual
491.6 requires intensive intervention without 24-hour medical monitoring, and a functional
491.7 assessment as defined in section 245I.02, subdivision 17. The level of care assessment and
491.8 the functional assessment must include information gathered from the placing county, tribe,
491.9 or case manager.

491.10 ~~(a) The diagnostic assessment must:~~

491.11 ~~(1) meet criteria described in Minnesota Rules, part 9505.0372, subpart 1, and be~~
491.12 ~~conducted by a mental health professional or a clinical trainee;~~

491.13 ~~(2) determine whether or not a child meets the criteria for mental illness, as defined in~~
491.14 ~~Minnesota Rules, part 9505.0370, subpart 20;~~

491.15 ~~(3) document that intensive treatment services are medically necessary within a foster~~
491.16 ~~family setting to ameliorate identified symptoms and functional impairments;~~

491.17 ~~(4) be performed within 180 days before the start of service; and~~

491.18 ~~(5) be completed as either a standard or extended diagnostic assessment annually to~~
491.19 ~~determine continued eligibility for the service.~~

491.20 ~~(b) The evaluation of level of care must be conducted by the placing county, tribe, or~~
491.21 ~~case manager in conjunction with the diagnostic assessment as described by Minnesota~~
491.22 ~~Rules, part 9505.0372, subpart 1, item B, using a validated tool approved by the~~
491.23 ~~commissioner of human services and not subject to the rulemaking process, consistent with~~
491.24 ~~section 245.4885, subdivision 1, paragraph (d), the result of which evaluation demonstrates~~
491.25 ~~that the child requires intensive intervention without 24-hour medical monitoring. The~~
491.26 ~~commissioner shall update the list of approved level of care tools annually and publish on~~
491.27 ~~the department's website.~~

491.28 Sec. 94. Minnesota Statutes 2020, section 256B.0946, subdivision 3, is amended to read:

491.29 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for intensive
491.30 children's mental health services in a foster family setting must be certified by the state and
491.31 have a service provision contract with a county board or a reservation tribal council and
491.32 must be able to demonstrate the ability to provide all of the services required in this section
491.33 and meet the standards in chapter 245I, as required in section 245I.011, subdivision 5.

492.1 (b) For purposes of this section, a provider agency must be:

492.2 (1) a county-operated entity certified by the state;

492.3 (2) an Indian Health Services facility operated by a tribe or tribal organization under
492.4 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the
492.5 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

492.6 (3) a noncounty entity.

492.7 (c) Certified providers that do not meet the service delivery standards required in this
492.8 section shall be subject to a decertification process.

492.9 (d) For the purposes of this section, all services delivered to a client must be provided
492.10 by a mental health professional or a clinical trainee.

492.11 Sec. 95. Minnesota Statutes 2020, section 256B.0946, subdivision 4, is amended to read:

492.12 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under
492.13 this section, a provider must develop and practice written policies and procedures for
492.14 intensive treatment in foster care, consistent with subdivision 1, paragraph (b), and comply
492.15 with the following requirements in paragraphs (b) to ~~(n)~~ (l).

492.16 ~~(b) A qualified clinical supervisor, as defined in and performing in compliance with~~
492.17 ~~Minnesota Rules, part 9505.0371, subpart 5, item D, must supervise the treatment and~~
492.18 ~~provision of services described in this section.~~

492.19 ~~(c) Each client receiving treatment services must receive an extended diagnostic~~
492.20 ~~assessment, as described in Minnesota Rules, part 9505.0372, subpart 1, item C, within 30~~
492.21 ~~days of enrollment in this service unless the client has a previous extended diagnostic~~
492.22 ~~assessment that the client, parent, and mental health professional agree still accurately~~
492.23 ~~describes the client's current mental health functioning.~~

492.24 ~~(d)~~ (b) Each previous and current mental health, school, and physical health treatment
492.25 provider must be contacted to request documentation of treatment and assessments that the
492.26 eligible client has received. This information must be reviewed and incorporated into the
492.27 standard diagnostic assessment and team consultation and treatment planning review process.

492.28 ~~(e)~~ (c) Each client receiving treatment must be assessed for a trauma history, and the
492.29 client's treatment plan must document how the results of the assessment will be incorporated
492.30 into treatment.

493.1 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
493.2 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
493.3 least every 90 days or prior to discharge from the service, whichever comes first.

493.4 ~~(e)~~ (e) Each client receiving treatment services must have an individual treatment plan
493.5 that is reviewed, evaluated, and ~~signed~~ approved every 90 days using the team consultation
493.6 and treatment planning process, ~~as defined in subdivision 1a, paragraph (s).~~

493.7 ~~(f)~~ (f) Clinical care consultation, ~~as defined in subdivision 1a, paragraph (a),~~ must be
493.8 provided in accordance with the client's individual treatment plan.

493.9 ~~(g)~~ (g) Each client must have a crisis ~~assistance~~ plan within ten days of initiating services
493.10 and must have access to clinical phone support 24 hours per day, seven days per week,
493.11 during the course of treatment. The crisis plan must demonstrate coordination with the local
493.12 or regional mobile crisis intervention team.

493.13 ~~(h)~~ (h) Services must be delivered and documented at least three days per week, equaling
493.14 at least six hours of treatment per week, unless reduced units of service are specified on the
493.15 treatment plan as part of transition or on a discharge plan to another service or level of care.
493.16 ~~Documentation must comply with Minnesota Rules, parts 9505.2175 and 9505.2197.~~

493.17 ~~(i)~~ (i) Location of service delivery must be in the client's home, day care setting, school,
493.18 or other community-based setting that is specified on the client's individualized treatment
493.19 plan.

493.20 ~~(j)~~ (j) Treatment must be developmentally and culturally appropriate for the client.

493.21 ~~(k)~~ (k) Services must be delivered in continual collaboration and consultation with the
493.22 client's medical providers and, in particular, with prescribers of psychotropic medications,
493.23 including those prescribed on an off-label basis. Members of the service team must be aware
493.24 of the medication regimen and potential side effects.

493.25 ~~(l)~~ (l) Parents, siblings, foster parents, and members of the child's permanency plan
493.26 must be involved in treatment and service delivery unless otherwise noted in the treatment
493.27 plan.

493.28 ~~(m)~~ (m) Transition planning for the child must be conducted starting with the first
493.29 treatment plan and must be addressed throughout treatment to support the child's permanency
493.30 plan and postdischarge mental health service needs.

494.1 Sec. 96. Minnesota Statutes 2020, section 256B.0946, subdivision 6, is amended to read:

494.2 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this
494.3 section and are not eligible for medical assistance payment as components of intensive
494.4 treatment in foster care services, but may be billed separately:

494.5 (1) inpatient psychiatric hospital treatment;

494.6 (2) mental health targeted case management;

494.7 (3) partial hospitalization;

494.8 (4) medication management;

494.9 (5) children's mental health day treatment services;

494.10 (6) crisis response services under section ~~256B.0944~~ 256B.0624; and

494.11 (7) transportation; and

494.12 (8) mental health certified family peer specialist services under section 256B.0616.

