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State of Minnesota
HOUSE OF REPRESENTATIVES
NINETIETH SESSION

H. F. No. 2911

02/20/2018 Authored by Loonan, Zerwas, Halverson, Wills and Bennett
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to human services; modifying adult foster care and community residential
1.3 setting license capacity; modifying home and community-based services plan
1.4 review and evaluation and intervention services; amending Minnesota Statutes
1.5 2016, sections 245D.071, subdivision 5; 245D.091, subdivisions 2, 3, 4; Minnesota
1.6 Statutes 2017 Supplement, section 245A.11, subdivision 2a.

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

1.8 Section 1. Minnesota Statutes 2017 Supplement, section 245A.11, subdivision 2a, is
1.9 amended to read:

1.10 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)
1.11 The commissioner shall issue adult foster care and community residential setting licenses
1.12 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,
1.13 except that the commissioner may issue a license with a capacity of five beds, including
1.14 roomers and boarders, according to paragraphs (b) to (g).

1.15 (b) The license holder may have a maximum license capacity of five if all persons in
1.16 care are age 55 or over and do not have a serious and persistent mental illness or a
1.17 developmental disability.

1.18 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a
1.19 licensed capacity of up to five persons to admit an individual under the age of 55 if the
1.20 variance complies with section 245A.04, subdivision 9, and approval of the variance is
1.21 recommended by the county in which the licensed facility is located.

1.22 (d) The commissioner may grant variances to paragraph (a) to allow the use of an
1.23 additional bed, up to five, for emergency crisis services for a person with serious and
1.24 persistent mental illness or a developmental disability, regardless of age, if the variance

2.1 complies with section 245A.04, subdivision 9, and approval of the variance is recommended
2.2 by the county in which the licensed facility is located.

2.3 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an
2.4 additional bed, up to five, for respite services, as defined in section 245A.02, for persons
2.5 with disabilities, regardless of age, if the variance complies with sections 245A.03,
2.6 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended
2.7 by the county in which the licensed facility is located. Respite care may be provided under
2.8 the following conditions:

2.9 (1) staffing ratios cannot be reduced below the approved level for the individuals being
2.10 served in the home on a permanent basis;

2.11 (2) no more than two different individuals can be accepted for respite services in any
2.12 calendar month and the total respite days may not exceed 120 days per program in any
2.13 calendar year;

2.14 (3) the person receiving respite services must have his or her own bedroom, which could
2.15 be used for alternative purposes when not used as a respite bedroom, and cannot be the
2.16 room of another person who lives in the facility; and

2.17 (4) individuals living in the facility must be notified when the variance is approved. The
2.18 provider must give 60 days' notice in writing to the residents and their legal representatives
2.19 prior to accepting the first respite placement. Notice must be given to residents at least two
2.20 days prior to service initiation, or as soon as the license holder is able if they receive notice
2.21 of the need for respite less than two days prior to initiation, each time a respite client will
2.22 be served, unless the requirement for this notice is waived by the resident or legal guardian.

2.23 (f) The commissioner may issue an adult foster care or community residential setting
2.24 license with a capacity of five adults if the fifth bed does not increase the overall statewide
2.25 capacity of licensed adult foster care or community residential setting beds in homes that
2.26 are not the primary residence of the license holder, as identified in a plan submitted to the
2.27 commissioner by the county, when the capacity is recommended by the county licensing
2.28 agency of the county in which the facility is located and if the recommendation verifies
2.29 that:

2.30 (1) the facility meets the physical environment requirements in the adult foster care
2.31 licensing rule;

2.32 (2) the five-bed living arrangement is specified for each resident in the resident's:

2.33 (i) individualized plan of care;

3.1 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

3.2 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,
3.3 subpart 19, if required;

3.4 (3) the license holder obtains written and signed informed consent from each resident
3.5 or resident's legal representative documenting the resident's informed choice to remain
3.6 living in the home and that the resident's refusal to consent would not have resulted in
3.7 service termination; and

3.8 (4) the facility was licensed for adult foster care before ~~March 1, 2014~~ June 30, 2021.

3.9 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)
3.10 after June 30, ~~2019~~ 2021. The commissioner shall allow a facility with an adult foster care
3.11 license issued under paragraph (f) before June 30, ~~2019~~ 2021, to continue with a capacity
3.12 of five adults if the license holder continues to comply with the requirements in paragraph
3.13 (f).

