

A bill for an act

relating to human services; making changes to data practices and licensing provisions; modifying license disqualifications and background study requirements; making other changes to programs and services licensed by the Department of Human Services; amending Minnesota Statutes 2008, sections 13.46, subdivisions 3, 4; 157.16, by adding a subdivision; 245.4871, subdivision 10; 245A.03, subdivision 2; 245A.04, subdivisions 5, 7; 245A.05; 245A.07, subdivisions 1, 3; 245A.11, by adding a subdivision; 245A.1435; 245A.144; 245A.1444; 245A.16, subdivision 1; 245A.40, subdivision 5; 245A.50, subdivision 5; 245C.03, subdivision 1; 245C.04, subdivision 1; 245C.07; 245C.08; 245C.13, subdivision 2; 245C.15, subdivisions 1, 2, 3, 4; 245C.22, subdivision 7; 245C.24, subdivisions 2, 3; 245C.25; 245C.27, subdivision 1; 256.045, subdivisions 3, 3b; 256B.0943, subdivisions 4, 6, 9; 626.556, subdivisions 2, 10e, 10f; 626.557, subdivisions 9c, 12b; 626.5572, subdivision 13; proposing coding for new law in Minnesota Statutes, chapter 256; repealing Minnesota Statutes 2008, section 245C.10, subdivision 1.

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

ARTICLE 1

DATA PRACTICES

Section 1. Minnesota Statutes 2008, section 13.46, subdivision 3, is amended to read:

Subd. 3. **Investigative data.** (a) Data on persons, including data on vendors of services ~~and data on~~ licensees, and applicants, that is collected, maintained, used, or disseminated by the welfare system in an investigation, authorized by statute and relating to the enforcement of rules or law, is confidential data on individuals pursuant to section 13.02, subdivision 3, or protected nonpublic data not on individuals pursuant to section 13.02, subdivision 13, and shall not be disclosed except:

(1) pursuant to section 13.05;

(2) pursuant to statute or valid court order;

(3) to a party named in a civil or criminal proceeding, administrative or judicial, for preparation of defense; or

(4) to provide notices required or permitted by statute.

The data referred to in this subdivision shall be classified as public data upon its submission to an administrative law judge or court in an administrative or judicial proceeding. Inactive welfare investigative data shall be treated as provided in section 13.39, subdivision 3.

(b) Notwithstanding any other provision in law, the commissioner of human services shall provide all active and inactive investigative data, including the name of the reporter of alleged maltreatment under section 626.556 or 626.557, to the ombudsman for mental health and developmental disabilities upon the request of the ombudsman.

Sec. 2. Minnesota Statutes 2008, section 13.46, subdivision 4, is amended to read:

Subd. 4. **Licensing data.** (a) As used in this subdivision:

(1) "licensing data" means all data collected, maintained, used, or disseminated by the welfare system pertaining to persons licensed or registered or who apply for licensure or registration or who formerly were licensed or registered under the authority of the commissioner of human services;

(2) "client" means a person who is receiving services from a licensee or from an applicant for licensure; and

(3) "personal and personal financial data" means Social Security numbers, identity of and letters of reference, insurance information, reports from the Bureau of Criminal Apprehension, health examination reports, and social/home studies.

(b)(1) Except as provided in paragraph (c), the following data on applicants, license holders, and former licensees are public: name, address, telephone number of licensees, date of receipt of a completed application, dates of licensure, licensed capacity, type of client preferred, variances granted, record of training and education in child care and child development, type of dwelling, name and relationship of other family members, previous license history, class of license, the existence and status of complaints, and the number of serious injuries to or deaths of individuals in the licensed program as reported to the commissioner of human services, the local social services agency, or any other county welfare agency. For purposes of this clause, a serious injury is one that is treated by a physician. When a correction order ~~or, an order to forfeit a fine, an order of license suspension, an order of temporary immediate suspension, an order of license revocation, an order of license denial, or an order of conditional license~~ has been issued, ~~a license is suspended, immediately suspended, revoked, denied, or made conditional,~~ or a complaint

is resolved, the following data on current and former licensees and applicants are public: the substance and investigative findings of the licensing or maltreatment complaint, licensing violation, or substantiated maltreatment; the record of informal resolution of a licensing violation; orders of hearing; findings of fact; conclusions of law; specifications of the final correction order, fine, suspension, temporary immediate suspension, revocation, denial, or conditional license contained in the record of licensing action; whether a fine has been paid; and the status of any appeal of these actions. If a licensing sanction under section 245A.07, or a license denial under section 245A.05, is based on a determination that the license holder or applicant is responsible for maltreatment or is disqualified under chapter 245C, the identity of the license holder or applicant as the individual responsible for maltreatment or as the disqualified individual is public data at the time of the issuance of the licensing sanction or denial.

(2) Notwithstanding sections 626.556, subdivision 11, and 626.557, subdivision 12b, when any person subject to disqualification under section 245C.14 in connection with a license to provide family day care for children, child care center services, foster care for children in the provider's home, or foster care or day care services for adults in the provider's home is a substantiated perpetrator of maltreatment, and the substantiated maltreatment is a reason for a licensing action, the identity of the substantiated perpetrator of maltreatment is public data. For purposes of this clause, a person is a substantiated perpetrator if the maltreatment determination has been upheld under section 256.045; 626.556, subdivision 10i; 626.557, subdivision 9d; or chapter 14, or if an individual or facility has not timely exercised appeal rights under these sections, except as provided under clause (1).

(3) For applicants who withdraw their application prior to licensure or denial of a license, the following data are public: the name of the applicant, the city and county in which the applicant was seeking licensure, the dates of the commissioner's receipt of the initial application and completed application, the type of license sought, and the date of withdrawal of the application.

(4) For applicants who are denied a license, the following data are public: the name and address of the applicant, the city and county in which the applicant was seeking licensure, the dates of the commissioner's receipt of the initial application and completed application, the type of license sought, the date of denial of the application, the nature of the basis for the denial, the record of informal resolution of a denial, orders of hearings, findings of fact, conclusions of law, specifications of the final order of denial, and the status of any appeal of the denial.

(5) The following data on persons subject to disqualification under section 245C.14 in connection with a license to provide family day care for children, child care center services, foster care for children in the provider's home, or foster care or day care services for adults in the provider's home, are public: the nature of any disqualification set aside under section 245C.22, subdivisions 2 and 4, and the reasons for setting aside the disqualification; the nature of any disqualification for which a variance was granted under sections 245A.04, subdivision 9; and 245C.30, and the reasons for granting any variance under section 245A.04, subdivision 9; and, if applicable, the disclosure that any person subject to a background study under section 245C.03, subdivision 1, has successfully passed a background study. If a licensing sanction under section 245A.07, or a license denial under section 245A.05, is based on a determination that an individual subject to disqualification under chapter 245C is disqualified, the disqualification as a basis for the licensing sanction or denial is public data. As specified in clause (1), if the disqualified individual is the license holder or applicant, the identity of the license holder or applicant is public data. If the disqualified individual is an individual other than the license holder or applicant, the identity of the disqualified individual shall remain private data unless otherwise specified under sections 245C.22, subdivision 7, and 245C.301.

(6) When maltreatment is substantiated under section 626.556 or 626.557 and the victim and the substantiated perpetrator are affiliated with a program licensed under chapter 245A, the commissioner of human services, local social services agency, or county welfare agency may inform the license holder where the maltreatment occurred of the identity of the substantiated perpetrator and the victim.

(7) Notwithstanding clause (1), for child foster care, only the name of the license holder and the status of the license are public if the county attorney has requested that data otherwise classified as public data under clause (1) be considered private data based on the best interests of a child in placement in a licensed program.

(c) The following are private data on individuals under section 13.02, subdivision 12, or nonpublic data under section 13.02, subdivision 9: personal and personal financial data on family day care program and family foster care program applicants and licensees and their family members who provide services under the license.

(d) The following are private data on individuals: the identity of persons who have made reports concerning licensees or applicants that appear in inactive investigative data, and the records of clients or employees of the licensee or applicant for licensure whose records are received by the licensing agency for purposes of review or in anticipation of a contested matter. The names of reporters of complaints or alleged violations of licensing standards under chapters 245A, 245B, 245C, and applicable rules and alleged maltreatment

under sections 626.556 and 626.557, are confidential data and may be disclosed only as provided in section 626.556, subdivision 11, or 626.557, subdivision 12b.

(e) Data classified as private, confidential, nonpublic, or protected nonpublic under this subdivision become public data if submitted to a court or administrative law judge as part of a disciplinary proceeding in which there is a public hearing concerning a license which has been suspended, immediately suspended, revoked, or denied.

(f) Data generated in the course of licensing investigations that relate to an alleged violation of ~~law~~ chapters 245A, 245B, 245C, and applicable rules, and sections 626.556 and 626.557, are investigative data under subdivision 3.

(g) Data that are not public data collected, maintained, used, or disseminated under this subdivision that relate to or are derived from a report as defined in section 626.556, subdivision 2, or 626.5572, subdivision 18, are subject to the destruction provisions of sections 626.556, subdivision 11c, and 626.557, subdivision 12b.

(h) Upon request, not public data collected, maintained, used, or disseminated under this subdivision that relate to or are derived from a report of substantiated maltreatment as defined in section 626.556 or 626.557 may be exchanged with the Department of Health for purposes of completing background studies pursuant to section 144.057 and with the Department of Corrections for purposes of completing background studies pursuant to section 241.021.

(i) Data on individuals collected according to licensing activities under chapters 245A and 245C, and data on individuals collected by the commissioner of human services according to maltreatment investigations under sections 626.556 and 626.557, may be shared with the Department of Human Rights, the Department of Health, the Department of Corrections, the ombudsman for mental health and developmental disabilities, and the individual's professional regulatory board when there is reason to believe that laws or standards under the jurisdiction of those agencies may have been violated. Unless otherwise specified in this chapter, the identity of a reporter of alleged maltreatment or licensing violations may not be disclosed.

(j) In addition to the notice of determinations required under section 626.556, subdivision 10f, if the commissioner or the local social services agency has determined that an individual is a substantiated perpetrator of maltreatment of a child based on sexual abuse, as defined in section 626.556, subdivision 2, and the commissioner or local social services agency knows that the individual is a person responsible for a child's care in another facility, the commissioner or local social services agency shall notify the head of that facility of this determination. The notification must include an explanation of the individual's available appeal rights and the status of any appeal. If a notice is given under

this paragraph, the government entity making the notification shall provide a copy of the notice to the individual who is the subject of the notice.

(k) All not public data collected, maintained, used, or disseminated under this subdivision and subdivision 3 may be exchanged between the Department of Human Services, Licensing Division, and the Department of Corrections for purposes of regulating services for which the Department of Human Services and the Department of Corrections have regulatory authority.

ARTICLE 2

LICENSING

Section 1. Minnesota Statutes 2008, section 157.16, is amended by adding a subdivision to read:

Subd. 5. **Exemption for certain establishments.** This section does not apply to group residential facilities of ten or fewer beds licensed by the commissioner of human services under Minnesota Rules, chapter 2960, provided the facility employs or contracts with a certified food manager under Minnesota Rules, part 4626.2015.

Sec. 2. Minnesota Statutes 2008, section 245.4871, subdivision 10, is amended to read:

Subd. 10. **Day treatment services.** "Day treatment," "day treatment services," or "day treatment program" means a structured program of treatment and care provided to a child in:

(1) an outpatient hospital accredited by the Joint Commission on Accreditation of Health Organizations and licensed under sections 144.50 to 144.55;

(2) a community mental health center under section 245.62;

(3) an entity that is under contract with the county board to operate a program that meets the requirements of section 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475; or

(4) an entity that operates a program that meets the requirements of section 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475, that is under contract with an entity that is under contract with a county board.

Day treatment consists of group psychotherapy and other intensive therapeutic services that are provided for a minimum ~~three-hour~~ two-hour time block by a multidisciplinary staff under the clinical supervision of a mental health professional. Day treatment may include education and consultation provided to families and other individuals as an extension of the treatment process. The services are aimed at stabilizing the child's mental health status, and developing and improving the child's daily

independent living and socialization skills. Day treatment services are distinguished from day care by their structured therapeutic program of psychotherapy services. Day treatment services are not a part of inpatient hospital or residential treatment services. ~~Day treatment services for a child are an integrated set of education, therapy, and family interventions.~~

A day treatment service must be available to a child ~~at least five days~~ up to 15 hours a week throughout the year and must be coordinated with, integrated with, or part of an education program offered by the child's school.

Sec. 3. Minnesota Statutes 2008, section 245A.03, subdivision 2, is amended to read:

Subd. 2. **Exclusion from licensure.** (a) This chapter does not apply to:

(1) residential or nonresidential programs that are provided to a person by an individual who is related unless the residential program is a child foster care placement made by a local social services agency or a licensed child-placing agency, except as provided in subdivision 2a;

(2) nonresidential programs that are provided by an unrelated individual to persons from a single related family;

(3) residential or nonresidential programs that are provided to adults who do not abuse chemicals or who do not have a chemical dependency, a mental illness, a developmental disability, a functional impairment, or a physical disability;

(4) sheltered workshops or work activity programs that are certified by the commissioner of economic security;

(5) programs operated by a public school for children 33 months or older;

(6) nonresidential programs primarily for children that provide care or supervision for periods of less than three hours a day while the child's parent or legal guardian is in the same building as the nonresidential program or present within another building that is directly contiguous to the building in which the nonresidential program is located;

(7) nursing homes or hospitals licensed by the commissioner of health except as specified under section 245A.02;

(8) board and lodge facilities licensed by the commissioner of health that provide services for five or more persons whose primary diagnosis is mental illness that do not provide intensive residential treatment;

(9) homes providing programs for persons placed by a county or a licensed agency for legal adoption, unless the adoption is not completed within two years;

(10) programs licensed by the commissioner of corrections;

(11) recreation programs for children or adults that are operated or approved by a park and recreation board whose primary purpose is to provide social and recreational activities;

(12) programs operated by a school as defined in section 120A.22, subdivision 4, whose primary purpose is to provide child care to school-age children;

(13) Head Start nonresidential programs which operate for less than 45 days in each calendar year;

(14) noncertified boarding care homes unless they provide services for five or more persons whose primary diagnosis is mental illness or a developmental disability;

(15) programs for children such as scouting, boys clubs, girls clubs, and sports and art programs, and nonresidential programs for children provided for a cumulative total of less than 30 days in any 12-month period;

(16) residential programs for persons with mental illness, that are located in hospitals;

(17) the religious instruction of school-age children; Sabbath or Sunday schools; or the congregate care of children by a church, congregation, or religious society during the period used by the church, congregation, or religious society for its regular worship;

(18) camps licensed by the commissioner of health under Minnesota Rules, chapter 4630;

(19) mental health outpatient services for adults with mental illness or children with emotional disturbance;

(20) residential programs serving school-age children whose sole purpose is cultural or educational exchange, until the commissioner adopts appropriate rules;

(21) unrelated individuals who provide out-of-home respite care services to persons with developmental disabilities from a single related family for no more than 90 days in a 12-month period and the respite care services are for the temporary relief of the person's family or legal representative;

(22) respite care services provided as a home and community-based service to a person with a developmental disability, in the person's primary residence;

(23) community support services programs as defined in section 245.462, subdivision 6, and family community support services as defined in section 245.4871, subdivision 17;

(24) the placement of a child by a birth parent or legal guardian in a preadoptive home for purposes of adoption as authorized by section 259.47;

(25) settings registered under chapter 144D which provide home care services licensed by the commissioner of health to fewer than seven adults; ~~or~~

(26) chemical dependency or substance abuse treatment activities of licensed professionals in private practice as defined in Minnesota Rules, part 9530.6405, subpart

15, when the treatment activities are not paid for by the consolidated chemical dependency treatment fund; or

(27) consumer-directed community support service funded under the Medicaid waiver for persons with developmental disabilities when the individual who provided the service is:

(i) the same individual who is the direct payee of these specific waiver funds or paid by a fiscal agent, fiscal intermediary, or employer of record; and

(ii) not otherwise under the control of a residential or nonresidential program that is required to be licensed under this chapter when providing the service.

