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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 4556

- 04/14/2020 Authored by Winkler
- The bill was read for the first time
- R/S Rules Suspended, urgency declared
- Read for the Second Time
- Read for the Third Time
- Passed by the House and transmitted to the Senate
- Passed by the Senate and returned to the House
- Presented to Governor
- 04/15/2020 Governor Approval

1.1 A bill for an act

1.2 relating to state government; providing for COVID-19 policy and certain other

1.3 policy changes; extending certain deadlines; covering certain COVID-19 health

1.4 expenses; providing temporary emergency authority; expanding usage of electronic

1.5 communication, applications, and signatures; appropriating additional money for

1.6 grants to Second Harvest Heartland to purchase commodities from Minnesota

1.7 farmers; modifying certain vehicle registration provisions; allowing nonposting

1.8 of tax delinquency and suspension of nondelivery of liquor or beer related to

1.9 delinquency; modifying certain treatment provisions; correcting errors in health

1.10 and human services appropriations; making forecast adjustments; requiring reports;

1.11 amending Minnesota Statutes 2018, sections 168.013, by adding a subdivision;

1.12 245F.03; 245F.04, by adding a subdivision; 254B.03, subdivision 1; 299C.46,

1.13 subdivision 3; Minnesota Statutes 2019 Supplement, sections 13D.02, subdivision

1.14 1; 168.013, subdivision 1a; 254A.03, subdivision 3; 256B.0759, subdivisions 3,

1.15 4; Laws 2019, First Special Session chapter 1, article 1, section 2, subdivision 5;

1.16 Laws 2019, First Special Session chapter 9, article 14, section 2, subdivisions 2,

1.17 24, 30, 31, by adding a subdivision; Laws 2020, chapter 71, article 2, section 15,

1.18 subdivision 3, by adding subdivisions; proposing coding for new law in Minnesota

1.19 Statutes, chapter 524; repealing Minnesota Statutes 2019 Supplement, section

1.20 254B.03, subdivision 4a; Minnesota Rules, parts 9530.6600, subparts 1, 3;

1.21 9530.6605, subparts 1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 14, 21a, 21b, 24a, 25, 25a,

1.22 26; 9530.6610, subparts 1, 2, 3, 5; 9530.6615; 9530.6620; 9530.6622; 9530.6655.

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

ARTICLE 1

COVID-19 POLICY

1.26 Section 1. Minnesota Statutes 2019 Supplement, section 13D.02, subdivision 1, is amended
1.27 to read:

1.28 Subdivision 1. **Conditions.** (a) A meeting governed by section 13D.01, subdivisions 1,
1.29 2, 4, and 5, and this section may be conducted by interactive television so long as:

2.1 (1) all members of the body participating in the meeting, wherever their physical location,
 2.2 can hear and see one another and can hear and see all discussion and testimony presented
 2.3 at any location at which at least one member is present;

2.4 (2) members of the public present at the regular meeting location of the body can hear
 2.5 and see all discussion and testimony and all votes of members of the body;

2.6 (3) at least one member of the body is physically present at the regular meeting location;
 2.7 ~~and~~

2.8 (4) all votes are conducted by roll call so each member's vote on each issue can be
 2.9 identified and recorded; and

2.10 (5) each location at which a member of the body is present is open and accessible to the
 2.11 public.

2.12 (b) A meeting satisfies the requirements of paragraph (a), although a member of the
 2.13 public body participates from a location that is not open or accessible to the public, if the
 2.14 member has not participated more than three times in a calendar year from a location that
 2.15 is not open or accessible to the public, and:

2.16 (1) the member is serving in the military and is at a required drill, deployed, or on active
 2.17 duty; ~~and~~ or

2.18 ~~(2) the member has not participated more than three times in a calendar year from a~~
 2.19 ~~location that is not open or accessible to the public.~~

2.20 (2) the member has been advised by a health care professional against being in a public
 2.21 place for personal or family medical reasons. This clause only applies when a state of
 2.22 emergency has been declared under section 12.31, and expires 60 days after the removal of
 2.23 the state of emergency.

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

2.25 Sec. 2. **[524.2-503] HARMLESS ERROR.**

2.26 (a) If a document or writing added upon a document was not executed in compliance
 2.27 with section 524.2-502, the document or writing is treated as if it had been executed in
 2.28 compliance with section 524.2-502 if the proponent of the document or writing establishes
 2.29 by clear and convincing evidence that the decedent intended the document or writing to
 2.30 constitute:

2.31 (1) the decedent's will;

3.1 (2) a partial or complete revocation of the will;

3.2 (3) an addition to or an alteration of the will; or

3.3 (4) a partial or complete revival of the decedent's formerly revoked will or of a formerly
3.4 revoked portion of the will.

3.5 (b) This section applies to documents and writings executed on or after March 13, 2020,
3.6 but before February 15, 2021.

3.7 **EFFECTIVE DATE.** This section is effective retroactively from March 13, 2020, and
3.8 applies to documents and writings executed on or after that date.

3.9 Sec. 3. Laws 2019, First Special Session chapter 1, article 1, section 2, subdivision 5, is
3.10 amended to read:

3.11	Subd. 5. Administration and Financial	7,510,000	
3.12	Assistance	<u>8,760,000</u>	7,508,000

3.13 (a) \$474,000 the first year and \$474,000 the
3.14 second year are for payments to county and
3.15 district agricultural societies and associations
3.16 under Minnesota Statutes, section 38.02,
3.17 subdivision 1. Aid payments to county and
3.18 district agricultural societies and associations
3.19 shall be disbursed no later than July 15 of each
3.20 year. These payments are the amount of aid
3.21 from the state for an annual fair held in the
3.22 previous calendar year.