494.13 (b) Children receiving intensive treatment in foster care services are not eligible for
494.14 medical assistance reimbursement for the following services while receiving intensive
494.15 treatment in foster care:

494.16 (1) psychotherapy and skills training components of children's therapeutic services and
494.17 supports under section ~~256B.0625, subdivision 35b~~ 256B.0943;

494.18 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
494.19 1, paragraph ~~(m)~~ (l);

494.20 (3) home and community-based waiver services;

494.21 (4) mental health residential treatment; and

494.22 (5) room and board costs as defined in section 256I.03, subdivision 6.

494.23 Sec. 97. Minnesota Statutes 2020, section 256B.0947, subdivision 1, is amended to read:

494.24 Subdivision 1. **Scope.** ~~Effective November 1, 2011, and~~ Subject to federal approval,
494.25 medical assistance covers medically necessary, intensive nonresidential rehabilitative mental
494.26 health services ~~as defined in subdivision 2, for recipients as defined in subdivision 3,~~ when
494.27 the services are provided by an entity meeting the standards in this section. The provider
494.28 entity must make reasonable and good faith efforts to report individual client outcomes to
494.29 the commissioner, using instruments and protocols approved by the commissioner.

495.1 Sec. 98. Minnesota Statutes 2020, section 256B.0947, subdivision 2, is amended to read:

495.2 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
495.3 given them.

495.4 (a) "Intensive nonresidential rehabilitative mental health services" means child
495.5 rehabilitative mental health services as defined in section 256B.0943, except that these
495.6 services are provided by a multidisciplinary staff using a total team approach consistent
495.7 with assertive community treatment, as adapted for youth, and are directed to recipients
495.8 ~~ages 16, 17, 18, 19, or 20 with a serious mental illness or co-occurring mental illness and~~
495.9 ~~substance abuse addiction~~ who require intensive services to prevent admission to an inpatient
495.10 psychiatric hospital or placement in a residential treatment facility or who require intensive
495.11 services to step down from inpatient or residential care to community-based care.

495.12 (b) "Co-occurring mental illness and substance ~~abuse addiction~~ use disorder" means a
495.13 dual diagnosis of at least one form of mental illness and at least one substance use disorder.
495.14 Substance use disorders include alcohol or drug abuse or dependence, excluding nicotine
495.15 use.

495.16 (c) "Standard diagnostic assessment" ~~has the meaning given to it in Minnesota Rules,~~
495.17 ~~part 9505.0370, subpart 11. A diagnostic assessment must be provided according to~~
495.18 ~~Minnesota Rules, part 9505.0372, subpart 1, and for this section must incorporate a~~
495.19 ~~determination of the youth's necessary level of care using a standardized functional~~
495.20 ~~assessment instrument approved and periodically updated by the commissioner~~ means the
495.21 assessment described in section 245I.10, subdivision 6.

495.22 (d) "~~Education specialist~~" ~~means an individual with knowledge and experience working~~
495.23 ~~with youth regarding special education requirements and goals, special education plans,~~
495.24 ~~and coordination of educational activities with health care activities.~~

495.25 (e) "~~Housing access support~~" ~~means an ancillary activity to help an individual find,~~
495.26 ~~obtain, retain, and move to safe and adequate housing. Housing access support does not~~
495.27 ~~provide monetary assistance for rent, damage deposits, or application fees.~~

495.28 (f) "~~Integrated dual disorders treatment~~" ~~means the integrated treatment of co-occurring~~
495.29 ~~mental illness and substance use disorders by a team of cross-trained clinicians within the~~
495.30 ~~same program, and is characterized by assertive outreach, stage-wise comprehensive~~
495.31 ~~treatment, treatment goal setting, and flexibility to work within each stage of treatment.~~

495.32 (g) (d) "Medication education services" means services provided individually or in
495.33 groups, which focus on:

496.1 (1) educating the client and client's family or significant nonfamilial supporters about
496.2 mental illness and symptoms;

496.3 (2) the role and effects of medications in treating symptoms of mental illness; and

496.4 (3) the side effects of medications.

496.5 Medication education is coordinated with medication management services and does not
496.6 duplicate it. Medication education services are provided by physicians, pharmacists, or
496.7 registered nurses with certification in psychiatric and mental health care.

496.8 ~~(h) "Peer specialist" means an employed team member who is a mental health certified~~
496.9 ~~peer specialist according to section 256B.0615 and also a former children's mental health~~
496.10 ~~consumer who:~~

496.11 ~~(1) provides direct services to clients including social, emotional, and instrumental~~
496.12 ~~support and outreach;~~

496.13 ~~(2) assists younger peers to identify and achieve specific life goals;~~

496.14 ~~(3) works directly with clients to promote the client's self-determination, personal~~
496.15 ~~responsibility, and empowerment;~~

496.16 ~~(4) assists youth with mental illness to regain control over their lives and their~~
496.17 ~~developmental process in order to move effectively into adulthood;~~

496.18 ~~(5) provides training and education to other team members, consumer advocacy~~
496.19 ~~organizations, and clients on resiliency and peer support; and~~

496.20 ~~(6) meets the following criteria:~~

496.21 ~~(i) is at least 22 years of age;~~

496.22 ~~(ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370,~~
496.23 ~~subpart 20, or co-occurring mental illness and substance abuse addiction;~~

496.24 ~~(iii) is a former consumer of child and adolescent mental health services, or a former or~~
496.25 ~~current consumer of adult mental health services for a period of at least two years;~~

496.26 ~~(iv) has at least a high school diploma or equivalent;~~

496.27 ~~(v) has successfully completed training requirements determined and periodically updated~~
496.28 ~~by the commissioner;~~

496.29 ~~(vi) is willing to disclose the individual's own mental health history to team members~~
496.30 ~~and clients; and~~

497.1 ~~(vii) must be free of substance use problems for at least one year.~~

497.2 (e) "Mental health professional" means a staff person who is qualified according to
497.3 section 245I.04, subdivision 2.

497.4 ~~(f)~~ (f) "Provider agency" means a for-profit or nonprofit organization established to
497.5 administer an assertive community treatment for youth team.

497.6 ~~(g)~~ (g) "Substance use disorders" means one or more of the disorders defined in the
497.7 diagnostic and statistical manual of mental disorders, current edition.

497.8 ~~(h)~~ (h) "Transition services" means:

497.9 (1) activities, materials, consultation, and coordination that ensures continuity of the
497.10 client's care in advance of and in preparation for the client's move from one stage of care
497.11 or life to another by maintaining contact with the client and assisting the client to establish
497.12 provider relationships;

497.13 (2) providing the client with knowledge and skills needed posttransition;

497.14 (3) establishing communication between sending and receiving entities;

497.15 (4) supporting a client's request for service authorization and enrollment; and

497.16 (5) establishing and enforcing procedures and schedules.