(b) For purposes of paragraph (a), clause (6), a building is directly contiguous to a building in which a nonresidential program is located if it shares a common wall with the building in which the nonresidential program is located or is attached to that building by skyway, tunnel, atrium, or common roof.

(c) Nothing in this chapter shall be construed to require licensure for any services provided and funded according to an approved federal waiver plan where licensure is specifically identified as not being a condition for the services and funding.

Sec. 4. Minnesota Statutes 2008, section 245A.04, subdivision 5, is amended to read:

Subd. 5. **Commissioner's right of access.** When the commissioner is exercising the powers conferred by this chapter and ~~section~~ sections 245.69, 626.556, and 626.557, the commissioner must be given access to the physical plant and grounds where the program is provided, documents and records, including records maintained in electronic format, persons served by the program, and staff whenever the program is in operation and the information is relevant to inspections or investigations conducted by the commissioner. The commissioner must be given access without prior notice and as often as the commissioner considers necessary if the commissioner is conducting an investigation of allegations of maltreatment or other violation of applicable laws or rules. In conducting inspections, the commissioner may request and shall receive assistance from other state, county, and municipal governmental agencies and departments. The applicant or license holder shall allow the commissioner to photocopy, photograph, and make audio and video tape recordings during the inspection of the program at the commissioner's expense. The commissioner shall obtain a court order or the consent of the subject of the records or the parents or legal guardian of the subject before photocopying hospital medical records.

Persons served by the program have the right to refuse to consent to be interviewed, photographed, or audio or videotaped. Failure or refusal of an applicant or license holder

10.1 to fully comply with this subdivision is reasonable cause for the commissioner to deny the
10.2 application or immediately suspend or revoke the license.

10.3 Sec. 5. Minnesota Statutes 2008, section 245A.04, subdivision 7, is amended to read:

10.4 Subd. 7. **Grant of license; license extension.** (a) If the commissioner determines
10.5 that the program complies with all applicable rules and laws, the commissioner shall issue
10.6 a license. At minimum, the license shall state:

10.7 (1) the name of the license holder;

10.8 (2) the address of the program;

10.9 (3) the effective date and expiration date of the license;

10.10 (4) the type of license;

10.11 (5) the maximum number and ages of persons that may receive services from the
10.12 program; and

10.13 (6) any special conditions of licensure.

10.14 (b) The commissioner may issue an initial license for a period not to exceed two
10.15 years if:

10.16 (1) the commissioner is unable to conduct the evaluation or observation required
10.17 by subdivision 4, paragraph (a), clauses (3) and (4), because the program is not yet
10.18 operational;

10.19 (2) certain records and documents are not available because persons are not yet
10.20 receiving services from the program; and

10.21 (3) the applicant complies with applicable laws and rules in all other respects.

10.22 (c) A decision by the commissioner to issue a license does not guarantee that any
10.23 person or persons will be placed or cared for in the licensed program. A license shall not
10.24 be transferable to another individual, corporation, partnership, voluntary association, other
10.25 organization, or controlling individual or to another location.

10.26 (d) A license holder must notify the commissioner and obtain the commissioner's
10.27 approval before making any changes that would alter the license information listed under
10.28 paragraph (a).

10.29 (e) The commissioner shall not issue or reissue a license if the applicant, license
10.30 holder, or controlling individual has:

10.31 (1) been disqualified and the disqualification was not set aside and no variance has
10.32 been granted;

10.33 (2) has been denied a license within the past two years; ~~or~~

10.34 (3) had a license revoked within the past five years; or

11.1 (4) has an outstanding debt related to a license fee, licensing fine, or settlement
11.2 agreement for which payment is delinquent.

11.3 When a license is revoked under clause (1) or (3), the license holder and controlling
11.4 individual may not hold any license under chapter 245A or 245B for five years following
11.5 the revocation, and other licenses held by the applicant, license holder, or controlling
11.6 individual shall also be revoked.

11.7 (f) The commissioner shall not issue a license if an individual living in the household
11.8 where the licensed services will be provided as specified under section 245C.03,
11.9 subdivision 1, has been disqualified and the disqualification has not been set aside and no
11.10 variance has been granted.

11.11 (g) For purposes of reimbursement for meals only, under the Child and Adult Care
11.12 Food Program, Code of Federal Regulations, title 7, subtitle B, chapter II, subchapter A,
11.13 part 226, relocation within the same county by a licensed family day care provider, shall
11.14 be considered an extension of the license for a period of no more than 30 calendar days or
11.15 until the new license is issued, whichever occurs first, provided the county agency has
11.16 determined the family day care provider meets licensure requirements at the new location.

11.17 (h) Unless otherwise specified by statute, all licenses expire at 12:01 a.m. on the
11.18 day after the expiration date stated on the license. A license holder must apply for and
11.19 be granted a new license to operate the program or the program must not be operated
11.20 after the expiration date.

11.21 Sec. 6. Minnesota Statutes 2008, section 245A.05, is amended to read:

11.22 **245A.05 DENIAL OF APPLICATION.**

11.23 (a) The commissioner may deny a license if an applicant or controlling individual:
11.24 (1) fails to comply with applicable laws or rules, or, (2) knowingly withholds relevant
11.25 information from or gives false or misleading information to the commissioner in
11.26 connection with an application for a license or during an investigation; (3) has a
11.27 disqualification which has not been set aside under section 245C.22 and no variance has
11.28 been granted; or (4) has an individual required to have a background study under section
11.29 245C.03, subdivision 1, paragraph (a), clause (2) or (6), that has a disqualification which
11.30 has not been set aside under section 245C.22 and no variance has been granted.

11.31 (b) An applicant whose application has been denied by the commissioner must
11.32 be given notice of the denial. Notice must be given by certified mail or personal
11.33 service. The notice must state the reasons the application was denied and must inform
11.34 the applicant of the right to a contested case hearing under chapter 14 and Minnesota
11.35 Rules, parts 1400.8505 to 1400.8612. The applicant may appeal the denial by notifying

12.1 the commissioner in writing by certified mail or personal service ~~within 20 calendar~~
12.2 ~~days after receiving notice that the application was denied.~~ If mailed, the appeal must be
12.3 postmarked and sent to the commissioner within 20 calendar days after the applicant
12.4 received the notice of denial. If an appeal request is made by personal service, it must
12.5 be received by the commissioner within 20 calendar days after the applicant received the
12.6 notice of denial. Section 245A.08 applies to hearings held to appeal the commissioner's
12.7 denial of an application.

12.8 Sec. 7. Minnesota Statutes 2008, section 245A.07, subdivision 1, is amended to read:

12.9 Subdivision 1. **Sanctions; appeals; license.** (a) In addition to making a license
12.10 conditional under section 245A.06, the commissioner may ~~propose to~~ suspend or revoke
12.11 the license, impose a fine, or secure an injunction against the continuing operation of the
12.12 program of a license holder who does not comply with applicable law or rule. When
12.13 applying sanctions authorized under this section, the commissioner shall consider the
12.14 nature, chronicity, or severity of the violation of law or rule and the effect of the violation
12.15 on the health, safety, or rights of persons served by the program.

12.16 (b) If a license holder appeals the suspension or revocation of a license and the
12.17 license holder continues to operate the program pending a final order on the appeal, and
12.18 the license expires during this time period, the commissioner shall issue the license holder
12.19 a temporary provisional license. The temporary provisional license is effective on the date
12.20 issued and expires on the date that a final order is issued. Unless otherwise specified by
12.21 the commissioner, variances in effect on the date of the license sanction under appeal
12.22 continue under the temporary provisional license. If a license holder fails to comply
12.23 with applicable law or rule while operating under a temporary provisional license, the
12.24 commissioner may impose sanctions under this section and section 245A.06, and may
12.25 terminate any prior variance. If the license holder prevails on the appeal and the effective
12.26 period of the previous license has expired, a new license shall be issued to the license
12.27 holder upon payment of any fee required under section 245A.10. The effective date of the
12.28 new license shall be retroactive to the date the license would have shown had no sanction
12.29 been initiated. The expiration date shall be the expiration date of that license had no
12.30 license sanction been initiated.

12.31 (c) If a license holder is under investigation and the license is due to expire
12.32 before completion of the investigation, the program shall be issued a new license upon
12.33 completion of the reapplication requirements. Upon completion of the investigation, a
12.34 licensing sanction may be imposed against the new license under this section, section
12.35 245A.06, or 245A.08.

13.1 (d) Failure to reapply or closure of a license by the license holder prior to the
13.2 completion of any investigation shall not preclude the commissioner from issuing a
13.3 licensing sanction under this section, section 245A.06, or 245A.08 at the conclusion
13.4 of the investigation.

13.5 Sec. 8. Minnesota Statutes 2008, section 245A.07, subdivision 3, is amended to read:

13.6 Subd. 3. **License suspension, revocation, or fine.** (a) The commissioner may
13.7 suspend or revoke a license, or impose a fine if a license holder fails to comply fully with
13.8 applicable laws or rules, if a license holder, a controlling individual, or an individual
13.9 living in the household where the licensed services are provided or is otherwise subject
13.10 to a background study has a disqualification which has not been set aside under section
13.11 245C.22, or if a license holder knowingly withholds relevant information from or gives
13.12 false or misleading information to the commissioner in connection with an application
13.13 for a license, in connection with the background study status of an individual, during an
13.14 investigation, or regarding compliance with applicable laws or rules. A license holder
13.15 who has had a license suspended, revoked, or has been ordered to pay a fine must be
13.16 given notice of the action by certified mail or personal service. If mailed, the notice
13.17 must be mailed to the address shown on the application or the last known address of the
13.18 license holder. The notice must state the reasons the license was suspended, revoked, or
13.19 a fine was ordered.

13.20 (b) If the license was suspended or revoked, the notice must inform the license
13.21 holder of the right to a contested case hearing under chapter 14 and Minnesota Rules, parts
13.22 1400.8505 to 1400.8612. The license holder may appeal an order suspending or revoking
13.23 a license. The appeal of an order suspending or revoking a license must be made in writing
13.24 by certified mail or personal service. If mailed, the appeal must be postmarked and sent to
13.25 the commissioner within ten calendar days after the license holder receives notice that the
13.26 license has been suspended or revoked. If a request is made by personal service, it must be
13.27 received by the commissioner within ten calendar days after the license holder received
13.28 the order. Except as provided in subdivision 2a, paragraph (c), if a license holder submits
13.29 a timely appeal of an order suspending or revoking a license ~~shall stay the suspension or~~
13.30 ~~revocation,~~ the license holder may continue to operate until the commissioner issues a
13.31 final order on the suspension or revocation.

13.32 (c)(1) If the license holder was ordered to pay a fine, the notice must inform the
13.33 license holder of the responsibility for payment of fines and the right to a contested case
13.34 hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The appeal
13.35 of an order to pay a fine must be made in writing by certified mail or personal service. If

14.1 mailed, the appeal must be postmarked and sent to the commissioner within ten calendar
14.2 days after the license holder receives notice that the fine has been ordered. If a request is
14.3 made by personal service, it must be received by the commissioner within ten calendar
14.4 days after the license holder received the order.

14.5 (2) The license holder shall pay the fines assessed on or before the payment date
14.6 specified. If the license holder fails to fully comply with the order, the commissioner
14.7 may issue a second fine or suspend the license until the license holder complies. If the
14.8 license holder receives state funds, the state, county, or municipal agencies or departments
14.9 responsible for administering the funds shall withhold payments and recover any payments
14.10 made while the license is suspended for failure to pay a fine. A timely appeal shall stay
14.11 payment of the fine until the commissioner issues a final order.

14.12 (3) A license holder shall promptly notify the commissioner of human services,
14.13 in writing, when a violation specified in the order to forfeit a fine is corrected. If upon
14.14 reinspection the commissioner determines that a violation has not been corrected as
14.15 indicated by the order to forfeit a fine, the commissioner may issue a second fine. The
14.16 commissioner shall notify the license holder by certified mail or personal service that a
14.17 second fine has been assessed. The license holder may appeal the second fine as provided
14.18 under this subdivision.

14.19 (4) Fines shall be assessed as follows: the license holder shall forfeit \$1,000 for
14.20 each determination of maltreatment of a child under section 626.556 or the maltreatment
14.21 of a vulnerable adult under section 626.557 for which the license holder is determined
14.22 responsible for the maltreatment under section 626.556, subdivision 10e, paragraph (i),
14.23 or 626.557, subdivision 9c, paragraph (c); the license holder shall forfeit \$200 for each
14.24 occurrence of a violation of law or rule governing matters of health, safety, or supervision,
14.25 including but not limited to the provision of adequate staff-to-child or adult ratios, and
14.26 failure to ~~submit a~~ comply with background study requirements under chapter 245C; and
14.27 the license holder shall forfeit \$100 for each occurrence of a violation of law or rule
14.28 other than those subject to a \$1,000 or \$200 fine above. For purposes of this section,
14.29 "occurrence" means each violation identified in the commissioner's fine order. Fines
14.30 assessed against a license holder that holds a license to provide the residential-based
14.31 habilitation services, as defined under section 245B.02, subdivision 20, and a license to
14.32 provide foster care, may be assessed against both licenses for the same occurrence, but
14.33 the combined amount of the fines shall not exceed the amount specified in this clause
14.34 for that occurrence.

14.35 (5) When a fine has been assessed, the license holder may not avoid payment by
14.36 closing, selling, or otherwise transferring the licensed program to a third party. In such an

15.1 event, the license holder will be personally liable for payment. In the case of a corporation,
15.2 each controlling individual is personally and jointly liable for payment.

15.3 Sec. 9. Minnesota Statutes 2008, section 245A.11, is amended by adding a subdivision
15.4 to read:

15.5 Subd. 8. **Alternate overnight supervision; adult foster care license.** (a) The
15.6 commissioner may grant an applicant or license holder an adult foster care license for a
15.7 residence that does not have a caregiver in residence during normal sleeping hours as
15.8 required under Minnesota Rules, part 9555.5105, subpart 37, item B, but uses monitoring
15.9 technology to alert the license holder when an incident occurs that may jeopardize the
15.10 health, safety, or rights of a foster care recipient. The applicant or license holder must
15.11 comply with all other requirements under Minnesota Rules, parts 9555.5105 to 9555.6265,
15.12 and the requirements under this subdivision. The license printed by the commissioner
15.13 must state in bold and large font:

15.14 (1) that staff are not present on site overnight; and
15.15 (2) the telephone number of the county's common entry point for making reports of
15.16 suspected maltreatment of vulnerable adults under section 626.557, subdivision 9.

15.17 (b) Before a license is issued by the commissioner, and for the duration of the license,
15.18 the applicant or license holder must establish, maintain, and document the implementation
15.19 of written policies and procedures addressing the requirements in paragraphs (c) to (f).