3.14 Sec. 2. Minnesota Statutes 2016, section 245D.071, subdivision 5, is amended to read:

3.15 Subd. 5. **Service plan review and evaluation.** (a) The license holder must give the
3.16 person or the person's legal representative and case manager an opportunity to participate
3.17 in the ongoing review and development of the service plan and the methods used to support
3.18 the person and accomplish outcomes identified in subdivisions 3 and 4. At least once per
3.19 year, or within 30 days of a written request by the person, the person's legal representative,
3.20 or the case manager, the license holder, in coordination with the person's support team or
3.21 expanded support team, must meet with the person, the person's legal representative, and
3.22 the case manager, and participate in service plan review meetings following stated timelines
3.23 established in the person's coordinated service and support plan or coordinated service and
3.24 support plan addendum ~~or within 30 days of a written request by the person, the person's~~
3.25 ~~legal representative, or the case manager, at a minimum of once per year.~~ The purpose of
3.26 the service plan review is to determine whether changes are needed to the service plan based
3.27 on the assessment information, the license holder's evaluation of progress towards
3.28 accomplishing outcomes, or other information provided by the support team or expanded
3.29 support team.

3.30 (b) At least once per year, the license holder, in coordination with the person's support
3.31 team or expanded support team, must meet with the person, the person's legal representative,
3.32 and the case manager to discuss how technology might be used to meet the person's desired
3.33 outcomes. The coordinated service and support plan or support plan addendum must include

4.1 a summary of this discussion. The summary must include a statement regarding any decision
 4.2 made related to the use of technology and a description of any further research that must
 4.3 be completed before a decision regarding the use of technology can be made. Nothing in
 4.4 this paragraph requires the coordinated service and support plan to include the use of
 4.5 technology for the provision of services.

4.6 ~~(b)~~ (c) The license holder must summarize the person's status and progress toward
 4.7 achieving the identified outcomes and make recommendations and identify the rationale
 4.8 for changing, continuing, or discontinuing implementation of supports and methods identified
 4.9 in subdivision 4 in a report available at the time of the progress review meeting. The report
 4.10 must be sent at least five working days prior to the progress review meeting if requested by
 4.11 the team in the coordinated service and support plan or coordinated service and support
 4.12 plan addendum.

4.13 ~~(e)~~ (d) The license holder must send the coordinated service and support plan addendum
 4.14 to the person, the person's legal representative, and the case manager by mail within ten
 4.15 working days of the progress review meeting. Within ten working days of the mailing of
 4.16 the coordinated service and support plan addendum, the license holder must obtain dated
 4.17 signatures from the person or the person's legal representative and the case manager to
 4.18 document approval of any changes to the coordinated service and support plan addendum.

4.19 ~~(d)~~ (e) If, within ten working days of submitting changes to the coordinated service and
 4.20 support plan and coordinated service and support plan addendum, the person or the person's
 4.21 legal representative or case manager has not signed and returned to the license holder the
 4.22 coordinated service and support plan or coordinated service and support plan addendum or
 4.23 has not proposed written modifications to the license holder's submission, the submission
 4.24 is deemed approved and the coordinated service and support plan addendum becomes
 4.25 effective and remains in effect until the legal representative or case manager submits a
 4.26 written request to revise the coordinated service and support plan addendum.

4.27 Sec. 3. Minnesota Statutes 2016, section 245D.091, subdivision 2, is amended to read:

4.28 Subd. 2. **Behavior professional qualifications.** A behavior professional providing
 4.29 behavioral support services as identified in section 245D.03, subdivision 1, paragraph (c),
 4.30 clause (1), item (i), must have competencies in the following areas as required under the
 4.31 brain injury and community access for disability inclusion waiver plans or successor plans:

4.32 (1) ethical considerations;

4.33 (2) functional assessment;

- 5.1 (3) functional analysis;
- 5.2 (4) measurement of behavior and interpretation of data;
- 5.3 (5) selecting intervention outcomes and strategies;
- 5.4 (6) behavior reduction and elimination strategies that promote least restrictive approved
5.5 alternatives;
- 5.6 (7) data collection;
- 5.7 (8) staff and caregiver training;
- 5.8 (9) support plan monitoring;
- 5.9 (10) co-occurring mental disorders or neurocognitive disorder;
- 5.10 (11) demonstrated expertise with populations being served; and
- 5.11 (12) must be a:
- 5.12 (i) psychologist licensed under sections 148.88 to 148.98, who has stated to the Board
5.13 of Psychology competencies in the above identified areas;
- 5.14 (ii) clinical social worker licensed as an independent clinical social worker under chapter
5.15 148D, or a person with a master's degree in social work from an accredited college or
5.16 university, with at least 4,000 hours of post-master's supervised experience in the delivery
5.17 of clinical services in the areas identified in clauses (1) to (11);
- 5.18 (iii) physician licensed under chapter 147 and certified by the American Board of
5.19 Psychiatry and Neurology or eligible for board certification in psychiatry with competencies
5.20 in the areas identified in clauses (1) to (11);
- 5.21 (iv) licensed professional clinical counselor licensed under sections 148B.29 to 148B.39
5.22 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical
5.23 services who has demonstrated competencies in the areas identified in clauses (1) to (11);
- 5.24 (v) person with a master's degree from an accredited college or university in one of the
5.25 behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised
5.26 experience in the delivery of clinical services with demonstrated competencies in the areas
5.27 identified in clauses (1) to (11); ~~or~~
- 5.28 (vi) person with a master's degree from an accredited college or university in one of the
5.29 behavioral sciences or related fields, who is receiving post-master's clinical supervision as
5.30 part of a board-approved supervision plan; or