497.17 A youth's transition from the children's mental health system and services to the adult
497.18 mental health system and services and return to the client's home and entry or re-entry into
497.19 community-based mental health services following discharge from an out-of-home placement
497.20 or inpatient hospital stay.

497.21 ~~(i)~~ (i) "Treatment team" means all staff who provide services to recipients under this
497.22 section.

497.23 ~~(j)~~ (j) "Family peer specialist" means a staff person who is qualified under section
497.24 256B.0616.

497.25 Sec. 99. Minnesota Statutes 2020, section 256B.0947, subdivision 3, is amended to read:

497.26 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

497.27 (1) is age 16, 17, 18, 19, or 20; and

497.28 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
497.29 ~~abuse addiction~~ use disorder, for which intensive nonresidential rehabilitative mental health
497.30 services are needed;

498.1 (3) has received a ~~level of care determination, using an instrument approved by the~~
498.2 ~~commissioner~~ level of care assessment as defined in section 245I.02, subdivision 19, that
498.3 indicates a need for intensive integrated intervention without 24-hour medical monitoring
498.4 and a need for extensive collaboration among multiple providers;

498.5 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,
498.6 that indicates functional impairment and a history of difficulty in functioning safely and
498.7 successfully in the community, school, home, or job; or who is likely to need services from
498.8 the adult mental health system within the next two years; and

498.9 (5) has had a recent standard diagnostic assessment, ~~as provided in Minnesota Rules,~~
498.10 ~~part 9505.0372, subpart 1, by a mental health professional who is qualified under Minnesota~~
498.11 ~~Rules, part 9505.0371, subpart 5, item A,~~ that documents that intensive nonresidential
498.12 rehabilitative mental health services are medically necessary to ameliorate identified
498.13 symptoms and functional impairments and to achieve individual transition goals.

498.14 Sec. 100. Minnesota Statutes 2020, section 256B.0947, subdivision 3a, is amended to
498.15 read:

498.16 Subd. 3a. **Required service components.** ~~(a) Subject to federal approval, medical~~
498.17 ~~assistance covers all medically necessary intensive nonresidential rehabilitative mental~~
498.18 ~~health services and supports, as defined in this section, under a single daily rate per client.~~
498.19 ~~Services and supports must be delivered by an eligible provider under subdivision 5 to an~~
498.20 ~~eligible client under subdivision 3.~~

498.21 ~~(b)~~ (a) Intensive nonresidential rehabilitative mental health services, supports, and
498.22 ancillary activities are covered by ~~the~~ a single daily rate per client must include the following,
498.23 as needed by the individual client:

498.24 (1) individual, family, and group psychotherapy;

498.25 (2) individual, family, and group skills training, as defined in section 256B.0943,
498.26 subdivision 1, paragraph (t);

498.27 (3) crisis assistance planning as defined in section 245.4871, subdivision 9a, ~~which~~
498.28 ~~includes recognition of factors precipitating a mental health crisis, identification of behaviors~~
498.29 ~~related to the crisis, and the development of a plan to address prevention, intervention, and~~
498.30 ~~follow-up strategies to be used in the lead-up to or onset of, and conclusion of, a mental~~
498.31 ~~health crisis; crisis assistance does not mean crisis response services or crisis intervention~~
498.32 ~~services provided in section 256B.0944;~~

499.1 (4) medication management provided by a physician or an advanced practice registered
499.2 nurse with certification in psychiatric and mental health care;

499.3 (5) mental health case management as provided in section 256B.0625, subdivision 20;

499.4 (6) medication education services as defined in this section;

499.5 (7) care coordination by a client-specific lead worker assigned by and responsible to the
499.6 treatment team;

499.7 (8) psychoeducation of and consultation and coordination with the client's biological,
499.8 adoptive, or foster family and, in the case of a youth living independently, the client's
499.9 immediate nonfamilial support network;

499.10 (9) clinical consultation to a client's employer or school or to other service agencies or
499.11 to the courts to assist in managing the mental illness or co-occurring disorder and to develop
499.12 client support systems;

499.13 (10) coordination with, or performance of, crisis intervention and stabilization services
499.14 as defined in section ~~256B.0944~~ 256B.0624;

499.15 ~~(11) assessment of a client's treatment progress and effectiveness of services using~~
499.16 ~~standardized outcome measures published by the commissioner;~~

499.17 ~~(12) (11) transition services as defined in this section;~~

499.18 ~~(13) integrated dual disorders treatment as defined in this section~~ (12) co-occurring
499.19 substance use disorder treatment as defined in section 245I.02, subdivision 11; and

499.20 ~~(14) (13) housing access support that assists clients to find, obtain, retain, and move to~~
499.21 safe and adequate housing. Housing access support does not provide monetary assistance
499.22 for rent, damage deposits, or application fees.

499.23 ~~(e) (b)~~ The provider shall ensure and document the following by means of performing
499.24 the required function or by contracting with a qualified person or entity:

499.25 ~~(1)~~ client access to crisis intervention services, as defined in section ~~256B.0944~~
499.26 256B.0624, and available 24 hours per day and seven days per week;

499.27 ~~(2) completion of an extended diagnostic assessment, as defined in Minnesota Rules,~~
499.28 ~~part 9505.0372, subpart 1, item C; and~~

499.29 ~~(3) determination of the client's needed level of care using an instrument approved and~~
499.30 ~~periodically updated by the commissioner.~~

500.1 Sec. 101. Minnesota Statutes 2020, section 256B.0947, subdivision 5, is amended to read:

500.2 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
500.3 must ~~be provided by a provider entity as provided in subdivision 4~~ meet the standards in
500.4 this section and chapter 245I as required in section 245I.011, subdivision 5.

500.5 (b) The treatment team for intensive nonresidential rehabilitative mental health services
500.6 comprises both permanently employed core team members and client-specific team members
500.7 as follows:

500.8 (1) ~~The core treatment team is an entity that operates under the direction of an~~
500.9 ~~independently licensed mental health professional, who is qualified under Minnesota Rules,~~
500.10 ~~part 9505.0371, subpart 5, item A, and that assumes comprehensive clinical responsibility~~
500.11 ~~for clients.~~ Based on professional qualifications and client needs, clinically qualified core
500.12 team members are assigned on a rotating basis as the client's lead worker to coordinate a
500.13 client's care. The core team must comprise at least four full-time equivalent direct care staff
500.14 and must minimally include, ~~but is not limited to:~~

500.15 (i) ~~an independently licensed~~ a mental health professional, ~~qualified under Minnesota~~
500.16 ~~Rules, part 9505.0371, subpart 5, item A,~~ who serves as team leader to provide administrative
500.17 direction and clinical treatment supervision to the team;

500.18 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
500.19 health care or a board-certified child and adolescent psychiatrist, either of which must be
500.20 credentialed to prescribe medications;

500.21 (iii) a licensed alcohol and drug counselor who is also trained in mental health
500.22 interventions; and

500.23 (iv) a mental health certified peer specialist as defined in subdivision 2, paragraph (h)
500.24 who is qualified according to section 245I.04, subdivision 10, and is also a former children's
500.25 mental health consumer.