15.20 (c) The applicant or license holder must have policies and procedures that:

15.21 (1) establish characteristics of target populations that must be admitted into the
15.22 home, and characteristics of populations that must not be accepted into the home;

15.23 (2) explain the discharge process when a foster care recipient requires overnight
15.24 supervision or other services that cannot be provided by the license holder due to the
15.25 limited hours of on-site staff;

15.26 (3) describe the types of events to which the program must respond with a physical
15.27 presence when those events occur in the home during time when staff are not on site, and
15.28 how the license holder's response plan meets the requirements in paragraph (d), clause
15.29 (1) or (2);

15.30 (4) establish a process for documenting a review of the implementation and
15.31 effectiveness of the response protocol for the response required under paragraph (d),
15.32 clause (1) or (2). The documentation must include:

15.33 (i) a description of the triggering incident;

15.34 (ii) the date and time of the triggering incident;

15.35 (iii) the time of the response or responses under paragraph (d), clause (1) or (2);

(iv) whether the response met the resident's needs;

(v) whether the existing policies and response protocols were followed; and

(vi) whether the existing policies and protocols are adequate or need modification.

When no physical presence response is completed for a three-month period, the license holder's written policies and procedures must require a physical presence response drill be conducted for which the effectiveness of the response protocol under paragraph (d), clause (1) or (2), must be reviewed and documented as required under this clause; and

(5) establish that emergency and nonemergency phone numbers are posted in a prominent location in a common area of the home where they can be easily observed by a person responding to an incident who is not otherwise affiliated with the home.

(d) The license holder must document and include in the license application which method under clause (1) or (2) is in place for responding to situations that present a serious risk to the health, safety, or rights of people receiving foster care services in the home:

(1) no more than ten minutes must pass before the license holder or the license holder's staff person must be physically present on site to respond to the situation; or

(2) more than ten minutes must pass before the license holder or the license holder's staff person is present on site to respond to the situation, and all of the following conditions are met:

(i) each foster care recipient's individualized plan of care, individual service plan under section 256B.092, subdivision 1b, if required, or individual resident placement agreement under Minnesota Rules, part 9555.5105, subpart 19, if required, identifies the maximum response time, greater than ten minutes, for a caretaker to be on site for that foster care recipient;

(ii) the license holder has a written description of the interactive technological applications that will assist a remote caretaker in communicating with and assessing the needs related to care, health, and life safety of the foster care recipients;

(iii) the license holder documents how the remote care attendants are qualified and capable of meeting the needs of the foster care recipients and assessing foster care recipients' needs under item (ii) during the absence of the license holder or license holder's staff person on site;

(iv) the license holder maintains written procedures to dispatch emergency response personnel to the site in the event of an observed emergency.

(e) All placement agreements, individual service agreements, and plans applicable to the foster care recipient must clearly state that the adult foster care license category is a program without the presence of a caregiver in the residence during normal sleeping hours; the protocols in place for responding to situations that present a serious risk

to health, safety, or rights of foster care recipients under paragraph (d), clause (1) or (2); and a signed informed consent from each foster care recipient or the person's legal representative documenting the person's or legal representative's agreement with placement in the program. If electronic monitoring technology is used in the home, the informed consent form must also explain the following:

(1) how any electronic monitoring is incorporated into the alternative supervision system;

(2) the backup system for any electronic monitoring in times of electrical outages or other equipment malfunctions;

(3) how staff are trained on the use of the technology;

(4) the event types and staff response times established under paragraph (d);

(5) how the license holder protects the foster care recipient's privacy related to electronic monitoring and related to any electronically recorded data generated by the monitoring system. The consent form must explain where and how the electronically recorded data is stored, with whom it will be shared, and how long it is retained; and

(6) the risks and benefits of the alternative overnight supervision system.

The written explanations under clauses (1) to (6) may be accomplished through cross-references to other policies and procedures as long as they are explained to the person giving consent, and the person giving consent is offered a copy.

(f) The license holder's lead county contract under section 256.0112 must clearly specify that this foster care service does not have on-site overnight human supervision present.

Sec. 10. Minnesota Statutes 2008, section 245A.1435, is amended to read:

**245A.1435 REDUCTION OF RISK OF SUDDEN INFANT DEATH
SYNDROME IN LICENSED PROGRAMS.**

(a) When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's parent directing an alternative sleeping position for the infant, and. The parent directive must be on a form approved by the commissioner and must include a statement that the parent or legal guardian has read the information provided by the Minnesota Sudden Infant Death Center, related to the risk of SIDS and the importance of placing an infant or child on the back to sleep to reduce the risk of SIDS.

(b) The license holder must place the infant in a crib with directly on a firm mattress with a fitted crib sheet that fits tightly on the mattress and overlaps the mattress so it cannot be dislodged by pulling on the corner of the sheet. The license holder must not place

pillows, quilts, comforters, sheepskin, pillow-like stuffed toys, or other soft products in the crib with the infant. The requirements of this section apply to license holders serving infants up to and including 12 months of age. Licensed child care providers must meet the crib requirements under section 245A.146.

Sec. 11. Minnesota Statutes 2008, section 245A.144, is amended to read:

**245A.144 SUDDEN INFANT DEATH AND SHAKEN BABY SYNDROME
FOR CHILD FOSTER CARE PROVIDERS.**

(a) Licensed child foster care providers that care for infants or children through five years of age must document that before staff persons and caregivers assist in the care of infants or children through five years of age, they are instructed on the standards in section 245A.1435 and receive training on reducing the risk of sudden infant death syndrome and shaken baby syndrome for infants and young children. This section does not apply to emergency relative foster care under section 245A.035. The training on reducing the risk of sudden infant death syndrome and shaken baby syndrome may be provided as:

(1) orientation training to child foster care providers, who care for infants or children through five years of age, under Minnesota Rules, part 2960.3070, subpart 1; or

(2) in-service training to child foster care providers, who care for infants or children through five years of age, under Minnesota Rules, part 2960.3070, subpart 2.

(b) Training required under this section must be at least one hour in length and must be completed at least once every five years. At a minimum, the training must address the risk factors related to sudden infant death syndrome and shaken baby syndrome, means of reducing the risk of sudden infant death syndrome and shaken baby syndrome, and license holder communication with parents regarding reducing the risk of sudden infant death syndrome and shaken baby syndrome.

(c) Training for child foster care providers must be approved by the county licensing agency and fulfills, in part, training required under Minnesota Rules, part 2960.3070.

Sec. 12. Minnesota Statutes 2008, section 245A.1444, is amended to read:

**245A.1444 TRAINING ON RISK OF SUDDEN INFANT DEATH SYNDROME
AND SHAKEN BABY SYNDROME BY OTHER PROGRAMS.**

A licensed chemical dependency treatment program that serves clients with infants or children through five years of age who sleep at the program and a licensed children's residential facility that serves infants or children through five years of age must document that before program staff persons or volunteers assist in the care of infants or children through five years of age, they are instructed on the standards in section 245A.1435 and

19.1 receive training on reducing the risk of sudden infant death syndrome and shaken baby
19.2 syndrome. The training conducted under this section may be used to fulfill training
19.3 requirements under Minnesota Rules, parts 2960.0100, subpart 3; and 9530.6490, subpart
19.4 4, item B.

19.5 This section does not apply to child care centers or family child care programs
19.6 governed by sections 245A.40 and 245A.50.

19.7 Sec. 13. Minnesota Statutes 2008, section 245A.16, subdivision 1, is amended to read:

19.8 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and
19.9 private agencies that have been designated or licensed by the commissioner to perform
19.10 licensing functions and activities under section 245A.04 background studies for adult
19.11 foster care, family adult day services, and family child care, under chapter 245C; to
19.12 recommend denial of applicants under section 245A.05; to issue correction orders, to issue
19.13 variances, and recommend a conditional license under section 245A.06, or to recommend
19.14 suspending or revoking a license or issuing a fine under section 245A.07, shall comply
19.15 with rules and directives of the commissioner governing those functions and with this
19.16 section. The following variances are excluded from the delegation of variance authority
19.17 and may be issued only by the commissioner:

19.18 (1) dual licensure of family child care and child foster care, dual licensure of child
19.19 and adult foster care, and adult foster care and family child care;

19.20 (2) adult foster care maximum capacity;

19.21 (3) adult foster care minimum age requirement;

19.22 (4) child foster care maximum age requirement;

19.23 (5) variances regarding disqualified individuals except that county agencies may
19.24 issue variances under section 245C.30 regarding disqualified individuals when the county
19.25 is responsible for conducting a consolidated reconsideration according to sections 245C.25
19.26 and 245C.27, subdivision 2, clauses (a) and (b), of a county maltreatment determination
19.27 and a disqualification based on serious or recurring maltreatment; and

19.28 (6) the required presence of a caregiver in the adult foster care residence during
19.29 normal sleeping hours.

19.30 Except as provided in section 245A.14, subdivision 4, paragraph (e), a county agency
19.31 must not grant a license holder a variance to exceed the maximum allowable family child
19.32 care license capacity of 14 children.

19.33 (b) County agencies must report information about disqualification reconsiderations
19.34 under sections 245C.25 and 245C.27, subdivision 2, paragraphs (a) and (b), and variances

granted under paragraph (a), clause (5), to the commissioner at least monthly in a format prescribed by the commissioner.

(c) For family day care programs, the commissioner may authorize licensing reviews every two years after a licensee has had at least one annual review.

(d) For family adult day services programs, the commissioner may authorize licensing reviews every two years after a licensee has had at least one annual review.

(e) A license issued under this section may be issued for up to two years.

Sec. 14. Minnesota Statutes 2008, section 245A.40, subdivision 5, is amended to read:

Subd. 5. **Sudden infant death syndrome and shaken baby syndrome training.**

(a) License holders must document that before staff persons care for infants, they are instructed on the standards in section 245A.1435 and receive training on reducing the risk of sudden infant death syndrome ~~and~~. In addition, license holders must document that before staff persons care for infants or children under school age, they receive training on the risk of shaken baby syndrome. The training in this subdivision may be provided as orientation training under subdivision 1 and in-service training under subdivision 7.

(b) Sudden infant death syndrome reduction training required under this subdivision must be at least ~~one~~ one-half hour in length and must be completed at least once every five years. At a minimum, the training must address the risk factors related to sudden infant death syndrome ~~and shaken baby syndrome~~, means of reducing the risk of sudden infant death syndrome ~~and shaken baby syndrome~~ in child care, and license holder communication with parents regarding reducing the risk of sudden infant death syndrome and shaken baby syndrome.

(c) Shaken baby syndrome training under this subdivision must be at least one-half hour in length, and must be completed at least once every five years. At a minimum, the training must address the risk factors related to shaken baby syndrome for infants and young children, means to reduce the risk of shaken baby syndrome in child care, and license holder communication with parents regarding reducing the risk of shaken baby syndrome.

~~(c)~~ (d) The commissioner shall make available for viewing a video presentation on the dangers associated with shaking infants and young children. The video presentation must be part of the orientation and annual in-service training of licensed child care ~~centers~~ center staff persons caring for children under school age. The commissioner shall provide to child care providers and interested individuals, at cost, copies of a video approved by the commissioner of health under section 144.574 on the dangers associated with shaking infants and young children.

Sec. 15. Minnesota Statutes 2008, section 245A.50, subdivision 5, is amended to read:

Subd. 5. **Sudden infant death syndrome and shaken baby syndrome training.**

(a) License holders must document that before staff persons, caregivers, and helpers assist in the care of infants, they are instructed on the standards in section 245A.1435 and receive training on reducing the risk of sudden infant death syndrome ~~and~~. In addition, license holders must document that before staff persons, caregivers, and helpers assist in the care of infants and children under school age, they receive training on reducing the risk of shaken baby syndrome. The training in this subdivision may be provided as initial training under subdivision 1 or ongoing training under subdivision 7.

(b) Sudden infant death syndrome reduction training required under this subdivision must be at least ~~one~~ one-half hour in length and must be completed at least once every five years. At a minimum, the training must address the risk factors related to sudden infant death syndrome ~~and shaken baby syndrome~~, means of reducing the risk of sudden infant death syndrome ~~and shaken baby syndrome~~ in child care, and license holder communication with parents regarding reducing the risk of sudden infant death syndrome ~~and shaken baby syndrome~~.

(c) Shaken baby syndrome training required under this subdivision must be at least one-half hour in length and must be completed at least once every five years. At a minimum, the training must address the risk factors related to shaken baby syndrome, means of reducing the risk of shaken baby syndrome in child care, and license holder communication with parents regarding reducing the risk of shaken baby syndrome.

(d) Training for family and group family child care providers must be approved by the county licensing agency.

~~(d)~~ (e) The commissioner shall make available for viewing by all licensed child care providers a video presentation on the dangers associated with shaking infants and young children. The video presentation shall be part of the initial and ongoing annual training of licensed child care providers caring for children under school age. The commissioner shall provide to child care providers and interested individuals, at cost, copies of a video approved by the commissioner of health under section 144.574 on the dangers associated with shaking infants and young children.

Sec. 16. Minnesota Statutes 2008, section 245C.03, subdivision 1, is amended to read:

Subdivision 1. **Licensed programs.** (a) The commissioner shall conduct a background study on:

(1) the person or persons applying for a license;

(2) an individual age 13 and over living in the household where the licensed program will be provided;

(3) current or prospective employees or contractors of the applicant who will have direct contact with persons served by the facility, agency, or program;

(4) volunteers or student volunteers who will have direct contact with persons served by the program to provide program services if the contact is not under the continuous, direct supervision by an individual listed in clause (1) or (3);

(5) an individual age ten to 12 living in the household where the licensed services will be provided when the commissioner has reasonable cause;

(6) an individual who, without providing direct contact services at a licensed program, may have unsupervised access to children or vulnerable adults receiving services from a program, when the commissioner has reasonable cause; and

(7) all managerial officials as defined under section 245A.02, subdivision 5a.

(b) For family child foster care settings, a short-term substitute caregiver providing direct contact services for a child for less than 72 hours of continuous care is not required to receive a background study under this chapter.

Sec. 17. Minnesota Statutes 2008, section 245C.04, subdivision 1, is amended to read:

Subdivision 1. Licensed programs. (a) The commissioner shall conduct a background study of an individual required to be studied under section 245C.03, subdivision 1, at least upon application for initial license for all license types.

(b) The commissioner shall conduct a background study of an individual required to be studied under section 245C.03, subdivision 1, at reapplication for a license for adult foster care, family adult day services, and family child care.

(c) The commissioner is not required to conduct a study of an individual at the time of reapplication for a license if the individual's background study was completed by the commissioner of human services for an adult foster care license holder that is also:

(1) registered under chapter 144D; or

(2) licensed to provide home and community-based services to people with disabilities at the foster care location and the license holder does not reside in the foster care residence; and

(3) the following conditions are met:

(i) a study of the individual was conducted either at the time of initial licensure or when the individual became affiliated with the license holder;

(ii) the individual has been continuously affiliated with the license holder since the last study was conducted; and

(iii) the last study of the individual was conducted on or after October 1, 1995.

(d) From July 1, 2007, to June 30, 2009, the commissioner of human services shall conduct a study of an individual required to be studied under section 245C.03, at the time of reapplication for a child foster care license. The county or private agency shall collect and forward to the commissioner the information required under section 245C.05, subdivisions 1, paragraphs (a) and (b), and 5, paragraphs (a) and (b). The background study conducted by the commissioner of human services under this paragraph must include a review of the information required under section 245C.08, subdivisions 1, paragraph (a), clauses (1) to (5), 3, and 4.

(e) The commissioner of human services shall conduct a background study of an individual specified under section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6), who is newly affiliated with a child foster care license holder. The county or private agency shall collect and forward to the commissioner the information required under section 245C.05, subdivisions 1 and 5. The background study conducted by the commissioner of human services under this paragraph must include a review of the information required under section 245C.08, subdivisions 1, 3, and 4.

(f) Applicants for licensure, license holders, and other entities as provided in this chapter must submit completed background study forms to the commissioner before individuals specified in section 245C.03, subdivision 1, begin positions allowing direct contact in any licensed program.