6.1 ~~(vi)~~ (vii) registered nurse who is licensed under sections 148.171 to 148.285, and who
 6.2 is certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric
 6.3 and mental health nursing by a national nurse certification organization, or who has a master's
 6.4 degree in nursing or one of the behavioral sciences or related fields from an accredited
 6.5 college or university or its equivalent, with at least 4,000 hours of post-master's supervised
 6.6 experience in the delivery of clinical services.

6.7 Sec. 4. Minnesota Statutes 2016, section 245D.091, subdivision 3, is amended to read:

6.8 Subd. 3. **Behavior analyst qualifications.** (a) A behavior analyst providing behavioral
 6.9 support services as identified in section 245D.03, subdivision 1, paragraph (c), clause (1),
 6.10 item (i), must have competencies in the following areas as required under the brain injury
 6.11 and community access for disability inclusion waiver plans or successor plans:

6.12 (1) have obtained a baccalaureate degree, master's degree, or PhD in a social services
 6.13 discipline; or

6.14 (2) meet the qualifications of a mental health practitioner as defined in section 245.462,
 6.15 subdivision 17.

6.16 (b) In addition, a behavior analyst must:

6.17 (1) have four years of supervised experience working with individuals who exhibit
 6.18 challenging behaviors as well as co-occurring mental disorders or neurocognitive disorder,
 6.19 or a master's degree or higher;

6.20 (2) ~~have received ten hours of instruction in functional assessment and functional analysis;~~
 6.21 training prior to hire or within 90 calendar days of hire that includes:

6.22 (i) ten hours of instruction in functional assessment and functional analysis;

6.23 (ii) 20 hours of instruction in the understanding of the function of behavior;

6.24 (iii) ten hours of instruction on design of positive practices behavior support strategies;

6.25 and

6.26 (iv) 20 hours of instruction on the use of behavior reduction approved strategies used
 6.27 only in combination with behavior positive practices strategies;

6.28 ~~(3) have received 20 hours of instruction in the understanding of the function of behavior;~~

6.29 ~~(4) have received ten hours of instruction on design of positive practices behavior support~~
 6.30 ~~strategies;~~

7.1 ~~(5) have received 20 hours of instruction on the use of behavior reduction approved~~
 7.2 ~~strategies used only in combination with behavior positive practices strategies;~~

7.3 ~~(6)~~ (3) be determined by a behavior professional to have the training and prerequisite
 7.4 skills required to provide positive practice strategies as well as behavior reduction approved
 7.5 and permitted intervention to the person who receives behavioral support; and

7.6 ~~(7)~~ (4) be under the direct supervision of a behavior professional.

7.7 (c) Meeting the qualifications for a behavior professional under subdivision 2 shall
 7.8 substitute for meeting the qualifications listed in paragraph (b).

7.9 Sec. 5. Minnesota Statutes 2016, section 245D.091, subdivision 4, is amended to read:

7.10 Subd. 4. **Behavior specialist qualifications.** (a) A behavior specialist providing
 7.11 behavioral support services as identified in section 245D.03, subdivision 1, paragraph (c),
 7.12 clause (1), item (i), must have competencies in the following areas as required under the
 7.13 brain injury and community access for disability inclusion waiver plans or successor plans:

7.14 (1) have an associate's degree in a social services discipline; or

7.15 (2) have two years of supervised experience working with individuals who exhibit
 7.16 challenging behaviors as well as co-occurring mental disorders or neurocognitive disorder.

7.17 (b) In addition, a behavior specialist must:

7.18 (1) have received training prior to hire or within 90 calendar days of hire that includes:

7.19 ~~(1) have received~~ (i) a minimum of four hours of training in functional assessment;

7.20 ~~(2) have received~~ (ii) 20 hours of instruction in the understanding of the function of
 7.21 behavior; and

7.22 ~~(3) have received~~ (iii) ten hours of instruction on design of positive practices behavioral
 7.23 support strategies;

7.24 ~~(4)~~ (2) be determined by a behavior professional to have the training and prerequisite
 7.25 skills required to provide positive practices strategies as well as behavior reduction approved
 7.26 intervention to the person who receives behavioral support; and

7.27 ~~(5)~~ (3) be under the direct supervision of a behavior professional.

7.28 (c) Meeting the qualifications for a behavior professional under subdivision 2 shall
 7.29 substitute for meeting the qualifications listed in paragraphs (a) and (b).