500.26 (2) The core team may also include any of the following:

500.27 (i) additional mental health professionals;

500.28 (ii) a vocational specialist;

500.29 (iii) an educational specialist with knowledge and experience working with youth
500.30 regarding special education requirements and goals, special education plans, and coordination
500.31 of educational activities with health care activities;

500.32 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

- 501.1 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;
- 501.2 ~~(vi) a mental health practitioner, as defined in section 245.4871, subdivision 26~~ qualified
- 501.3 according to section 245I.04, subdivision 4;
- 501.4 ~~(vi)~~ (vii) a case management service provider, as defined in section 245.4871, subdivision
- 501.5 4;
- 501.6 ~~(vii)~~ (viii) a housing access specialist; and
- 501.7 ~~(viii)~~ (ix) a family peer specialist as defined in subdivision 2, paragraph (m).
- 501.8 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
- 501.9 members not employed by the team who consult on a specific client and who must accept
- 501.10 overall clinical direction from the treatment team for the duration of the client's placement
- 501.11 with the treatment team and must be paid by the provider agency at the rate for a typical
- 501.12 session by that provider with that client or at a rate negotiated with the client-specific
- 501.13 member. Client-specific treatment team members may include:
- 501.14 (i) the mental health professional treating the client prior to placement with the treatment
- 501.15 team;
- 501.16 (ii) the client's current substance ~~abuse~~ use counselor, if applicable;
- 501.17 (iii) a lead member of the client's individualized education program team or school-based
- 501.18 mental health provider, if applicable;
- 501.19 (iv) a representative from the client's health care home or primary care clinic, as needed
- 501.20 to ensure integration of medical and behavioral health care;
- 501.21 (v) the client's probation officer or other juvenile justice representative, if applicable;
- 501.22 and
- 501.23 (vi) the client's current vocational or employment counselor, if applicable.
- 501.24 (c) The ~~clinical~~ treatment supervisor shall be an active member of the treatment team
- 501.25 and shall function as a practicing clinician at least on a part-time basis. The treatment team
- 501.26 shall meet with the ~~clinical~~ treatment supervisor at least weekly to discuss recipients' progress
- 501.27 and make rapid adjustments to meet recipients' needs. The team meeting must include
- 501.28 client-specific case reviews and general treatment discussions among team members.
- 501.29 Client-specific case reviews and planning must be documented in the individual client's
- 501.30 treatment record.
- 501.31 (d) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
- 501.32 team position.

502.1 (e) The treatment team shall serve no more than 80 clients at any one time. Should local
502.2 demand exceed the team's capacity, an additional team must be established rather than
502.3 exceed this limit.

502.4 (f) Nonclinical staff shall have prompt access in person or by telephone to a mental
502.5 health practitioner, clinical trainee, or mental health professional. The provider shall have
502.6 the capacity to promptly and appropriately respond to emergent needs and make any
502.7 necessary staffing adjustments to ensure the health and safety of clients.

502.8 (g) The intensive nonresidential rehabilitative mental health services provider shall
502.9 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
502.10 as conducted by the commissioner, including the collection and reporting of data and the
502.11 reporting of performance measures as specified by contract with the commissioner.

502.12 (h) A regional treatment team may serve multiple counties.

502.13 Sec. 102. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

502.14 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
502.15 nonresidential rehabilitative mental health services.

502.16 (a) The treatment team must use team treatment, not an individual treatment model.

502.17 (b) Services must be available at times that meet client needs.

502.18 (c) Services must be age-appropriate and meet the specific needs of the client.

502.19 (d) ~~The initial functional assessment must be completed within ten days of intake and~~
502.20 level of care assessment as defined in section 245I.02, subdivision 19, and functional
502.21 assessment as defined in section 245I.02, subdivision 17, must be updated at least every six
502.22 ~~months~~ 90 days or prior to discharge from the service, whichever comes first.

502.23 (e) The treatment team must complete an individual treatment plan ~~must~~ for each client,
502.24 according to section 245I.10, subdivisions 7 and 8, and the individual treatment plan must:

502.25 ~~(1) be based on the information in the client's diagnostic assessment and baselines;~~

502.26 ~~(2) identify goals and objectives of treatment, a treatment strategy, a schedule for~~
502.27 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
502.28 ~~treatment services and supports;~~

502.29 ~~(3) be developed after completion of the client's diagnostic assessment by a mental health~~
502.30 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
502.31 ~~and supports;~~

503.1 ~~(4) be developed through a child-centered, family-driven, culturally appropriate planning~~
503.2 ~~process, including allowing parents and guardians to observe or participate in individual~~
503.3 ~~and family treatment services, assessments, and treatment planning;~~

503.4 ~~(5) be reviewed at least once every six months and revised to document treatment progress~~
503.5 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
503.6 ~~changes in treatment;~~

503.7 ~~(6) be signed by the clinical supervisor and by the client or by the client's parent or other~~
503.8 ~~person authorized by statute to consent to mental health services for the client. A client's~~
503.9 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
503.10 ~~by documented oral approval that is later verified by written signature;~~

503.11 ~~(7)~~ (1) be completed in consultation with the client's current therapist and key providers
503.12 and provide for ongoing consultation with the client's current therapist to ensure therapeutic
503.13 continuity and to facilitate the client's return to the community. For clients under the age of
503.14 18, the treatment team must consult with parents and guardians in developing the treatment
503.15 plan;

503.16 ~~(8)~~ (2) if a need for substance use disorder treatment is indicated by validated assessment:

503.17 (i) identify goals, objectives, and strategies of substance use disorder treatment;

503.18 (ii) develop a schedule for accomplishing substance use disorder treatment goals and
503.19 objectives; and

503.20 (iii) identify the individuals responsible for providing substance use disorder treatment
503.21 services and supports;

503.22 ~~(ii) be reviewed at least once every 90 days and revised, if necessary;~~

503.23 ~~(9) be signed by the clinical supervisor and by the client and, if the client is a minor, by~~
503.24 ~~the client's parent or other person authorized by statute to consent to mental health treatment~~
503.25 ~~and substance use disorder treatment for the client; and~~

503.26 ~~(10)~~ (3) provide for the client's transition out of intensive nonresidential rehabilitative
503.27 mental health services by defining the team's actions to assist the client and subsequent
503.28 providers in the transition to less intensive or "stepped down" services; and

503.29 (4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days
503.30 and revised to document treatment progress or, if progress is not documented, to document
503.31 changes in treatment.