(g) For purposes of this section, a physician licensed under chapter 147 is considered to be continuously affiliated upon the license holder's receipt from the commissioner of health or human services of the physician's background study results.

(h) A license holder must provide the commissioner notice through the commissioner's online background study system or through a letter mailed to the commissioner when:

(1) an individual returns to a position requiring a background study following an absence of 45 or more consecutive days; or

(2) a program, which discontinued providing licensed direct contact services for 45 or more consecutive days, again begins to provide direct contact licensed services.

The license holder shall maintain a copy of the notification provided to the commissioner under this paragraph in the program's files.

Sec. 18. Minnesota Statutes 2008, section 245C.07, is amended to read:

245C.07 STUDY SUBJECT AFFILIATED WITH MULTIPLE FACILITIES.

(a) When a license holder, applicant, or other entity owns multiple programs or services that are licensed by the Department of Human Services, Department of Health, or Department of Corrections, only one background study is required for an individual who provides direct contact services in one or more of the licensed programs or services if:

(1) the license holder designates one individual with one address and telephone number as the person to receive sensitive background study information for the multiple licensed programs or services that depend on the same background study; and

(2) the individual designated to receive the sensitive background study information is capable of determining, upon request of the department, whether a background study subject is providing direct contact services in one or more of the license holder's programs or services and, if so, at which location or locations.

(b) When a license holder maintains background study compliance for multiple licensed programs according to paragraph (a), and one or more of the licensed programs closes, the license holder shall immediately notify the commissioner which staff must be transferred to an active license so that the background studies can be electronically paired with the license holder's active program.

~~(b)~~ (c) When a background study is being initiated by a licensed program or service or a foster care provider that is also registered under chapter 144D, a study subject affiliated with multiple licensed programs or services may attach to the background study form a cover letter indicating the additional names of the programs or services, addresses, and background study identification numbers.

When the commissioner receives a notice, the commissioner shall notify each program or service identified by the background study subject of the study results.

The background study notice the commissioner sends to the subsequent agencies shall satisfy those programs' or services' responsibilities for initiating a background study on that individual.

Sec. 19. Minnesota Statutes 2008, section 245C.08, is amended to read:

245C.08 BACKGROUND STUDY; COMMISSIONER REVIEWS.

Subdivision 1. **Background studies conducted by ~~commissioner~~ Department of Human Services.** (a) For a background study conducted by the ~~commissioner~~ Department of Human Services, the commissioner shall review:

(1) information related to names of substantiated perpetrators of maltreatment of vulnerable adults that has been received by the commissioner as required under section 626.557, subdivision 9c, paragraph (i);

(2) the commissioner's records relating to the maltreatment of minors in licensed programs, and from findings of maltreatment of minors as indicated through the social service information system;

(3) information from juvenile courts as required in subdivision 4 for individuals listed in section 245C.03, subdivision 1, ~~clauses (2), (5), and (6)~~ when there is reasonable cause;

(4) information from the Bureau of Criminal Apprehension;

(5) except as provided in clause (6), information from the national crime information system when the commissioner has reasonable cause as defined under section 245C.05, subdivision 5; and

(6) for a background study related to a child foster care application for licensure or adoptions, the commissioner shall also review:

(i) information from the child abuse and neglect registry for any state in which the background study subject has resided for the past five years; and

(ii) information from national crime information databases, when the background study ~~object~~ subject is 18 years of age or older.

(b) Notwithstanding expungement by a court, the commissioner may consider information obtained under paragraph (a), clauses (3) and (4), unless the commissioner received notice of the petition for expungement and the court order for expungement is directed specifically to the commissioner.

Subd. 2. Background studies conducted by a county agency. (a) For a background study conducted by a county agency for adult foster care, family adult day services, and family child care services, the commissioner shall review:

(1) information from the county agency's record of substantiated maltreatment of adults and the maltreatment of minors;

(2) information from juvenile courts as required in subdivision 4 for ~~individuals listed in section 245C.03, subdivision 1, clauses (2), (5), and (6)~~;

(i) individuals listed in section 245C.03, subdivision 1, who are ages 13 through 23 living in the household where the licensed services will be provided; and

(ii) any other individual listed under section 245C.03, subdivision 1, when there is reasonable cause; and

(3) information from the Bureau of Criminal Apprehension.

(b) If the individual has resided in the county for less than five years, the study shall include the records specified under paragraph (a) for the previous county or counties of residence for the past five years.

(c) Notwithstanding expungement by a court, the county agency may consider information obtained under paragraph (a), clause (3), unless the commissioner received

notice of the petition for expungement and the court order for expungement is directed specifically to the commissioner.

Subd. 3. **Arrest and investigative information.** (a) For any background study completed under this section, if the commissioner has reasonable cause to believe the information is pertinent to the disqualification of an individual, the commissioner also may review arrest and investigative information from:

- (1) the Bureau of Criminal Apprehension;
- (2) the commissioner of health;
- (3) a county attorney;
- (4) a county sheriff;
- (5) a county agency;
- (6) a local chief of police;
- (7) other states;
- (8) the courts;
- (9) the Federal Bureau of Investigation;
- (10) the National Criminal Records Repository; and
- (11) criminal records from other states.

(b) The commissioner is not required to conduct more than one review of a subject's records from the Federal Bureau of Investigation if a review of the subject's criminal history with the Federal Bureau of Investigation has already been completed by the commissioner and there has been no break in the subject's affiliation with the license holder who initiated the background study.

Subd. 4. **Juvenile court records.** (a) For a background study conducted by the Department of Human Services, the commissioner shall review records from the juvenile courts for an individual studied under section 245C.03, subdivision 1, ~~clauses (2) and (5)~~ when the commissioner has reasonable cause.

(b) ~~For individuals studied under section 245C.03, subdivision 1, clauses (1), (3), (4), and (6), and subdivision 2, who are ages 13 to 17, the commissioner shall review records from the juvenile courts~~ a background study conducted by a county agency, the commissioner shall review records from the juvenile courts for individuals listed in section 245C.03, subdivision 1, who are ages 13 through 23 living in the household where the licensed services will be provided. The commissioner shall also review records from juvenile courts for any other individual listed under section 245C.03, subdivision 1, when the commissioner has reasonable cause.

(c) The juvenile courts shall help with the study by giving the commissioner existing juvenile court records relating to delinquency proceedings held on individuals described

in section 245C.03, subdivision 1, ~~clauses (2), (5), and (6), relating to delinquency proceedings held within either the five years immediately preceding the background study or the five years immediately preceding the individual's 18th birthday, whichever time period is longer~~ when requested pursuant to this subdivision.

(d) For purposes of this chapter, a finding that a delinquency petition is proven in juvenile court shall be considered a conviction in state district court.

(e) Juvenile courts shall provide orders of involuntary and voluntary termination of parental rights under section 260C.301 to the commissioner upon request for purposes of conducting a background study under this chapter.

Sec. 20. Minnesota Statutes 2008, section 245C.13, subdivision 2, is amended to read:

Subd. 2. **Direct contact pending completion of background study.** The subject of a background study may not perform any activity requiring a background study under paragraph (b) until the commissioner has issued one of the notices under paragraph (a).

(a) Notices from the commissioner required prior to activity under paragraph (b) include:

(1) a notice of the study results under section 245C.17 stating that:

(i) the individual is not disqualified; or

(ii) more time is needed to complete the study but the individual is not required to be removed from direct contact or access to people receiving services prior to completion of the study as provided under section 245C.17, subdivision 1, paragraph (b) or (c). The notice that more time is needed to complete the study must also indicate whether the individual is required to be under continuous direct supervision prior to completion of the background study;

(2) a notice that a disqualification has been set aside under section 245C.23; or

(3) a notice that a variance has been granted related to the individual under section 245C.30.

(b) Activities prohibited prior to receipt of notice under paragraph (a) include:

(1) being issued a license;

(2) living in the household where the licensed program will be provided;

(3) providing direct contact services to persons served by a program unless the subject is under continuous direct supervision; or

(4) having access to persons receiving services if the background study was completed under section 144.057, subdivision 1, or 245C.03, subdivision 1, paragraph (a), clause (2), (5), or (6), unless the subject is under continuous direct supervision.

28.1 Sec. 21. Minnesota Statutes 2008, section 245C.15, subdivision 1, is amended to read:

28.2 Subdivision 1. **Permanent disqualification.** (a) An individual is disqualified under
28.3 section 245C.14 if: (1) regardless of how much time has passed since the discharge of the
28.4 sentence imposed, if any, for the offense; and (2) unless otherwise specified, regardless
28.5 of the level of the offense, the individual has committed any of the following offenses:
28.6 sections 243.166 (violation of predatory offender registration law); 609.185 (murder in the
28.7 first degree); 609.19 (murder in the second degree); 609.195 (murder in the third degree);
28.8 609.20 (manslaughter in the first degree); 609.205 (manslaughter in the second degree); a
28.9 felony offense under 609.221 or 609.222 (assault in the first or second degree); a felony
28.10 offense under sections 609.2242 and 609.2243 (domestic assault), spousal abuse, child
28.11 abuse or neglect, or a crime against children; 609.2247 (domestic assault by strangulation);
28.12 609.228 (great bodily harm caused by distribution of drugs); 609.245 (aggravated
28.13 robbery); 609.25 (kidnapping); 609.2661 (murder of an unborn child in the first degree);
28.14 609.2662 (murder of an unborn child in the second degree); 609.2663 (murder of an
28.15 unborn child in the third degree); 609.322 (solicitation, inducement, and promotion of
28.16 prostitution); 609.324, subdivision 1 (other prohibited acts); 609.342 (criminal sexual
28.17 conduct in the first degree); 609.343 (criminal sexual conduct in the second degree);
28.18 609.344 (criminal sexual conduct in the third degree); 609.345 (criminal sexual conduct
28.19 in the fourth degree); 609.3451 (criminal sexual conduct in the fifth degree); 609.3453
28.20 (criminal sexual predatory conduct); 609.352 (solicitation of children to engage in sexual
28.21 conduct); 609.365 (incest); a felony offense under 609.377 (malicious punishment of a
28.22 child); a felony offense under 609.378 (neglect or endangerment of a child); 609.561
28.23 (arson in the first degree); 609.66, subdivision 1e (drive-by shooting); 609.749, subdivision
28.24 3, 4, or 5 (felony-level harassment; stalking); 609.855, subdivision 5 (shooting at or in a
28.25 public transit vehicle or facility); 617.23, subdivision 2, clause (1), or subdivision 3, clause
28.26 (1) (indecent exposure involving a minor); 617.246 (use of minors in sexual performance
28.27 prohibited); or 617.247 (possession of pictorial representations of minors). An individual
28.28 also is disqualified under section 245C.14 regardless of how much time has passed since
28.29 the involuntary termination of the individual's parental rights under section 260C.301.

28.30 (b) An individual's aiding and abetting, attempt, or conspiracy to commit any of the
28.31 offenses listed in paragraph (a), as each of these offenses is defined in Minnesota Statutes,
28.32 permanently disqualifies the individual under section 245C.14.

28.33 (c) An individual's offense in any other state or country, where the elements of the
28.34 offense are substantially similar to any of the offenses listed in paragraph (a), permanently
28.35 disqualifies the individual under section 245C.14.

(d) When a disqualification is based on a judicial determination other than a conviction, the disqualification period begins from the date of the court order. When a disqualification is based on an admission, the disqualification period begins from the date of an admission in court. When a disqualification is based on an Alford Plea, the disqualification period begins from the date the Alford Plea is entered in court. When a disqualification is based on a preponderance of evidence of a disqualifying act, the disqualification date begins from the date of the dismissal, the date of discharge of the sentence imposed for a conviction for a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

(e) If the individual studied commits one of the offenses listed in paragraph (a) that is specified as a felony-level only offense, but the sentence or level of offense is a gross misdemeanor or misdemeanor, the individual is disqualified, but the disqualification look-back period for the offense is the period applicable to gross misdemeanor or misdemeanor offenses.

Sec. 22. Minnesota Statutes 2008, section 245C.15, subdivision 2, is amended to read:

Subd. 2. **15-year disqualification.** (a) An individual is disqualified under section 245C.14 if: (1) less than 15 years have passed since the discharge of the sentence imposed, if any, for the offense; and (2) the individual has committed a felony-level violation of any of the following offenses: sections 256.98 (wrongfully obtaining assistance); 268.182 (false representation; concealment of facts); 393.07, subdivision 10, paragraph (c) (federal Food Stamp Program fraud); 609.165 (felon ineligible to possess firearm); 609.21 (criminal vehicular homicide and injury); 609.215 (suicide); 609.223 or 609.2231 (assault in the third or fourth degree); repeat offenses under 609.224 (assault in the fifth degree); 609.229 (crimes committed for benefit of a gang); 609.2325 (criminal abuse of a vulnerable adult); 609.2335 (financial exploitation of a vulnerable adult); 609.235 (use of drugs to injure or facilitate crime); 609.24 (simple robbery); 609.255 (false imprisonment); 609.2664 (manslaughter of an unborn child in the first degree); 609.2665 (manslaughter of an unborn child in the second degree); 609.267 (assault of an unborn child in the first degree); 609.2671 (assault of an unborn child in the second degree); 609.268 (injury or death of an unborn child in the commission of a crime); 609.27 (coercion); 609.275 (attempt to coerce); 609.466 (medical assistance fraud); 609.495 (aiding an offender); 609.498, subdivision 1 or 1b (aggravated first-degree or first-degree tampering with a witness); 609.52 (theft); 609.521 (possession of shoplifting gear); 609.525 (bringing stolen goods into Minnesota); 609.527 (identity theft); 609.53 (receiving stolen property); 609.535 (issuance of dishonored checks); 609.562 (arson in the second degree);

609.563 (arson in the third degree); 609.582 (burglary); 609.59 (possession of burglary tools); 609.611 (insurance fraud); 609.625 (aggravated forgery); 609.63 (forgery); 609.631 (check forgery; offering a forged check); 609.635 (obtaining signature by false pretense); 609.66 (dangerous weapons); 609.67 (machine guns and short-barreled shotguns); 609.687 (adulteration); 609.71 (riot); 609.713 (terroristic threats); 609.82 (fraud in obtaining credit); 609.821 (financial transaction card fraud); 617.23 (indecent exposure), not involving a minor; repeat offenses under 617.241 (obscene materials and performances; distribution and exhibition prohibited; penalty); 624.713 (certain persons not to possess firearms); chapter 152 (drugs; controlled substance); or a felony-level conviction involving alcohol or drug use.

(b) An individual is disqualified under section 245C.14 if less than 15 years has passed since the individual's aiding and abetting, attempt, or conspiracy to commit any of the offenses listed in paragraph (a), as each of these offenses is defined in Minnesota Statutes.

(c) For foster care and family child care an individual is disqualified under section 245C.14 if less than 15 years has passed since the individual's voluntary termination of the individual's parental rights under section 260C.301, subdivision 1, paragraph (b), or 260C.301, subdivision 3.

(d) An individual is disqualified under section 245C.14 if less than 15 years has passed since the discharge of the sentence imposed for an offense in any other state or country, the elements of which are substantially similar to the elements of the offenses listed in paragraph (a).

(e) If the individual studied commits one of the offenses listed in paragraph (a), but the sentence or level of offense is a gross misdemeanor or misdemeanor, the individual is disqualified but the disqualification look-back period for the offense is the period applicable to the gross misdemeanor or misdemeanor disposition.