504.1 (f) The treatment team shall actively and assertively engage the client's family members
504.2 and significant others by establishing communication and collaboration with the family and
504.3 significant others and educating the family and significant others about the client's mental
504.4 illness, symptom management, and the family's role in treatment, unless the team knows or
504.5 has reason to suspect that the client has suffered or faces a threat of suffering any physical
504.6 or mental injury, abuse, or neglect from a family member or significant other.

504.7 (g) For a client age 18 or older, the treatment team may disclose to a family member,
504.8 other relative, or a close personal friend of the client, or other person identified by the client,
504.9 the protected health information directly relevant to such person's involvement with the
504.10 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
504.11 client is present, the treatment team shall obtain the client's agreement, provide the client
504.12 with an opportunity to object, or reasonably infer from the circumstances, based on the
504.13 exercise of professional judgment, that the client does not object. If the client is not present
504.14 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
504.15 team may, in the exercise of professional judgment, determine whether the disclosure is in
504.16 the best interests of the client and, if so, disclose only the protected health information that
504.17 is directly relevant to the family member's, relative's, friend's, or client-identified person's
504.18 involvement with the client's health care. The client may orally agree or object to the
504.19 disclosure and may prohibit or restrict disclosure to specific individuals.

504.20 (h) The treatment team shall provide interventions to promote positive interpersonal
504.21 relationships.

504.22 Sec. 103. Minnesota Statutes 2020, section 256B.0947, subdivision 7, is amended to read:

504.23 Subd. 7. **Medical assistance payment and rate setting.** (a) Payment for services in this
504.24 section must be based on one daily encounter rate per provider inclusive of the following
504.25 services received by an eligible client in a given calendar day: all rehabilitative services,
504.26 supports, and ancillary activities under this section, staff travel time to provide rehabilitative
504.27 services under this section, and crisis response services under section ~~256B.0944~~ 256B.0624.

504.28 (b) Payment must not be made to more than one entity for each client for services
504.29 provided under this section on a given day. If services under this section are provided by a
504.30 team that includes staff from more than one entity, the team shall determine how to distribute
504.31 the payment among the members.

504.32 (c) The commissioner shall establish regional cost-based rates for entities that will bill
504.33 medical assistance for nonresidential intensive rehabilitative mental health services. In
504.34 developing these rates, the commissioner shall consider:

- 505.1 (1) the cost for similar services in the health care trade area;
- 505.2 (2) actual costs incurred by entities providing the services;
- 505.3 (3) the intensity and frequency of services to be provided to each client;
- 505.4 (4) the degree to which clients will receive services other than services under this section;
- 505.5 and
- 505.6 (5) the costs of other services that will be separately reimbursed.
- 505.7 (d) The rate for a provider must not exceed the rate charged by that provider for the
- 505.8 same service to other payers.

505.9 Sec. 104. Minnesota Statutes 2020, section 256B.0949, subdivision 2, is amended to read:

505.10 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this

505.11 subdivision.

505.12 (b) "Agency" means the legal entity that is enrolled with Minnesota health care programs

505.13 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide

505.14 EIDBI services and that has the legal responsibility to ensure that its employees or contractors

505.15 carry out the responsibilities defined in this section. Agency includes a licensed individual

505.16 professional who practices independently and acts as an agency.

505.17 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"

505.18 means either autism spectrum disorder (ASD) as defined in the current version of the

505.19 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found

505.20 to be closely related to ASD, as identified under the current version of the DSM, and meets

505.21 all of the following criteria:

505.22 (1) is severe and chronic;

505.23 (2) results in impairment of adaptive behavior and function similar to that of a person

505.24 with ASD;

505.25 (3) requires treatment or services similar to those required for a person with ASD; and

505.26 (4) results in substantial functional limitations in three core developmental deficits of

505.27 ASD: social or interpersonal interaction; functional communication, including nonverbal

505.28 or social communication; and restrictive or repetitive behaviors or hyperreactivity or

505.29 hyporeactivity to sensory input; and may include deficits or a high level of support in one

505.30 or more of the following domains:

505.31 (i) behavioral challenges and self-regulation;

- 506.1 (ii) cognition;
- 506.2 (iii) learning and play;
- 506.3 (iv) self-care; or
- 506.4 (v) safety.
- 506.5 (d) "Person" means a person under 21 years of age.
- 506.6 (e) "Clinical supervision" means the overall responsibility for the control and direction
- 506.7 of EIDBI service delivery, including individual treatment planning, staff supervision,
- 506.8 individual treatment plan progress monitoring, and treatment review for each person. Clinical
- 506.9 supervision is provided by a qualified supervising professional (QSP) who takes full
- 506.10 professional responsibility for the service provided by each supervisee.
- 506.11 (f) "Commissioner" means the commissioner of human services, unless otherwise
- 506.12 specified.
- 506.13 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
- 506.14 evaluation of a person to determine medical necessity for EIDBI services based on the
- 506.15 requirements in subdivision 5.
- 506.16 (h) "Department" means the Department of Human Services, unless otherwise specified.
- 506.17 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
- 506.18 benefit" means a variety of individualized, intensive treatment modalities approved and
- 506.19 published by the commissioner that are based in behavioral and developmental science
- 506.20 consistent with best practices on effectiveness.
- 506.21 (j) "Generalizable goals" means results or gains that are observed during a variety of
- 506.22 activities over time with different people, such as providers, family members, other adults,
- 506.23 and people, and in different environments including, but not limited to, clinics, homes,
- 506.24 schools, and the community.
- 506.25 (k) "Incident" means when any of the following occur:
- 506.26 (1) an illness, accident, or injury that requires first aid treatment;
- 506.27 (2) a bump or blow to the head; or
- 506.28 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,
- 506.29 including a person leaving the agency unattended.
- 506.30 (l) "Individual treatment plan" or "ITP" means the person-centered, individualized written
- 506.31 plan of care that integrates and coordinates person and family information from the CMDE

507.1 for a person who meets medical necessity for the EIDBI benefit. An individual treatment
507.2 plan must meet the standards in subdivision 6.

507.3 (m) "Legal representative" means the parent of a child who is under 18 years of age, a
507.4 court-appointed guardian, or other representative with legal authority to make decisions
507.5 about service for a person. For the purpose of this subdivision, "other representative with
507.6 legal authority to make decisions" includes a health care agent or an attorney-in-fact
507.7 authorized through a health care directive or power of attorney.

507.8 (n) "Mental health professional" ~~has the meaning given in~~ means a staff person who is
507.9 qualified according to section 245.4871, subdivision 27, clauses (1) to (6) 245I.04,
507.10 subdivision 2.

507.11 (o) "Person-centered" means a service that both responds to the identified needs, interests,
507.12 values, preferences, and desired outcomes of the person or the person's legal representative
507.13 and respects the person's history, dignity, and cultural background and allows inclusion and
507.14 participation in the person's community.

507.15 (p) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II, or
507.16 level III treatment provider.