(f) When a disqualification is based on a judicial determination other than a conviction, the disqualification period begins from the date of the court order. When a disqualification is based on an admission, the disqualification period begins from the date of an admission in court. When a disqualification is based on an Alford Plea, the disqualification period begins from the date the Alford Plea is entered in court. When a disqualification is based on a preponderance of evidence of a disqualifying act, the disqualification date begins from the date of the dismissal, the date of discharge of the sentence imposed for a conviction for a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

31.1 Sec. 23. Minnesota Statutes 2008, section 245C.15, subdivision 3, is amended to read:

31.2 Subd. 3. **Ten-year disqualification.** (a) An individual is disqualified under section
31.3 245C.14 if: (1) less than ten years have passed since the discharge of the sentence imposed,
31.4 if any, for the offense; and (2) the individual has committed a gross misdemeanor-level
31.5 violation of any of the following offenses: sections 256.98 (wrongfully obtaining
31.6 assistance); 268.182 (false representation; concealment of facts); 393.07, subdivision 10,
31.7 paragraph (c) (federal Food Stamp Program fraud); 609.21 (criminal vehicular homicide
31.8 and injury); 609.221 or 609.222 (assault in the first or second degree); 609.223 or
31.9 609.2231 (assault in the third or fourth degree); 609.224 (assault in the fifth degree);
31.10 609.224, subdivision 2, paragraph (c) (assault in the fifth degree by a caregiver against a
31.11 vulnerable adult); 609.2242 and 609.2243 (domestic assault); 609.23 (mistreatment of
31.12 persons confined); 609.231 (mistreatment of residents or patients); 609.2325 (criminal
31.13 abuse of a vulnerable adult); 609.233 (criminal neglect of a vulnerable adult); 609.2335
31.14 (financial exploitation of a vulnerable adult); 609.234 (failure to report maltreatment of a
31.15 vulnerable adult); 609.265 (abduction); 609.275 (attempt to coerce); 609.324, subdivision
31.16 1a (other prohibited acts; minor engaged in prostitution); 609.33 (disorderly house);
31.17 609.377 (malicious punishment of a child); 609.378 (neglect or endangerment of a child);
31.18 609.466 (medical assistance fraud); 609.52 (theft); 609.525 (bringing stolen goods into
31.19 Minnesota); 609.527 (identity theft); 609.53 (receiving stolen property); 609.535 (issuance
31.20 of dishonored checks); 609.582 (burglary); 609.59 (possession of burglary tools); 609.611
31.21 (insurance fraud); 609.631 (check forgery; offering a forged check); 609.66 (dangerous
31.22 weapons); 609.71 (riot); 609.72, subdivision 3 (disorderly conduct against a vulnerable
31.23 adult); repeat offenses under 609.746 (interference with privacy); 609.749, subdivision 2
31.24 (harassment; stalking); 609.82 (fraud in obtaining credit); 609.821 (financial transaction
31.25 card fraud); 617.23 (indecent exposure), not involving a minor; 617.241 (obscene
31.26 materials and performances); 617.243 (indecent literature, distribution); 617.293 (harmful
31.27 materials; dissemination and display to minors prohibited); or violation of an order for
31.28 protection under section 518B.01, subdivision 14.

31.29 (b) An individual is disqualified under section 245C.14 if less than ten years has
31.30 passed since the individual's aiding and abetting, attempt, or conspiracy to commit any
31.31 of the offenses listed in paragraph (a), as each of these offenses is defined in Minnesota
31.32 Statutes.

31.33 (c) An individual is disqualified under section 245C.14 if less than ten years has
31.34 passed since the discharge of the sentence imposed for an offense in any other state or
31.35 country, the elements of which are substantially similar to the elements of any of the
31.36 offenses listed in paragraph (a).

32.1 (d) If the individual studied commits one of the offenses listed in paragraph (a), but
32.2 the sentence or level of offense is a misdemeanor disposition, the individual is disqualified
32.3 but the disqualification lookback period for the offense is the period applicable to
32.4 misdemeanors.

32.5 (e) When a disqualification is based on a judicial determination other than a
32.6 conviction, the disqualification period begins from the date of the court order. When a
32.7 disqualification is based on an admission, the disqualification period begins from the
32.8 date of an admission in court. When a disqualification is based on an Alford Plea, the
32.9 disqualification period begins from the date the Alford Plea is entered in court. When
32.10 a disqualification is based on a preponderance of evidence of a disqualifying act, the
32.11 disqualification date begins from the date of the dismissal, the date of discharge of the
32.12 sentence imposed for a conviction for a disqualifying crime of similar elements, or the
32.13 date of the incident, whichever occurs last.

32.14 Sec. 24. Minnesota Statutes 2008, section 245C.15, subdivision 4, is amended to read:

32.15 Subd. 4. **Seven-year disqualification.** (a) An individual is disqualified under
32.16 section 245C.14 if: (1) less than seven years has passed since the discharge of the sentence
32.17 imposed, if any, for the offense; and (2) the individual has committed a misdemeanor-level
32.18 violation of any of the following offenses: sections 256.98 (wrongfully obtaining
32.19 assistance); 268.182 (false representation; concealment of facts); 393.07, subdivision 10,
32.20 paragraph (c) (federal Food Stamp Program fraud); 609.21 (criminal vehicular homicide
32.21 and injury); 609.221 (assault in the first degree); 609.222 (assault in the second degree);
32.22 609.223 (assault in the third degree); 609.2231 (assault in the fourth degree); 609.224
32.23 (assault in the fifth degree); 609.2242 (domestic assault); 609.2335 (financial exploitation
32.24 of a vulnerable adult); 609.234 (failure to report maltreatment of a vulnerable adult);
32.25 609.2672 (assault of an unborn child in the third degree); 609.27 (coercion); violation
32.26 of an order for protection under 609.3232 (protective order authorized; procedures;
32.27 penalties); 609.466 (medical assistance fraud); 609.52 (theft); 609.525 (bringing stolen
32.28 goods into Minnesota); 609.527 (identity theft); 609.53 (receiving stolen property);
32.29 609.535 (issuance of dishonored checks); 609.611 (insurance fraud); 609.66 (dangerous
32.30 weapons); 609.665 (spring guns); 609.746 (interference with privacy); 609.79 (obscene or
32.31 harassing telephone calls); 609.795 (letter, telegram, or package; opening; harassment);
32.32 609.82 (fraud in obtaining credit); 609.821 (financial transaction card fraud); 617.23
32.33 (indecent exposure), not involving a minor; 617.293 (harmful materials; dissemination
32.34 and display to minors prohibited); or violation of an order for protection under section
32.35 518B.01 (Domestic Abuse Act).

(b) An individual is disqualified under section 245C.14 if less than seven years has passed since a determination or disposition of the individual's:

(1) failure to make required reports under section 626.556, subdivision 3, or 626.557, subdivision 3, for incidents in which: (i) the final disposition under section 626.556 or 626.557 was substantiated maltreatment, and (ii) the maltreatment was recurring or serious; or

(2) substantiated serious or recurring maltreatment of a minor under section 626.556, a vulnerable adult under section 626.557, or serious or recurring maltreatment in any other state, the elements of which are substantially similar to the elements of maltreatment under section 626.556 or 626.557 for which: (i) there is a preponderance of evidence that the maltreatment occurred, and (ii) the subject was responsible for the maltreatment.

(c) An individual is disqualified under section 245C.14 if less than seven years has passed since the individual's aiding and abetting, attempt, or conspiracy to commit any of the offenses listed in paragraphs (a) and (b), as each of these offenses is defined in Minnesota Statutes.

(d) An individual is disqualified under section 245C.14 if less than seven years has passed since the discharge of the sentence imposed for an offense in any other state or country, the elements of which are substantially similar to the elements of any of the offenses listed in paragraphs (a) and (b).

(e) When a disqualification is based on a judicial determination other than a conviction, the disqualification period begins from the date of the court order. When a disqualification is based on an admission, the disqualification period begins from the date of an admission in court. When a disqualification is based on an Alford Plea, the disqualification period begins from the date the Alford Plea is entered in court. When a disqualification is based on a preponderance of evidence of a disqualifying act, the disqualification date begins from the date of the dismissal, the date of discharge of the sentence imposed for a conviction for a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

(f) An individual is disqualified under section 245C.14 if less than seven years has passed since the individual was disqualified under section 256.98, subdivision 8.

Sec. 25. Minnesota Statutes 2008, section 245C.22, subdivision 7, is amended to read:

Subd. 7. Classification of certain data. (a) Notwithstanding section 13.46, upon setting aside a disqualification under this section, the identity of the disqualified individual who received the set-aside and the individual's disqualifying characteristics are public data if the set-aside was:

(1) for any disqualifying characteristic under section 245C.15, when the set-aside relates to a child care center or a family child care provider licensed under chapter 245A; or

(2) for a disqualifying characteristic under section 245C.15, subdivision 2.

(b) Notwithstanding section 13.46, upon granting a variance to a license holder under section 245C.30, the identity of the disqualified individual who is the subject of the variance, the individual's disqualifying characteristics under section 245C.15, and the terms of the variance are public data, when the variance:

(1) is issued to a child care center or a family child care provider licensed under chapter 245A; or

(2) relates to an individual with a disqualifying characteristic under section 245C.15, subdivision 2.

(c) The identity of a disqualified individual and the reason for disqualification remain private data when:

(1) a disqualification is not set aside and no variance is granted, except as provided under section 13.46, subdivision 4;

(2) the data are not public under paragraph (a) or (b);

(3) the disqualification is rescinded because the information relied upon to disqualify the individual is incorrect; or

(4) the disqualification relates to a license to provide relative child foster care.

As used in this clause, "relative" has the meaning given it under section 260C.007, subdivision 27.

(d) Licensed family child care providers and child care centers must provide notices as required under section 245C.301.

(e) Notwithstanding paragraphs (a) and (b), the identity of household members who are the subject of a disqualification related set-aside or variance is not public data if:

(1) the household member resides in the residence where the family child care is provided;

(2) the subject of the set-aside or variance is under the age of 18 years; and

(3) the set-aside or variance only relates to a disqualification under section 245C.15, subdivision 4, for a misdemeanor-level theft crime as defined in section 609.52.

Sec. 26. Minnesota Statutes 2008, section 245C.24, subdivision 2, is amended to read:

Subd. 2. Permanent bar to set aside a disqualification. (a) Except as provided in paragraph (b), the commissioner may not set aside the disqualification of any individual disqualified pursuant to this chapter, regardless of how much time has passed, if the individual was disqualified for a crime or conduct listed in section 245C.15, subdivision 1.

(b) For an individual in the chemical dependency or corrections field who was disqualified for a crime or conduct listed under section 245C.15, subdivision 1, and whose disqualification was set aside prior to July 1, 2005, the commissioner must consider granting a variance pursuant to section 245C.30 for the license holder for a program dealing primarily with adults. A request for reconsideration evaluated under this paragraph must include a letter of recommendation from the license holder that was subject to the prior set-aside decision addressing the individual's quality of care to children or vulnerable adults and the circumstances of the individual's departure from that service.

(c) When a licensed foster care provider adopts an individual who had received foster care services from the provider for over six months, and the adopted individual is required to receive a background study under section 245C.03, subdivision 1, paragraph (a), clause (2) or (6), the commissioner may grant a variance to the license holder under section 245C.30 to permit the adopted individual with a permanent disqualification to remain affiliated with the license holder under the conditions of the variance when the variance is recommended by the county of responsibility for each of the remaining individuals in placement in the home and the licensing agency for the home.

Sec. 27. Minnesota Statutes 2008, section 245C.24, subdivision 3, is amended to read:

Subd. 3. **Ten-year bar to set aside disqualification.** (a) The commissioner may not set aside the disqualification of an individual in connection with a license to provide family child care for children, foster care for children in the provider's home, or foster care or day care services for adults in the provider's home if: (1) less than ten years has passed since the discharge of the sentence imposed, if any, for the offense; or (2) when disqualified based on a preponderance of evidence determination under section 245C.14, subdivision 1, paragraph (a), clause (2), or an admission under section 245C.14, subdivision 1, paragraph (a), clause (1), and less than ten years has passed since the individual committed the act or admitted to committing the act, whichever is later; and (3) the individual has committed a violation of any of the following offenses: sections 609.165 (felon ineligible to possess firearm); criminal vehicular homicide or criminal vehicular operation causing death under 609.21 (criminal vehicular homicide and injury); 609.215 (aiding suicide or aiding attempted suicide); felony violations under 609.223 or 609.2231 (assault in the third or fourth degree); 609.229 (crimes committed for benefit of a gang); 609.713 (terroristic threats); 609.235 (use of drugs to injure or to facilitate crime); 609.24 (simple robbery); 609.255 (false imprisonment); 609.562 (arson in the second degree); 609.71 (riot); 609.498, subdivision 1 or 1b (aggravated first-degree or first-degree tampering with a witness); burglary in the first or second degree under 609.582

(burglary); 609.66 (dangerous weapon); 609.665 (spring guns); 609.67 (machine guns and short-barreled shotguns); 609.749, subdivision 2 (gross misdemeanor harassment; stalking); 152.021 or 152.022 (controlled substance crime in the first or second degree); 152.023, subdivision 1, clause (3) or (4) or subdivision 2, clause (4) (controlled substance crime in the third degree); 152.024, subdivision 1, clause (2), (3), or (4) (controlled substance crime in the fourth degree); 609.224, subdivision 2, paragraph (c) (fifth-degree assault by a caregiver against a vulnerable adult); 609.23 (mistreatment of persons confined); 609.231 (mistreatment of residents or patients); 609.2325 (criminal abuse of a vulnerable adult); 609.233 (criminal neglect of a vulnerable adult); 609.2335 (financial exploitation of a vulnerable adult); 609.234 (failure to report); 609.265 (abduction); 609.2664 to 609.2665 (manslaughter of an unborn child in the first or second degree); 609.267 to 609.2672 (assault of an unborn child in the first, second, or third degree); 609.268 (injury or death of an unborn child in the commission of a crime); repeat offenses under 617.23 (indecent exposure); 617.293 (disseminating or displaying harmful material to minors); a felony-level conviction involving alcohol or drug use, a gross misdemeanor offense under 609.324, subdivision 1 (other prohibited acts); a gross misdemeanor offense under 609.378 (neglect or endangerment of a child); a gross misdemeanor offense under 609.377 (malicious punishment of a child); 609.72, subdivision 3 (disorderly conduct against a vulnerable adult); or 624.713 (certain persons not to possess firearms).

(b) The commissioner may not set aside the disqualification of an individual if less than ten years have passed since the individual's aiding and abetting, attempt, or conspiracy to commit any of the offenses listed in paragraph (a) as each of these offenses is defined in Minnesota Statutes.

(c) The commissioner may not set aside the disqualification of an individual if less than ten years have passed since the discharge of the sentence imposed for an offense in any other state or country, the elements of which are substantially similar to the elements of any of the offenses listed in paragraph (a).

Sec. 28. Minnesota Statutes 2008, section 245C.25, is amended to read:

245C.25 CONSOLIDATED RECONSIDERATION OF MALTREATMENT DETERMINATION AND DISQUALIFICATION.

(a) If an individual is disqualified on the basis of a determination of maltreatment under section 626.556 or 626.557, which was serious or recurring, and the individual requests reconsideration of the maltreatment determination under section 626.556, subdivision 10i, or 626.557, subdivision 9d, and also requests reconsideration of the disqualification under section 245C.21, the commissioner shall consolidate the

37.1 reconsideration of the maltreatment determination and the disqualification into a single
37.2 reconsideration.

37.3 (b) For maltreatment and disqualification determinations made by county agencies,
37.4 the county agency shall conduct the consolidated reconsideration. If the county agency
37.5 has disqualified an individual on multiple bases, one of which is a county maltreatment
37.6 determination for which the individual has a right to request reconsideration, the county
37.7 shall conduct the reconsideration of all disqualifications.