507.17 Sec. 105. Minnesota Statutes 2020, section 256B.0949, subdivision 4, is amended to read:

507.18 Subd. 4. **Diagnosis.** (a) A diagnosis of ASD or a related condition must:

507.19 (1) be based upon current DSM criteria including direct observations of the person and
507.20 information from the person's legal representative or primary caregivers;

507.21 (2) be completed by either (i) a licensed physician or advanced practice registered nurse
507.22 or (ii) a mental health professional; and

507.23 (3) meet the requirements of ~~Minnesota Rules, part 9505.0372, subpart 1, items B and~~
507.24 € a standard diagnostic assessment according to section 245I.10, subdivision 6.

507.25 (b) Additional assessment information may be considered to complete a diagnostic
507.26 assessment including specialized tests administered through special education evaluations
507.27 and licensed school personnel, and from professionals licensed in the fields of medicine,
507.28 speech and language, psychology, occupational therapy, and physical therapy. A diagnostic
507.29 assessment may include treatment recommendations.

508.1 Sec. 106. Minnesota Statutes 2020, section 256B.0949, subdivision 5a, is amended to
508.2 read:

508.3 Subd. 5a. **Comprehensive multidisciplinary evaluation provider qualification.** A
508.4 CMDE provider must:

508.5 (1) be a licensed physician, advanced practice registered nurse, a mental health
508.6 professional, or a ~~mental health practitioner who meets the requirements of a clinical trainee~~
508.7 ~~as defined in Minnesota Rules, part 9505.0371, subpart 5, item C~~ who is qualified according
508.8 to section 245I.04, subdivision 6;

508.9 (2) have at least 2,000 hours of clinical experience in the evaluation and treatment of
508.10 people with ASD or a related condition or equivalent documented coursework at the graduate
508.11 level by an accredited university in the following content areas: ASD or a related condition
508.12 diagnosis, ASD or a related condition treatment strategies, and child development; and

508.13 (3) be able to diagnose, evaluate, or provide treatment within the provider's scope of
508.14 practice and professional license.

508.15 Sec. 107. Minnesota Statutes 2020, section 256B.25, subdivision 3, is amended to read:

508.16 Subd. 3. **Payment exceptions.** The limitation in subdivision 2 shall not apply to:

508.17 (1) payment of Minnesota supplemental assistance funds to recipients who reside in
508.18 facilities which are involved in litigation contesting their designation as an institution for
508.19 treatment of mental disease;

508.20 (2) payment or grants to a boarding care home or supervised living facility licensed by
508.21 the Department of Human Services under Minnesota Rules, parts 2960.0130 to 2960.0220
508.22 ~~or~~, 2960.0580 to 2960.0700, or 9520.0500 to 9520.0670, or under chapter 245G or 245I,
508.23 or payment to recipients who reside in these facilities;

508.24 (3) payments or grants to a boarding care home or supervised living facility which are
508.25 ineligible for certification under United States Code, title 42, sections 1396-1396p;

508.26 (4) payments or grants otherwise specifically authorized by statute or rule.

508.27 Sec. 108. Minnesota Statutes 2020, section 256B.761, is amended to read:

508.28 **256B.761 REIMBURSEMENT FOR MENTAL HEALTH SERVICES.**

508.29 (a) Effective for services rendered on or after July 1, 2001, payment for medication
508.30 management provided to psychiatric patients, outpatient mental health services, day treatment
508.31 services, home-based mental health services, and family community support services shall

509.1 be paid at the lower of (1) submitted charges, or (2) 75.6 percent of the 50th percentile of
509.2 1999 charges.

509.3 (b) Effective July 1, 2001, the medical assistance rates for outpatient mental health
509.4 services provided by an entity that operates: (1) a Medicare-certified comprehensive
509.5 outpatient rehabilitation facility; and (2) a facility that was certified prior to January 1, 1993,
509.6 with at least 33 percent of the clients receiving rehabilitation services in the most recent
509.7 calendar year who are medical assistance recipients, will be increased by 38 percent, when
509.8 those services are provided within the comprehensive outpatient rehabilitation facility and
509.9 provided to residents of nursing facilities owned by the entity.

509.10 ~~(e) The commissioner shall establish three levels of payment for mental health diagnostic~~
509.11 ~~assessment, based on three levels of complexity. The aggregate payment under the tiered~~
509.12 ~~rates must not exceed the projected aggregate payments for mental health diagnostic~~
509.13 ~~assessment under the previous single rate. The new rate structure is effective January 1,~~
509.14 ~~2011, or upon federal approval, whichever is later.~~

509.15 ~~(d)~~ (c) In addition to rate increases otherwise provided, the commissioner may restructure
509.16 coverage policy and rates to improve access to adult rehabilitative mental health services
509.17 under section 256B.0623 and related mental health support services under section 256B.021,
509.18 subdivision 4, paragraph (f), clause (2). For state fiscal years 2015 and 2016, the projected
509.19 state share of increased costs due to this paragraph is transferred from adult mental health
509.20 grants under sections 245.4661 and 256E.12. The transfer for fiscal year 2016 is a permanent
509.21 base adjustment for subsequent fiscal years. Payments made to managed care plans and
509.22 county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect
509.23 the rate changes described in this paragraph.

509.24 ~~(e)~~ (d) Any rates effective before July 1, 2015, do not apply to early intensive
509.25 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

509.26 Sec. 109. Minnesota Statutes 2020, section 256B.763, is amended to read:

509.27 **256B.763 CRITICAL ACCESS MENTAL HEALTH RATE INCREASE.**

509.28 (a) For services defined in paragraph (b) and rendered on or after July 1, 2007, payment
509.29 rates shall be increased by 23.7 percent over the rates in effect on January 1, 2006, for:

509.30 (1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;

509.31 (2) community mental health centers under section 256B.0625, subdivision 5; and

510.1 (3) mental health clinics ~~and centers~~ certified under ~~Minnesota Rules, parts 9520.0750~~
510.2 ~~to 9520.0870~~ section 245I.20, or hospital outpatient psychiatric departments that are
510.3 designated as essential community providers under section 62Q.19.

510.4 (b) This increase applies to group skills training when provided as a component of
510.5 children's therapeutic services and support, psychotherapy, medication management,
510.6 evaluation and management, diagnostic assessment, explanation of findings, psychological
510.7 testing, neuropsychological services, direction of behavioral aides, and inpatient consultation.

510.8 (c) This increase does not apply to rates that are governed by section 256B.0625,
510.9 subdivision 30, or 256B.761, paragraph (b), other cost-based rates, rates that are negotiated
510.10 with the county, rates that are established by the federal government, or rates that increased
510.11 between January 1, 2004, and January 1, 2005.

510.12 (d) The commissioner shall adjust rates paid to prepaid health plans under contract with
510.13 the commissioner to reflect the rate increases provided in paragraphs (a), (e), and (f). The
510.14 prepaid health plan must pass this rate increase to the providers identified in paragraphs (a),
510.15 (e), (f), and (g).

510.16 (e) Payment rates shall be increased by 23.7 percent over the rates in effect on December
510.17 31, 2007, for:

510.18 (1) medication education services provided on or after January 1, 2008, by adult
510.19 rehabilitative mental health services providers certified under section 256B.0623; and

510.20 (2) mental health behavioral aide services provided on or after January 1, 2008, by
510.21 children's therapeutic services and support providers certified under section 256B.0943.

510.22 (f) For services defined in paragraph (b) and rendered on or after January 1, 2008, by
510.23 children's therapeutic services and support providers certified under section 256B.0943 and
510.24 not already included in paragraph (a), payment rates shall be increased by 23.7 percent over
510.25 the rates in effect on December 31, 2007.

510.26 (g) Payment rates shall be increased by 2.3 percent over the rates in effect on December
510.27 31, 2007, for individual and family skills training provided on or after January 1, 2008, by
510.28 children's therapeutic services and support providers certified under section 256B.0943.

510.29 (h) For services described in paragraphs (b), (e), and (g) and rendered on or after July
510.30 1, 2017, payment rates for mental health clinics ~~and centers~~ certified under ~~Minnesota Rules,~~
510.31 ~~parts 9520.0750 to 9520.0870~~ section 245I.20, that are not designated as essential community
510.32 providers under section 62Q.19 shall be equal to payment rates for mental health clinics
510.33 ~~and centers~~ certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~ section 245I.20,

511.1 that are designated as essential community providers under section 62Q.19. In order to
511.2 receive increased payment rates under this paragraph, a provider must demonstrate a
511.3 commitment to serve low-income and underserved populations by:

511.4 (1) charging for services on a sliding-fee schedule based on current poverty income
511.5 guidelines; and

511.6 (2) not restricting access or services because of a client's financial limitation.

511.7 Sec. 110. Minnesota Statutes 2020, section 256P.01, subdivision 6a, is amended to read:

511.8 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified
511.9 professional" means a licensed physician, physician assistant, advanced practice registered
511.10 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their
511.11 scope of practice.

511.12 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
511.13 professional" means a licensed physician, physician assistant, advanced practice registered
511.14 nurse, licensed independent clinical social worker, licensed psychologist, certified school
511.15 psychologist, or certified psychometrist working under the supervision of a licensed
511.16 psychologist.

511.17 (c) For mental health, a "qualified professional" means a licensed physician, advanced
511.18 practice registered nurse, or qualified mental health professional under section ~~245.462,~~
511.19 ~~subdivision 18, clauses (1) to (6)~~ 245I.04, subdivision 2.

511.20 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
511.21 qualified mental health professional under section 245.462, subdivision 18, clauses (1) to
511.22 (6), or an individual as defined in section 245G.11, subdivision 3, 4, or 5.

511.23 Sec. 111. Minnesota Statutes 2020, section 295.50, subdivision 9b, is amended to read:

511.24 Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services
511.25 and other goods and services provided by hospitals, surgical centers, or health care providers.
511.26 They include the following health care goods and services provided to a patient or consumer:

511.27 (1) bed and board;

511.28 (2) nursing services and other related services;

511.29 (3) use of hospitals, surgical centers, or health care provider facilities;

511.30 (4) medical social services;

- 512.1 (5) drugs, biologicals, supplies, appliances, and equipment;
- 512.2 (6) other diagnostic or therapeutic items or services;
- 512.3 (7) medical or surgical services;
- 512.4 (8) items and services furnished to ambulatory patients not requiring emergency care;
- 512.5 and
- 512.6 (9) emergency services.
- 512.7 (b) "Patient services" does not include:
- 512.8 (1) services provided to nursing homes licensed under chapter 144A;
- 512.9 (2) examinations for purposes of utilization reviews, insurance claims or eligibility,
- 512.10 litigation, and employment, including reviews of medical records for those purposes;
- 512.11 (3) services provided to and by community residential mental health facilities licensed
- 512.12 under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by
- 512.13 residential treatment programs for children with severe emotional disturbance licensed or
- 512.14 certified under chapter 245A;
- 512.15 (4) services provided under the following programs: day treatment services as defined
- 512.16 in section 245.462, subdivision 8; assertive community treatment as described in section
- 512.17 256B.0622; adult rehabilitative mental health services as described in section 256B.0623;
- 512.18 ~~adult~~ crisis response services as described in section 256B.0624; and children's therapeutic
- 512.19 services and supports as described in section 256B.0943; ~~and children's mental health crisis~~
- 512.20 ~~response services as described in section 256B.0944;~~
- 512.21 (5) services provided to and by community mental health centers as defined in section
- 512.22 245.62, subdivision 2;
- 512.23 (6) services provided to and by assisted living programs and congregate housing
- 512.24 programs;
- 512.25 (7) hospice care services;
- 512.26 (8) home and community-based waived services under chapter 256S and sections
- 512.27 256B.49 and 256B.501;
- 512.28 (9) targeted case management services under sections 256B.0621; 256B.0625,
- 512.29 subdivisions 20, 20a, 33, and 44; and 256B.094; and
- 512.30 (10) services provided to the following: supervised living facilities for persons with
- 512.31 developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900;

513.1 housing with services establishments required to be registered under chapter 144D; board
513.2 and lodging establishments providing only custodial services that are licensed under chapter
513.3 157 and registered under section 157.17 to provide supportive services or health supervision
513.4 services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training
513.5 and habilitation services for adults with developmental disabilities as defined in section
513.6 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100;
513.7 adult day care services as defined in section 245A.02, subdivision 2a; and home health
513.8 agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under
513.9 chapter 144A.

513.10 Sec. 112. Minnesota Statutes 2020, section 325F.721, subdivision 1, is amended to read:

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

513.13 (b) "Covered setting" means an unlicensed setting providing sleeping accommodations
513.14 to one or more adult residents, at least 80 percent of which are 55 years of age or older, and
513.15 offering or providing, for a fee, supportive services. For the purposes of this section, covered
513.16 setting does not mean:

513.17 (1) emergency shelter, transitional housing, or any other residential units serving
513.18 exclusively or primarily homeless individuals, as defined under section 116L.361;

513.19 (2) a nursing home licensed under chapter 144A;

513.20 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
513.21 144.50 to 144.56;

513.22 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
513.23 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

513.24 (5) services and residential settings licensed under chapter 245A, including adult foster
513.25 care and services and settings governed under the standards in chapter 245D;

513.26 (6) private homes in which the residents are related by kinship, law, or affinity with the
513.27 providers of services;

513.28 (7) a duly organized condominium, cooperative, and common interest community, or
513.29 owners' association of the condominium, cooperative, and common interest community
513.30 where at least 80 percent of the units that comprise the condominium, cooperative, or
513.31 common interest community are occupied by individuals who are the owners, members, or
513.32 shareholders of the units;