37.8 (c) If the county has previously conducted a consolidated reconsideration under
37.9 paragraph (b) of a maltreatment determination and a disqualification based on serious or
37.10 recurring maltreatment, and the county subsequently disqualifies the individual based
37.11 on that determination, the county shall conduct the reconsideration of the subsequent
37.12 disqualification. The scope of the subsequent disqualification shall be limited to whether
37.13 the individual poses a risk of harm in accordance with section 245C.22, subdivision 4. If
37.14 the commissioner subsequently disqualifies the individual in connection with a child foster
37.15 care license based on the county's previous maltreatment determination, the commissioner
37.16 shall conduct the reconsideration of the subsequent disqualification.

37.17 Sec. 29. Minnesota Statutes 2008, section 245C.27, subdivision 1, is amended to read:

37.18 Subdivision 1. **Fair hearing when disqualification is not set aside.** (a) If the
37.19 commissioner does not set aside a disqualification of an individual under section
37.20 245C.22 who is disqualified on the basis of a preponderance of evidence that the
37.21 individual committed an act or acts that meet the definition of any of the crimes listed in
37.22 section 245C.15; for a determination under section 626.556 or 626.557 of substantiated
37.23 maltreatment that was serious or recurring under section 245C.15; or for failure to make
37.24 required reports under section 626.556, subdivision 3; or 626.557, subdivision 3, pursuant
37.25 to section 245C.15, subdivision 4, paragraph (b), clause (1), the individual may request
37.26 a fair hearing under section 256.045, unless the disqualification is deemed conclusive
37.27 under section 245C.29.

37.28 (b) The fair hearing is the only administrative appeal of the final agency
37.29 determination for purposes of appeal by the disqualified individual. The disqualified
37.30 individual does not have the right to challenge the accuracy and completeness of data
37.31 under section 13.04.

37.32 (c) Except as provided under paragraph (e), if the individual was disqualified
37.33 based on a conviction ~~or of~~, admission to, or Alford Plea to any crimes listed in section
37.34 245C.15, subdivisions 1 to 4, or for a disqualification under section 256.98, subdivision
37.35 8, the reconsideration decision under section 245C.22 is the final agency determination

for purposes of appeal by the disqualified individual and is not subject to a hearing under section 256.045. If the individual was disqualified based on a judicial determination, that determination is treated the same as a conviction for purposes of appeal.

(d) This subdivision does not apply to a public employee's appeal of a disqualification under section 245C.28, subdivision 3.

(e) Notwithstanding paragraph (c), if the commissioner does not set aside a disqualification of an individual who was disqualified based on both a preponderance of evidence and a conviction or admission, the individual may request a fair hearing under section 256.045, unless the disqualifications are deemed conclusive under section 245C.29. The scope of the hearing conducted under section 256.045 with regard to the disqualification based on a conviction or admission shall be limited solely to whether the individual poses a risk of harm, according to section 256.045, subdivision 3b. In this case, the reconsideration decision under section 245C.22 is not the final agency decision for purposes of appeal by the disqualified individual.

Sec. 30. Minnesota Statutes 2008, section 256.045, subdivision 3, is amended to read:

Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

(1) any person applying for, receiving or having received public assistance, medical care, or a program of social services granted by the state agency or a county agency or the federal Food Stamp Act whose application for assistance is denied, not acted upon with reasonable promptness, or whose assistance is suspended, reduced, terminated, or claimed to have been incorrectly paid;

(2) any patient or relative aggrieved by an order of the commissioner under section 252.27;

(3) a party aggrieved by a ruling of a prepaid health plan;

(4) except as provided under chapter 245C, any individual or facility determined by a lead agency to have maltreated a vulnerable adult under section 626.557 after they have exercised their right to administrative reconsideration under section 626.557;

(5) any person whose claim for foster care payment according to a placement of the child resulting from a child protection assessment under section 626.556 is denied or not acted upon with reasonable promptness, regardless of funding source;

(6) any person to whom a right of appeal according to this section is given by other provision of law;

(7) an applicant aggrieved by an adverse decision to an application for a hardship waiver under section 256B.15;

(8) an applicant aggrieved by an adverse decision to an application or redetermination for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

(9) except as provided under chapter 245A, an individual or facility determined to have maltreated a minor under section 626.556, after the individual or facility has exercised the right to administrative reconsideration under section 626.556; or

(10) except as provided under chapter 245C, an individual disqualified under sections 245C.14 and 245C.15, which has not been set aside under sections 245C.22 and 245C.23, on the basis of serious or recurring maltreatment; a preponderance of the evidence that the individual has committed an act or acts that meet the definition of any of the crimes listed in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section 626.556, subdivision 3, or 626.557, subdivision 3. Hearings regarding a maltreatment determination under clause (4) or (9) and a disqualification under this clause in which the basis for a disqualification is serious or recurring maltreatment, which has not been set aside under sections 245C.22 and 245C.23, shall be consolidated into a single fair hearing. In such cases, the scope of review by the human services referee shall include both the maltreatment determination and the disqualification. The failure to exercise the right to an administrative reconsideration shall not be a bar to a hearing under this section if federal law provides an individual the right to a hearing to dispute a finding of maltreatment. Individuals and organizations specified in this section may contest the specified action, decision, or final disposition before the state agency by submitting a written request for a hearing to the state agency within 30 days after receiving written notice of the action, decision, or final disposition, or within 90 days of such written notice if the applicant, recipient, patient, or relative shows good cause why the request was not submitted within the 30-day time limit.

(b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10), is the only administrative appeal to the final agency determination specifically, including a challenge to the accuracy and completeness of data under section 13.04. Hearings requested under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged to have maltreated a resident prior to October 1, 1995, shall be held as a contested case proceeding under the provisions of chapter 14. Hearings requested under paragraph (a), clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A hearing for an individual or facility under paragraph (a), clause (9), is only available when there is no juvenile court or adult criminal action pending. If such action is filed in either court while an administrative review is pending, the administrative review must be suspended until the judicial actions are completed. If the juvenile court

action or criminal charge is dismissed or the criminal action overturned, the matter may be considered in an administrative hearing.

(c) For purposes of this section, bargaining unit grievance procedures are not an administrative appeal.

(d) The scope of hearings involving claims to foster care payments under paragraph (a), clause (5), shall be limited to the issue of whether the county is legally responsible for a child's placement under court order or voluntary placement agreement and, if so, the correct amount of foster care payment to be made on the child's behalf and shall not include review of the propriety of the county's child protection determination or child placement decision.

(e) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor under contract with a county agency to provide social services is not a party and may not request a hearing under this section, except if assisting a recipient as provided in subdivision 4.

(f) An applicant or recipient is not entitled to receive social services beyond the services prescribed under chapter 256M or other social services the person is eligible for under state law.

(g) The commissioner may summarily affirm the county or state agency's proposed action without a hearing when the sole issue is an automatic change due to a change in state or federal law.

Sec. 31. Minnesota Statutes 2008, section 256.045, subdivision 3b, is amended to read:

Subd. 3b. **Standard of evidence for maltreatment and disqualification hearings.**

(a) The state human services referee shall determine that maltreatment has occurred if a preponderance of evidence exists to support the final disposition under sections 626.556 and 626.557. For purposes of hearings regarding disqualification, the state human services referee shall affirm the proposed disqualification in an appeal under subdivision 3, paragraph (a), clause (9), if a preponderance of the evidence shows the individual has:

(1) committed maltreatment under section 626.556 or 626.557, which is serious or recurring;

(2) committed an act or acts meeting the definition of any of the crimes listed in section 245C.15, subdivisions 1 to 4; or

(3) failed to make required reports under section 626.556 or 626.557, for incidents in which the final disposition under section 626.556 or 626.557 was substantiated maltreatment that was serious or recurring.

(b) If the disqualification is affirmed, the state human services referee shall determine whether the individual poses a risk of harm in accordance with the requirements of section ~~245C.16~~ 245C.22, and whether the disqualification should be set aside or not set aside. In determining whether the disqualification should be set aside, the human services referee shall consider all of the characteristics that cause the individual to be disqualified, including those characteristics that were not subject to review under paragraph (a), in order to determine whether the individual poses a risk of harm. A decision to set aside a disqualification that is the subject of the hearing constitutes a determination that the individual does not pose a risk of harm and that the individual may provide direct contact services in the individual program specified in the set aside. If a determination that the information relied upon to disqualify an individual was correct and is conclusive under section 245C.29, and the individual is subsequently disqualified under section 245C.14, the individual has a right to again request reconsideration on the risk of harm under section 245C.21. Subsequent determinations regarding risk of harm are not subject to another hearing under this section.

(c) The state human services referee shall recommend an order to the commissioner of health, education, or human services, as applicable, who shall issue a final order. The commissioner shall affirm, reverse, or modify the final disposition. Any order of the commissioner issued in accordance with this subdivision is conclusive upon the parties unless appeal is taken in the manner provided in subdivision 7. In any licensing appeal under chapters 245A and 245C and sections 144.50 to 144.58 and 144A.02 to 144A.46, the commissioner's determination as to maltreatment is conclusive, as provided under section 245C.29.

Sec. 32. [256.364] LICENSE; PERMIT.

Notwithstanding any law to the contrary, a municipality shall not require a massage therapist to obtain a license or permit when the therapist is working for or an employee of a medical professional licensed under chapter 147 or 148.

Sec. 33. Minnesota Statutes 2008, section 256B.0943, subdivision 4, is amended to read:

Subd. 4. Provider entity certification. (a) Effective July 1, 2003, the commissioner shall establish an initial provider entity application and certification process and recertification process to determine whether a provider entity has an administrative and clinical infrastructure that meets the requirements in subdivisions 5 and 6. The commissioner shall recertify a provider entity at least every three years. The commissioner

42.1 shall establish a process for decertification of a provider entity that no longer meets the
42.2 requirements in this section. The county, tribe, and the commissioner shall be mutually
42.3 responsible and accountable for the county's, tribe's, and state's part of the certification,
42.4 recertification, and decertification processes.

42.5 (b) For purposes of this section, a provider entity must be:

42.6 (1) an Indian health services facility or a facility owned and operated by a tribe or
42.7 tribal organization operating as a 638 facility under Public Law 93-638 certified by the
42.8 state;

42.9 (2) a county-operated entity certified by the state; or

42.10 (3) a noncounty entity ~~recommended for certification by the provider's host county~~
42.11 ~~and~~ certified by the state.

42.12 Sec. 34. Minnesota Statutes 2008, section 256B.0943, subdivision 6, is amended to
42.13 read:

42.14 Subd. 6. **Provider entity clinical infrastructure requirements.** (a) To be
42.15 an eligible provider entity under this section, a provider entity must have a clinical
42.16 infrastructure that utilizes diagnostic assessment, an individualized treatment plan,
42.17 service delivery, and individual treatment plan review that are culturally competent,
42.18 child-centered, and family-driven to achieve maximum benefit for the client. The provider
42.19 entity must review, and update as necessary, the clinical policies and procedures every
42.20 three years and must distribute the policies and procedures to staff initially and upon
42.21 each subsequent update.

42.22 (b) The clinical infrastructure written policies and procedures must include policies
42.23 and procedures for:

42.24 (1) providing or obtaining a client's diagnostic assessment that identifies acute and
42.25 chronic clinical disorders, co-occurring medical conditions, sources of psychological
42.26 and environmental problems, ~~and~~ including a functional assessment. The functional
42.27 assessment component must clearly summarize the client's individual strengths and needs;

42.28 (2) developing an individual treatment plan that is:

42.29 (i) based on the information in the client's diagnostic assessment;

42.30 (ii) developed no later than the end of the first psychotherapy session after the
42.31 completion of the client's diagnostic assessment by the mental health professional who
42.32 provides the client's psychotherapy;

42.33 (iii) developed through a child-centered, family-driven planning process that
42.34 identifies service needs and individualized, planned, and culturally appropriate

43.1 interventions that contain specific treatment goals and objectives for the client and the
43.2 client's family or foster family;

43.3 (iv) reviewed at least once every 90 days and revised, if necessary; and

43.4 (v) signed by the client or, if appropriate, by the client's parent or other person
43.5 authorized by statute to consent to mental health services for the client;

43.6 (3) developing an individual behavior plan that documents services to be provided
43.7 by the mental health behavioral aide. The individual behavior plan must include:

43.8 (i) detailed instructions on the service to be provided;

43.9 (ii) time allocated to each service;

43.10 (iii) methods of documenting the child's behavior;

43.11 (iv) methods of monitoring the child's progress in reaching objectives; and

43.12 (v) goals to increase or decrease targeted behavior as identified in the individual
43.13 treatment plan;

43.14 (4) clinical supervision of the mental health practitioner and mental health behavioral
43.15 aide. A mental health professional must document the clinical supervision the professional
43.16 provides by cosigning individual treatment plans and making entries in the client's record
43.17 on supervisory activities. Clinical supervision does not include the authority to make or
43.18 terminate court-ordered placements of the child. A clinical supervisor must be available
43.19 for urgent consultation as required by the individual client's needs or the situation. Clinical
43.20 supervision may occur individually or in a small group to discuss treatment and review
43.21 progress toward goals. The focus of clinical supervision must be the client's treatment
43.22 needs and progress and the mental health practitioner's or behavioral aide's ability to
43.23 provide services;

43.24 (4a) CTSS certified provider entities providing day treatment programs must meet
43.25 the conditions in items (i) to (iii):

43.26 (i) the supervisor must be present and available on the premises more than 50
43.27 percent of the time in a five-working-day period during which the supervisee is providing
43.28 a mental health service;

43.29 (ii) the diagnosis and the client's individual treatment plan or a change in the
43.30 diagnosis or individual treatment plan must be made by or reviewed, approved, and signed
43.31 by the supervisor; and

43.32 (iii) every 30 days, the supervisor must review and sign the record ~~of~~ indicating the
43.33 supervisor has reviewed the client's care for all activities in the preceding 30-day period;

43.34 (4b) for all other services provided under CTSS, clinical supervision standards
43.35 provided in items (i) to (iii) must be used:

(i) medical assistance shall reimburse a mental health practitioner who maintains a consulting relationship with a mental health professional who accepts full professional responsibility ~~and is present on site for at least one observation during the first 12 hours in which the mental health practitioner provides the individual, family, or group skills training to the child or the child's family;~~

(ii) ~~thereafter~~, the mental health professional is required to be present on site for observation as clinically appropriate when the mental health practitioner is providing individual, family, or group skills training to the child or the child's family; and

(iii) when conducted, the observation must be a minimum of one clinical unit. The on-site presence of the mental health professional must be documented in the child's record and signed by the mental health professional who accepts full professional responsibility;

(5) providing direction to a mental health behavioral aide. For entities that employ mental health behavioral aides, the clinical supervisor must be employed by the provider entity or other certified children's therapeutic supports and services provider entity to ensure necessary and appropriate oversight for the client's treatment and continuity of care. The mental health professional or mental health practitioner giving direction must begin with the goals on the individualized treatment plan, and instruct the mental health behavioral aide on how to construct therapeutic activities and interventions that will lead to goal attainment. The professional or practitioner giving direction must also instruct the mental health behavioral aide about the client's diagnosis, functional status, and other characteristics that are likely to affect service delivery. Direction must also include determining that the mental health behavioral aide has the skills to interact with the client and the client's family in ways that convey personal and cultural respect and that the aide actively solicits information relevant to treatment from the family. The aide must be able to clearly explain the activities the aide is doing with the client and the activities' relationship to treatment goals. Direction is more didactic than is supervision and requires the professional or practitioner providing it to continuously evaluate the mental health behavioral aide's ability to carry out the activities of the individualized treatment plan and the individualized behavior plan. When providing direction, the professional or practitioner must:

(i) review progress notes prepared by the mental health behavioral aide for accuracy and consistency with diagnostic assessment, treatment plan, and behavior goals and the professional or practitioner must approve and sign the progress notes;

(ii) identify changes in treatment strategies, revise the individual behavior plan, and communicate treatment instructions and methodologies as appropriate to ensure that treatment is implemented correctly;

(iii) demonstrate family-friendly behaviors that support healthy collaboration among the child, the child's family, and providers as treatment is planned and implemented;

(iv) ensure that the mental health behavioral aide is able to effectively communicate with the child, the child's family, and the provider; and

(v) record the results of any evaluation and corrective actions taken to modify the work of the mental health behavioral aide;

(6) providing service delivery that implements the individual treatment plan and meets the requirements under subdivision 9; and

(7) individual treatment plan review. The review must determine the extent to which the services have met the goals and objectives in the previous treatment plan. The review must assess the client's progress and ensure that services and treatment goals continue to be necessary and appropriate to the client and the client's family or foster family. Revision of the individual treatment plan does not require a new diagnostic assessment unless the client's mental health status has changed markedly. The updated treatment plan must be signed by the client, if appropriate, and by the client's parent or other person authorized by statute to give consent to the mental health services for the child.