- 514.1 (8) temporary family health care dwellings as defined in sections 394.307 and 462.3593;
- 514.2 (9) settings offering services conducted by and for the adherents of any recognized
514.3 church or religious denomination for its members exclusively through spiritual means or
514.4 by prayer for healing;
- 514.5 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
514.6 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
514.7 units financed by the Minnesota Housing Finance Agency that are intended to serve
514.8 individuals with disabilities or individuals who are homeless, except for those developments
514.9 that market or hold themselves out as assisted living facilities and provide assisted living
514.10 services;
- 514.11 (11) rental housing developed under United States Code, title 42, section 1437, or United
514.12 States Code, title 12, section 1701q;
- 514.13 (12) rental housing designated for occupancy by only elderly or elderly and disabled
514.14 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
514.15 families under Code of Federal Regulations, title 24, section 983.56;
- 514.16 (13) rental housing funded under United States Code, title 42, chapter 89, or United
514.17 States Code, title 42, section 8011; or
- 514.18 (14) an assisted living facility licensed under chapter 144G.
- 514.19 (c) "'I'm okay' check services" means providing a service to, by any means, check on
514.20 the safety of a resident.
- 514.21 (d) "Resident" means a person entering into written contract for housing and services
514.22 with a covered setting.
- 514.23 (e) "Supportive services" means:
- 514.24 (1) assistance with laundry, shopping, and household chores;
- 514.25 (2) housekeeping services;
- 514.26 (3) provision of meals or assistance with meals or food preparation;
- 514.27 (4) help with arranging, or arranging transportation to, medical, social, recreational,
514.28 personal, or social services appointments; or
- 514.29 (5) provision of social or recreational services.
- 514.30 Arranging for services does not include making referrals or contacting a service provider
514.31 in an emergency.

515.1 **Sec. 113. REPEALER.**

515.2 (a) Minnesota Statutes 2020, sections 245.462, subdivision 4a; 245.4879, subdivision
 515.3 2; 245.62, subdivisions 3 and 4; 245.69, subdivision 2; 256B.0615, subdivision 2; 256B.0616,
 515.4 subdivision 2; 256B.0622, subdivisions 3 and 5a; 256B.0623, subdivisions 7, 8, 10, and 11;
 515.5 256B.0625, subdivisions 51, 35a, 35b, 61, 62, and 65; 256B.0943, subdivisions 8 and 10;
 515.6 256B.0944; and 256B.0946, subdivision 5, are repealed.

515.7 (b) Minnesota Rules, parts 9505.0370; 9505.0371; 9505.0372; 9520.0010; 9520.0020;
 515.8 9520.0030; 9520.0040; 9520.0050; 9520.0060; 9520.0070; 9520.0080; 9520.0090;
 515.9 9520.0100; 9520.0110; 9520.0120; 9520.0130; 9520.0140; 9520.0150; 9520.0160;
 515.10 9520.0170; 9520.0180; 9520.0190; 9520.0200; 9520.0210; 9520.0230; 9520.0750;
 515.11 9520.0760; 9520.0770; 9520.0780; 9520.0790; 9520.0800; 9520.0810; 9520.0820;
 515.12 9520.0830; 9520.0840; 9520.0850; 9520.0860; and 9520.0870, are repealed.

515.13 **Sec. 114. EFFECTIVE DATE.**

515.14 Unless otherwise stated, this article is effective July 1, 2022, or upon federal approval,
 515.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
 515.16 when federal approval is obtained.

515.17 **ARTICLE 18**

515.18 **FORECAST ADJUSTMENTS**

515.19 **Section 1. DEPARTMENT OF HUMAN SERVICES FORECAST ADJUSTMENT.**

515.20 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
 515.21 shown in parentheses, are subtracted from the appropriations in Laws 2019, First Special
 515.22 Session chapter 9, article 14, from the general fund, or any other fund named, to the
 515.23 commissioner of human services for the purposes specified in this article, to be available
 515.24 for the fiscal year indicated for each purpose. The figure "2021" used in this article means
 515.25 that the appropriations listed are available for the fiscal year ending June 30, 2021.

515.26 **APPROPRIATIONS**
 515.27 **Available for the Year**
 515.28 **Ending June 30**
 515.29 **2021**

515.30 **Sec. 2. COMMISSIONER OF HUMAN**
 515.31 **SERVICES**

515.32 **Subdivision 1. Total Appropriation** **\$ (816,996,000)**

516.1	<u>Appropriations by Fund</u>		
516.2		<u>2021</u>	
516.3	<u>General</u>	<u>(745,266,000)</u>	
516.4	<u>Health Care Access</u>	<u>(36,893,000)</u>	
516.5	<u>Federal TANF</u>	<u>(34,837,000)</u>	
516.6	<u>Subd. 2. Forecasted Programs</u>		
516.7	<u>(a) Minnesota Family</u>		
516.8	<u>Investment Program</u>		
516.9	<u>(MFIP)/Diversionary Work</u>		
516.10	<u>Program (DWP)</u>		
516.11	<u>Appropriations by Fund</u>		
516.12		<u>2021</u>	
516.13	<u>General</u>	<u>59,004,000</u>	
516.14	<u>Federal TANF</u>	<u>(34,843,000)</u>	
516.15	<u>(b) MFIP Child Care Assistance</u>		<u>(54,158,000)</u>
516.16	<u>(c) General Assistance</u>		<u>3,925,000</u>
516.17	<u>(d) Minnesota Supplemental Aid</u>		<u>3,849,000</u>
516.18	<u>(e) Housing Support</u>		<u>3,022,000</u>
516.19	<u>(f) Northstar Care for Children</u>		<u>(8,639,000)</u>
516.20	<u>(g) MinnesotaCare</u>		<u>(36,893,000)</u>
516.21	<u>This appropriation is from the health care</u>		
516.22	<u>access fund.</u>		
516.23	<u>(h) Medical Assistance</u>		
516.24	<u>Appropriations by Fund</u>		
516.25		<u>2021</u>	
516.26	<u>General</u>	<u>(694,938,000)</u>	
516.27	<u>Health Care Access</u>	<u>-0-</u>	
516.28	<u>(i) Alternative Care</u>		<u>247,000</u>
516.29	<u>(j) Consolidated Chemical Dependency</u>		
516.30	<u>Treatment Fund (CCDTF) Entitlement</u>		<u>(57,578,000)</u>
516.31	<u>Subd. 3. Technical Activities</u>		<u>6,000</u>
516.32	<u>This appropriation is from the federal TANF</u>		
516.33	<u>fund.</u>		

517.1 Sec. 3. EFFECTIVE DATE.

517.2 Sections 1 and 2 are effective the day following final enactment.

517.3 **ARTICLE 19**

517.4 **EFFECTIVE DATES**

517.5 Section 1. EFFECTIVE DATES.

517.6 All sections in this act are effective July 1, 2021, unless another effective date is specified.

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.

245.4879 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 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.

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(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 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

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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.

(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;

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- (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;

- (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;

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- (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.

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.

(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

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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;
- (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

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(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.

(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

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(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.

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;

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- (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.

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

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

(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.

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.