Sec. 35. Minnesota Statutes 2008, section 256B.0943, subdivision 9, is amended to read:

Subd. 9. Service delivery criteria. (a) In delivering services under this section, a certified provider entity must ensure that:

(1) each individual provider's caseload size permits the provider to deliver services to both clients with severe, complex needs and clients with less intensive needs. The provider's caseload size should reasonably enable the provider to play an active role in service planning, monitoring, and delivering services to meet the client's and client's family's needs, as specified in each client's individual treatment plan;

(2) site-based programs, including day treatment and preschool programs, provide staffing and facilities to ensure the client's health, safety, and protection of rights, and that the programs are able to implement each client's individual treatment plan;

(3) a day treatment program is provided to a group of clients by a multidisciplinary team under the clinical supervision of a mental health professional. The day treatment program must be provided in and by: (i) an outpatient hospital accredited by the Joint Commission on Accreditation of Health Organizations and licensed under sections 144.50 to 144.55; (ii) a community mental health center under section 245.62; and (iii) an entity that is under contract with the county board to operate a program that meets the requirements of sections 245.4712, subdivision 2, and 245.4884, subdivision 2,

and Minnesota Rules, parts 9505.0170 to 9505.0475. The day treatment program must stabilize the client's mental health status while developing and improving the client's independent living and socialization skills. The goal of the day treatment program must be to reduce or relieve the effects of mental illness and provide training to enable the client to live in the community. The program must be available at least one day a week for a ~~three-hour~~ two-hour time block. The ~~three-hour~~ two-hour time block must include at least one hour, ~~but no more than two hours~~, of individual or group psychotherapy. ~~The remainder of the three-hour time block may include recreation therapy, socialization therapy, or independent living skills therapy, but only if the therapies are included in the client's individual treatment plan.~~ The structured treatment program may include individual or group psychotherapy and recreation therapy, socialization therapy, or independent living skills therapy, if included in the client's individual treatment plan. Day treatment programs are not part of inpatient or residential treatment services; and

(4) a preschool program is a structured treatment program offered to a child who is at least 33 months old, but who has not yet reached the first day of kindergarten, by a preschool multidisciplinary team in a day program licensed under Minnesota Rules, parts 9503.0005 to 9503.0175. The program must be available at least one day a week for a minimum two-hour time block. The structured treatment program may include individual or group psychotherapy and recreation therapy, socialization therapy, or independent living skills therapy, if included in the client's individual treatment plan.

(b) A provider entity must deliver the service components of children's therapeutic services and supports in compliance with the following requirements:

(1) individual, family, and group psychotherapy must be delivered as specified in Minnesota Rules, part 9505.0323;

(2) individual, family, or group skills training must be provided by a mental health professional or a mental health practitioner who has a consulting relationship with a mental health professional who accepts full professional responsibility for the training;

(3) crisis assistance must be time-limited and designed to resolve or stabilize crisis through arrangements for direct intervention and support services to the child and the child's family. Crisis assistance must utilize resources designed to address abrupt or substantial changes in the functioning of the child or the child's family as evidenced by a sudden change in behavior with negative consequences for well being, a loss of usual coping mechanisms, or the presentation of danger to self or others;

(4) medically necessary services that are provided by a mental health behavioral aide must be designed to improve the functioning of the child and support the family in activities of daily and community living. A mental health behavioral aide must document

the delivery of services in written progress notes. The mental health behavioral aide must implement goals in the treatment plan for the child's emotional disturbance that allow the child to acquire developmentally and therapeutically appropriate daily living skills, social skills, and leisure and recreational skills through targeted activities. These activities may include:

(i) assisting a child as needed with skills development in dressing, eating, and toileting;

(ii) assisting, monitoring, and guiding the child to complete tasks, including facilitating the child's participation in medical appointments;

(iii) observing the child and intervening to redirect the child's inappropriate behavior;

(iv) assisting the child in using age-appropriate self-management skills as related to the child's emotional disorder or mental illness, including problem solving, decision making, communication, conflict resolution, anger management, social skills, and recreational skills;

(v) implementing deescalation techniques as recommended by the mental health professional;

(vi) implementing any other mental health service that the mental health professional has approved as being within the scope of the behavioral aide's duties; or

(vii) assisting the parents to develop and use parenting skills that help the child achieve the goals outlined in the child's individual treatment plan or individual behavioral plan. Parenting skills must be directed exclusively to the child's treatment; and

(5) direction of a mental health behavioral aide must include the following:

(i) a total of one hour of on-site observation by a mental health professional during the first 12 hours of service provided to a child;

(ii) ongoing on-site observation by a mental health professional or mental health practitioner for at least a total of one hour during every 40 hours of service provided to a child; and

(iii) immediate accessibility of the mental health professional or mental health practitioner to the mental health behavioral aide during service provision.

Sec. 36. Minnesota Statutes 2008, section 626.556, subdivision 2, is amended to read:

Subd. 2. **Definitions.** As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

(a) "Family assessment" means a comprehensive assessment of child safety, risk of subsequent child maltreatment, and family strengths and needs that is applied to a child maltreatment report that does not allege substantial child endangerment. Family

assessment does not include a determination as to whether child maltreatment occurred but does determine the need for services to address the safety of family members and the risk of subsequent maltreatment.

(b) "Investigation" means fact gathering related to the current safety of a child and the risk of subsequent maltreatment that determines whether child maltreatment occurred and whether child protective services are needed. An investigation must be used when reports involve substantial child endangerment, and for reports of maltreatment in facilities required to be licensed under chapter 245A or 245B; under sections 144.50 to 144.58 and 241.021; in a school as defined in sections 120A.05, subdivisions 9, 11, and 13, and 124D.10; or in a nonlicensed personal care provider association as defined in sections 256B.04, subdivision 16, and 256B.0625, subdivision 19a.

(c) "Substantial child endangerment" means a person responsible for a child's care, and in the case of sexual abuse includes a person who has a significant relationship to the child as defined in section 609.341, or a person in a position of authority as defined in section 609.341, who by act or omission commits or attempts to commit an act against a child under their care that constitutes any of the following:

- (1) egregious harm as defined in section 260C.007, subdivision 14;
- (2) sexual abuse as defined in paragraph (d);
- (3) abandonment under section 260C.301, subdivision 2;
- (4) neglect as defined in paragraph (f), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
- (5) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
- (6) manslaughter in the first or second degree under section 609.20 or 609.205;
- (7) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
- (8) solicitation, inducement, and promotion of prostitution under section 609.322;
- (9) criminal sexual conduct under sections 609.342 to 609.3451;
- (10) solicitation of children to engage in sexual conduct under section 609.352;
- (11) malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
- (12) use of a minor in sexual performance under section 617.246; or
- (13) parental behavior, status, or condition which mandates that the county attorney file a termination of parental rights petition under section 260C.301, subdivision 3, paragraph (a).

(d) "Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, as defined in section 609.341, or by a person in a position of authority, as defined in section 609.341, subdivision 10, to any act which constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), or 609.3451 (criminal sexual conduct in the fifth degree). Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes threatened sexual abuse.

(e) "Person responsible for the child's care" means (1) an individual functioning within the family unit and having responsibilities for the care of the child such as a parent, guardian, or other person having similar care responsibilities, or (2) an individual functioning outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, other school employees or agents, or other lawful custodian of a child having either full-time or short-term care responsibilities including, but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching, and coaching.

(f) "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (9), other than by accidental means:

(1) failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;

(2) failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

(3) failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;

(4) failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;

(5) nothing in this section shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in

50.1 good faith selects and depends upon spiritual means or prayer for treatment or care of
50.2 disease or remedial care of the child in lieu of medical care; except that a parent, guardian,
50.3 or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report
50.4 if a lack of medical care may cause serious danger to the child's health. This section does
50.5 not impose upon persons, not otherwise legally responsible for providing a child with
50.6 necessary food, clothing, shelter, education, or medical care, a duty to provide that care;

50.7 (6) prenatal exposure to a controlled substance, as defined in section 253B.02,
50.8 subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal
50.9 symptoms in the child at birth, results of a toxicology test performed on the mother at
50.10 delivery or the child at birth, or medical effects or developmental delays during the child's
50.11 first year of life that medically indicate prenatal exposure to a controlled substance;

50.12 (7) "medical neglect" as defined in section 260C.007, subdivision 6, clause (5);

50.13 (8) chronic and severe use of alcohol or a controlled substance by a parent or
50.14 person responsible for the care of the child that adversely affects the child's basic needs
50.15 and safety; or

50.16 (9) emotional harm from a pattern of behavior which contributes to impaired
50.17 emotional functioning of the child which may be demonstrated by a substantial and
50.18 observable effect in the child's behavior, emotional response, or cognition that is not
50.19 within the normal range for the child's age and stage of development, with due regard to
50.20 the child's culture.

50.21 (g) "Physical abuse" means any physical injury, mental injury, or threatened injury,
50.22 inflicted by a person responsible for the child's care on a child other than by accidental
50.23 means, or any physical or mental injury that cannot reasonably be explained by the child's
50.24 history of injuries, or any aversive or deprivation procedures, or regulated interventions,
50.25 that have not been authorized under section 121A.67 or 245.825.

50.26 Abuse does not include reasonable and moderate physical discipline of a child
50.27 administered by a parent or legal guardian which does not result in an injury. Abuse does
50.28 not include the use of reasonable force by a teacher, principal, or school employee as
50.29 allowed by section 121A.582. Actions which are not reasonable and moderate include,
50.30 but are not limited to, any of the following that are done in anger or without regard to the
50.31 safety of the child:

50.32 (1) throwing, kicking, burning, biting, or cutting a child;

50.33 (2) striking a child with a closed fist;

50.34 (3) shaking a child under age three;

50.35 (4) striking or other actions which result in any nonaccidental injury to a child
50.36 under 18 months of age;

- 51.1 (5) unreasonable interference with a child's breathing;
- 51.2 (6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;
- 51.3 (7) striking a child under age one on the face or head;
- 51.4 (8) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled
- 51.5 substances which were not prescribed for the child by a practitioner, in order to control or
- 51.6 punish the child; or other substances that substantially affect the child's behavior, motor
- 51.7 coordination, or judgment or that results in sickness or internal injury, or subjects the
- 51.8 child to medical procedures that would be unnecessary if the child were not exposed
- 51.9 to the substances;
- 51.10 (9) unreasonable physical confinement or restraint not permitted under section
- 51.11 609.379, including but not limited to tying, caging, or chaining; or
- 51.12 (10) in a school facility or school zone, an act by a person responsible for the child's
- 51.13 care that is a violation under section 121A.58.
- 51.14 (h) "Report" means any report received by the local welfare agency, police
- 51.15 department, county sheriff, or agency responsible for assessing or investigating
- 51.16 maltreatment pursuant to this section.
- 51.17 (i) "Facility" means:
- 51.18 (1) a licensed or unlicensed day care facility, residential facility, agency, hospital,
- 51.19 sanitarium, or other facility or institution required to be licensed under sections 144.50 to
- 51.20 144.58, 241.021, or 245A.01 to 245A.16, or chapter 245B;
- 51.21 (2) a school as defined in sections 120A.05, subdivisions 9, 11, and 13; and
- 51.22 124D.10; or
- 51.23 (3) a nonlicensed personal care provider organization as defined in sections 256B.04,
- 51.24 subdivision 16, and 256B.0625, subdivision 19a.
- 51.25 (j) "Operator" means an operator or agency as defined in section 245A.02.
- 51.26 (k) "Commissioner" means the commissioner of human services.
- 51.27 (l) "Practice of social services," for the purposes of subdivision 3, includes but is
- 51.28 not limited to employee assistance counseling and the provision of guardian ad litem and
- 51.29 parenting time expeditor services.
- 51.30 (m) "Mental injury" means an injury to the psychological capacity or emotional
- 51.31 stability of a child as evidenced by an observable or substantial impairment in the child's
- 51.32 ability to function within a normal range of performance and behavior with due regard to
- 51.33 the child's culture.
- 51.34 (n) "Threatened injury" means a statement, overt act, condition, or status that
- 51.35 represents a substantial risk of physical or sexual abuse or mental injury. Threatened

52.1 injury includes, but is not limited to, exposing a child to a person responsible for the
52.2 child's care, as defined in paragraph (e), clause (1), who has:

52.3 (1) subjected a child to, or failed to protect a child from, an overt act or condition
52.4 that constitutes egregious harm, as defined in section 260C.007, subdivision 14, or a
52.5 similar law of another jurisdiction;

52.6 (2) been found to be palpably unfit under section 260C.301, paragraph (b), clause
52.7 (4), or a similar law of another jurisdiction;

52.8 (3) committed an act that has resulted in an involuntary termination of parental rights
52.9 under section 260C.301, or a similar law of another jurisdiction; or

52.10 (4) committed an act that has resulted in the involuntary transfer of permanent legal
52.11 and physical custody of a child to a relative under section 260C.201, subdivision 11,
52.12 paragraph (d), clause (1), or a similar law of another jurisdiction.

52.13 (o) Persons who conduct assessments or investigations under this section shall take
52.14 into account accepted child-rearing practices of the culture in which a child participates
52.15 and accepted teacher discipline practices, which are not injurious to the child's health,
52.16 welfare, and safety.

52.17 (p) "Accidental" means a sudden, not reasonably foreseeable, and unexpected
52.18 occurrence or event which:

52.19 (1) is not likely to occur and could not have been prevented by exercise of due
52.20 care; and

52.21 (2) if occurring while a child is receiving services from a facility, happens when the
52.22 facility and the employee or person providing services in the facility are in compliance
52.23 with the laws and rules relevant to the occurrence of event.

52.24 Sec. 37. Minnesota Statutes 2008, section 626.556, subdivision 10e, is amended to
52.25 read:

52.26 Subd. 10e. **Determinations.** (a) The local welfare agency shall conclude the family
52.27 assessment or the investigation within 45 days of the receipt of a report. The conclusion of
52.28 the assessment or investigation may be extended to permit the completion of a criminal
52.29 investigation or the receipt of expert information requested within 45 days of the receipt
52.30 of the report.

52.31 (b) After conducting a family assessment, the local welfare agency shall determine
52.32 whether services are needed to address the safety of the child and other family members
52.33 and the risk of subsequent maltreatment.

(c) After conducting an investigation, the local welfare agency shall make two determinations: first, whether maltreatment has occurred; and second, whether child protective services are needed.

(d) If the commissioner of education conducts an assessment or investigation, the commissioner shall determine whether maltreatment occurred and what corrective or protective action was taken by the school facility. If a determination is made that maltreatment has occurred, the commissioner shall report to the employer, the school board, and any appropriate licensing entity the determination that maltreatment occurred and what corrective or protective action was taken by the school facility. In all other cases, the commissioner shall inform the school board or employer that a report was received, the subject of the report, the date of the initial report, the category of maltreatment alleged as defined in paragraph (f), the fact that maltreatment was not determined, and a summary of the specific reasons for the determination.

(e) When maltreatment is determined in an investigation involving a facility, the investigating agency shall also determine whether the facility or individual was responsible, or whether both the facility and the individual were responsible for the maltreatment using the mitigating factors in paragraph (i). Determinations under this subdivision must be made based on a preponderance of the evidence and are private data on individuals or nonpublic data as maintained by the commissioner of education.

(f) For the purposes of this subdivision, "maltreatment" means any of the following acts or omissions:

- (1) physical abuse as defined in subdivision 2, paragraph (g);
- (2) neglect as defined in subdivision 2, paragraph (f);
- (3) sexual abuse as defined in subdivision 2, paragraph (d);
- (4) mental injury as defined in subdivision 2, paragraph (m); or
- (5) maltreatment of a child in a facility as defined in subdivision 2, paragraph (i).

(g) For the purposes of this subdivision, a determination that child protective services are needed means that the local welfare agency has documented conditions during the assessment or investigation sufficient to cause a child protection worker, as defined in section 626.559, subdivision 1, to conclude that a child is at significant risk of maltreatment if protective intervention is not provided and that the individuals responsible for the child's care have not taken or are not likely to take actions to protect the child from maltreatment or risk of maltreatment.

(h) This subdivision does not mean that maltreatment has occurred solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease

or remedial care of the child, in lieu of medical care. However, if lack of medical care may result in serious danger to the child's health, the local welfare agency may ensure that necessary medical services are provided to the child.

(i) When determining whether the facility or individual is the responsible party, or whether both the facility and the individual are responsible for determined maltreatment in a facility, the investigating agency shall consider at least the following mitigating factors:

(1) whether the actions of the facility or the individual caregivers were according to, and followed the terms of, an erroneous physician order, prescription, individual care plan, or directive; however, this is not a mitigating factor when the facility or caregiver was responsible for the issuance of the erroneous order, prescription, individual care plan, or directive or knew or should have known of the errors and took no reasonable measures to correct the defect before administering care;

(2) comparative responsibility between the facility, other caregivers, and requirements placed upon an employee, including the facility's compliance with related regulatory standards and the adequacy of facility policies and procedures, facility training, an individual's participation in the training, the caregiver's supervision, and facility staffing levels and the scope of the individual employee's authority and discretion; and

(3) whether the facility or individual followed professional standards in exercising professional judgment.

(j) Notwithstanding paragraph (i), when maltreatment is determined to have been committed by an individual who is also the facility license holder, both the individual and the facility must be determined responsible for the maltreatment, and both the background study disqualification standards under section 245C.15, subdivision 4, and the licensing actions under sections 245A.06 or 245A.07 apply.

(k) Individual counties may implement more detailed definitions or criteria that indicate which allegations to investigate, as long as a county's policies are consistent with the definitions in the statutes and rules and are approved by the county board. Each local welfare agency shall periodically inform mandated reporters under subdivision 3 who work in the county of the definitions of maltreatment in the statutes and rules and any additional definitions or criteria that have been approved by the county board.

Sec. 38. Minnesota Statutes 2008, section 626.556, subdivision 10f, is amended to read:

Subd. 10f. **Notice of determinations.** Within ten working days of the conclusion of a family assessment, the local welfare agency shall notify the parent or guardian of the child of the need for services to address child safety concerns or significant risk of subsequent child maltreatment. The local welfare agency and the family may also

jointly agree that family support and family preservation services are needed. Within ten working days of the conclusion of an investigation, the local welfare agency or agency responsible for assessing or investigating the report shall notify the parent or guardian of the child, the person determined to be maltreating the child, and if applicable, the director of the facility, of the determination and a summary of the specific reasons for the determination. When the investigation involves a child foster care setting that is monitored by a private licensing agency under section 245A.16, the local welfare agency responsible for assessing or investigating the report shall notify the private licensing agency of the determination and shall provide a summary of the specific reasons for the determination. The notice to the private licensing agency must include identifying private data, but not the identity of the reporter of maltreatment. The notice must also include a certification that the information collection procedures under subdivision 10, paragraphs (h), (i), and (j), were followed and a notice of the right of a data subject to obtain access to other private data on the subject collected, created, or maintained under this section. In addition, the notice shall include the length of time that the records will be kept under subdivision 11c. The investigating agency shall notify the parent or guardian of the child who is the subject of the report, and any person or facility determined to have maltreated a child, of their appeal or review rights under this section or section 256.022. The notice must also state that a finding of maltreatment may result in denial of a license application or background study disqualification under chapter 245C related to employment or services that are licensed by the Department of Human Services under chapter 245A, the Department of Health under chapter 144 or 144A, the Department of Corrections under section 241.021, and from providing services related to an unlicensed personal care provider organization under chapter 256B.

Sec. 39. Minnesota Statutes 2008, section 626.557, subdivision 9c, is amended to read:

Subd. 9c. Lead agency; notifications, dispositions, determinations. (a) Upon request of the reporter, the lead agency shall notify the reporter that it has received the report, and provide information on the initial disposition of the report within five business days of receipt of the report, provided that the notification will not endanger the vulnerable adult or hamper the investigation.

(b) Upon conclusion of every investigation it conducts, the lead agency shall make a final disposition as defined in section 626.5572, subdivision 8.

(c) When determining whether the facility or individual is the responsible party for substantiated maltreatment or whether both the facility and the individual are responsible

for substantiated maltreatment, the lead agency shall consider at least the following mitigating factors:

(1) whether the actions of the facility or the individual caregivers were in accordance with, and followed the terms of, an erroneous physician order, prescription, resident care plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible for the issuance of the erroneous order, prescription, plan, or directive or knows or should have known of the errors and took no reasonable measures to correct the defect before administering care;

(2) the comparative responsibility between the facility, other caregivers, and requirements placed upon the employee, including but not limited to, the facility's compliance with related regulatory standards and factors such as the adequacy of facility policies and procedures, the adequacy of facility training, the adequacy of an individual's participation in the training, the adequacy of caregiver supervision, the adequacy of facility staffing levels, and a consideration of the scope of the individual employee's authority; and

(3) whether the facility or individual followed professional standards in exercising professional judgment.

(d) When substantiated maltreatment is determined to have been committed by an individual who is also the facility license holder, both the individual and the facility must be determined responsible for the maltreatment, and both the background study disqualification standards under section 245C.15, subdivision 4, and the licensing actions under section 245A.06 or 245A.06 apply.

(e) The lead agency shall complete its final disposition within 60 calendar days. If the lead agency is unable to complete its final disposition within 60 calendar days, the lead agency shall notify the following persons provided that the notification will not endanger the vulnerable adult or hamper the investigation: (1) the vulnerable adult or the vulnerable adult's legal guardian, when known, if the lead agency knows them to be aware of the investigation; and (2) the facility, where applicable. The notice shall contain the reason for the delay and the projected completion date. If the lead agency is unable to complete its final disposition by a subsequent projected completion date, the lead agency shall again notify the vulnerable adult or the vulnerable adult's legal guardian, when known if the lead agency knows them to be aware of the investigation, and the facility, where applicable, of the reason for the delay and the revised projected completion date provided that the notification will not endanger the vulnerable adult or hamper the investigation. A lead agency's inability to complete the final disposition within 60 calendar days or by any projected completion date does not invalidate the final disposition.

~~(e)~~ (f) Within ten calendar days of completing the final disposition, the lead agency shall provide a copy of the public investigation memorandum under subdivision 12b, paragraph (b), clause (1), when required to be completed under this section, to the following persons: (1) the vulnerable adult, or the vulnerable adult's legal guardian, if known unless the lead agency knows that the notification would endanger the well-being of the vulnerable adult; (2) the reporter, if the reporter requested notification when making the report, provided this notification would not endanger the well-being of the vulnerable adult; (3) the alleged perpetrator, if known; (4) the facility; and (5) the ombudsman for long-term care, or the ombudsman for mental health and developmental disabilities, as appropriate.

~~(f)~~ (g) The lead agency shall notify the vulnerable adult who is the subject of the report or the vulnerable adult's legal guardian, if known, and any person or facility determined to have maltreated a vulnerable adult, of their appeal or review rights under this section or section 256.021.

~~(g)~~ (h) The lead agency shall routinely provide investigation memoranda for substantiated reports to the appropriate licensing boards. These reports must include the names of substantiated perpetrators. The lead agency may not provide investigative memoranda for inconclusive or false reports to the appropriate licensing boards unless the lead agency's investigation gives reason to believe that there may have been a violation of the applicable professional practice laws. If the investigation memorandum is provided to a licensing board, the subject of the investigation memorandum shall be notified and receive a summary of the investigative findings.

~~(h)~~ (i) In order to avoid duplication, licensing boards shall consider the findings of the lead agency in their investigations if they choose to investigate. This does not preclude licensing boards from considering other information.

~~(i)~~ (j) The lead agency must provide to the commissioner of human services its final dispositions, including the names of all substantiated perpetrators. The commissioner of human services shall establish records to retain the names of substantiated perpetrators.

Sec. 40. Minnesota Statutes 2008, section 626.557, subdivision 12b, is amended to read:

Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a lead agency, the county social service agency shall maintain appropriate records. Data collected by the county social service agency under this section are welfare data under section 13.46. Notwithstanding section 13.46, subdivision 1, paragraph (a), data under this paragraph that are inactive investigative data on an individual who is a vendor of services

are private data on individuals, as defined in section 13.02. The identity of the reporter may only be disclosed as provided in paragraph (c).

Data maintained by the common entry point are confidential data on individuals or protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the common entry point shall destroy data three calendar years after date of receipt.

(b) The commissioners of health and human services shall prepare an investigation memorandum for each report alleging maltreatment investigated under this section. County social service agencies must maintain private data on individuals but are not required to prepare an investigation memorandum. During an investigation by the commissioner of health or the commissioner of human services, data collected under this section are confidential data on individuals or protected nonpublic data as defined in section 13.02. Upon completion of the investigation, the data are classified as provided in clauses (1) to (3) and paragraph (c).

(1) The investigation memorandum must contain the following data, which are public:

- (i) the name of the facility investigated;
- (ii) a statement of the nature of the alleged maltreatment;
- (iii) pertinent information obtained from medical or other records reviewed;
- (iv) the identity of the investigator;
- (v) a summary of the investigation's findings;
- (vi) statement of whether the report was found to be substantiated, inconclusive, false, or that no determination will be made;
- (vii) a statement of any action taken by the facility;
- (viii) a statement of any action taken by the lead agency; and
- (ix) when a lead agency's determination has substantiated maltreatment, a statement of whether an individual, individuals, or a facility were responsible for the substantiated maltreatment, if known.

The investigation memorandum must be written in a manner which protects the identity of the reporter and of the vulnerable adult and may not contain the names or, to the extent possible, data on individuals or private data listed in clause (2).

(2) Data on individuals collected and maintained in the investigation memorandum are private data, including:

- (i) the name of the vulnerable adult;
- (ii) the identity of the individual alleged to be the perpetrator;
- (iii) the identity of the individual substantiated as the perpetrator; and
- (iv) the identity of all individuals interviewed as part of the investigation.

(3) Other data on individuals maintained as part of an investigation under this section are private data on individuals upon completion of the investigation.

(c) After the assessment or investigation is completed, the name of the reporter must be confidential. The subject of the report may compel disclosure of the name of the reporter only with the consent of the reporter or upon a written finding by a court that the report was false and there is evidence that the report was made in bad faith. This subdivision does not alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except that where the identity of the reporter is relevant to a criminal prosecution, the district court shall do an in-camera review prior to determining whether to order disclosure of the identity of the reporter.

(d) Notwithstanding section 138.163, data maintained under this section by the commissioners of health and human services must be destroyed under the following schedule:

(1) data from reports determined to be false, two years after the finding was made;

(2) data from reports determined to be inconclusive, four years after the finding was made;

(3) data from reports determined to be substantiated, seven years after the finding was made; and

(4) data from reports which were not investigated by a lead agency and for which there is no final disposition, two years from the date of the report.

(e) The commissioners of health and human services shall each annually report to the legislature and the governor on the number and type of reports of alleged maltreatment involving licensed facilities reported under this section, the number of those requiring investigation under this section, and the resolution of those investigations. The report shall identify:

(1) whether and where backlogs of cases result in a failure to conform with statutory time frames;

(2) where adequate coverage requires additional appropriations and staffing; and

(3) any other trends that affect the safety of vulnerable adults.

(f) Each lead agency must have a record retention policy.

(g) Lead agencies, prosecuting authorities, and law enforcement agencies may exchange not public data, as defined in section 13.02, if the agency or authority requesting the data determines that the data are pertinent and necessary to the requesting agency in initiating, furthering, or completing an investigation under this section. Data collected under this section must be made available to prosecuting authorities and law enforcement officials, local county agencies, and licensing agencies investigating the alleged

maltreatment under this section. The lead agency shall exchange not public data with the vulnerable adult maltreatment review panel established in section 256.021 if the data are pertinent and necessary for a review requested under that section. Upon completion of the review, not public data received by the review panel must be returned to the lead agency.

(h) Each lead agency shall keep records of the length of time it takes to complete its investigations.

(i) A lead agency may notify other affected parties and their authorized representative if the agency has reason to believe maltreatment has occurred and determines the information will safeguard the well-being of the affected parties or dispel widespread rumor or unrest in the affected facility.

(j) Under any notification provision of this section, where federal law specifically prohibits the disclosure of patient identifying information, a lead agency may not provide any notice unless the vulnerable adult has consented to disclosure in a manner which conforms to federal requirements.

Sec. 41. Minnesota Statutes 2008, section 626.5572, subdivision 13, is amended to read:

Subd. 13. **Lead agency.** "Lead agency" is the primary administrative agency responsible for investigating reports made under section 626.557.

(a) The Department of Health is the lead agency for the facilities which are licensed or are required to be licensed as hospitals, home care providers, nursing homes, residential care homes, ~~or boarding care homes, or residential facilities that are also federally certified as intermediate care facilities that serve people with developmental disabilities.~~

(b) The Department of Human Services is the lead agency for the programs licensed or required to be licensed as adult day care, adult foster care, programs for people with developmental disabilities, mental health programs, or chemical health programs, ~~or personal care provider organizations.~~

(c) The county social service agency or its designee is the lead agency for all other reports.

Sec. 42. **REVISOR'S INSTRUCTION.**

In Minnesota Statutes, the revisor of statutes shall correct the internal cross-reference to "section 245C.03, subdivision 1, clauses (3) and (4)" in section 245C.03, subdivision 4, by inserting "paragraph (a)," after "subdivision 1,". The revisor of statutes shall correct the internal cross-reference to "section 245C.03, subdivision 1, clauses (2), (5), and (6)" in section 245C.14, subdivision 2, by inserting "paragraph (a)," after "subdivision 1,".

- 61.1 Sec. 43. **REPEALER.**
- 61.2 Minnesota Statutes 2008, section 245C.10, subdivision 1, is repealed.

APPENDIX
Article locations in H1750-1

ARTICLE 1 DATA PRACTICES Page.Ln 1.18
ARTICLE 2 LICENSING Page.Ln 6.8