3.23 (b) \$2,000 the first year is for a grant to the
3.24 Minnesota State Poultry Association. This is
3.25 a onetime appropriation, and is available until
3.26 June 30, 2021.

3.27 (c) \$18,000 the first year and \$18,000 the
3.28 second year are for grants to the Minnesota
3.29 Livestock Breeders Association. These are
3.30 onetime appropriations.

3.31 (d) \$47,000 the first year and \$47,000 the
3.32 second year are for the Northern Crops
3.33 Institute. These appropriations may be spent

4.1 to purchase equipment. These are onetime
4.2 appropriations.

4.3 (e) \$267,000 the first year and \$267,000 the
4.4 second year are for farm advocate services.

4.5 (f) \$17,000 the first year and \$17,000 the
4.6 second year are for grants to the Minnesota
4.7 Horticultural Society. These are onetime
4.8 appropriations.

4.9 (g) \$250,000 the first year and \$250,000 the
4.10 second year are for transfer to the Board of
4.11 Trustees of the Minnesota State Colleges and
4.12 Universities for statewide mental health
4.13 counseling support to farm families and
4.14 business operators through the Minnesota State
4.15 Agricultural Centers of Excellence. South
4.16 Central College and Central Lakes College
4.17 shall serve as the fiscal agents. The base
4.18 amount for this appropriation in fiscal year
4.19 2022 and later is \$238,000.

4.20 (h) ~~\$1,700,000~~ \$2,950,000 the first year and
4.21 \$1,700,000 the second year are for grants to
4.22 Second Harvest Heartland on behalf of
4.23 Minnesota's six Feeding America food banks
4.24 for the following:

4.25 (1) to purchase milk for distribution to
4.26 Minnesota's food shelves and other charitable
4.27 organizations that are eligible to receive food
4.28 from the food banks. Milk purchased under
4.29 the grants must be acquired from Minnesota
4.30 milk processors and based on low-cost bids.
4.31 The milk must be allocated to each Feeding
4.32 America food bank serving Minnesota
4.33 according to the formula used in the
4.34 distribution of United States Department of

5.1 Agriculture commodities under The
5.2 Emergency Food Assistance Program. Second
5.3 Harvest Heartland may enter into contracts or
5.4 agreements with food banks for shared funding
5.5 or reimbursement of the direct purchase of
5.6 milk. Each food bank that receives funding
5.7 under this clause may use up to two percent
5.8 for administrative expenses; ~~and~~
5.9 (2) to compensate agricultural producers and
5.10 processors for costs incurred to harvest and
5.11 package for transfer surplus fruits, vegetables,
5.12 and other agricultural commodities that would
5.13 otherwise go unharvested, be discarded, or
5.14 sold in a secondary market. Surplus
5.15 commodities must be distributed statewide to
5.16 food shelves and other charitable organizations
5.17 that are eligible to receive food from the food
5.18 banks. Surplus food acquired under this clause
5.19 must be from Minnesota producers and
5.20 processors. Second Harvest Heartland may
5.21 use up to 15 percent of each grant awarded
5.22 under this clause for administrative and
5.23 transportation expenses; and
5.24 (3) to purchase and distribute protein products,
5.25 which must be surplus products when
5.26 practicable, including but not limited to pork,
5.27 poultry, beef, dry legumes, cheese, and eggs
5.28 to Minnesota's food shelves and other
5.29 charitable organizations that are eligible to
5.30 receive food from the food banks. Second
5.31 Harvest Heartland may use up to two percent
5.32 of each grant awarded under this clause for
5.33 administrative expenses. To the extent
5.34 practicable, protein products purchased under
5.35 the grants must be acquired from Minnesota

6.1 processors and producers and based on
6.2 low-cost bids.

6.3 Of the amount appropriated under this
6.4 paragraph, at least \$600,000 each year must
6.5 be allocated under clause (1); and \$1,250,000
6.6 of the onetime money appropriated in the first
6.7 year must be allocated under clause (1) or (3).

6.8 Notwithstanding Minnesota Statutes, section
6.9 16A.28, any unencumbered balance the first
6.10 year does not cancel and is available in the
6.11 second year. Second Harvest Heartland must
6.12 submit quarterly reports to the commissioner
6.13 and the chairs and ranking minority members
6.14 of the legislative committees with jurisdiction
6.15 over agriculture finance in the form prescribed
6.16 by the commissioner. The reports must include
6.17 but are not limited to information on the
6.18 expenditure of funds, the amount of milk or
6.19 other commodities purchased, and the
6.20 organizations to which this food was
6.21 distributed. The base for this appropriation is
6.22 \$1,650,000 in fiscal year 2022 and \$1,650,000
6.23 in fiscal year 2023.

6.24 (i) \$150,000 the first year and \$150,000 the
6.25 second year are for grants to the Center for
6.26 Rural Policy and Development. These are
6.27 onetime appropriations.

6.28 (j) \$250,000 the first year and \$250,000 the
6.29 second year are for grants to the Minnesota
6.30 Agricultural Education and Leadership
6.31 Council for programs of the council under
6.32 Minnesota Statutes, chapter 41D.

6.33 (k) The commissioner shall continue to
6.34 increase connections with ethnic minority and

7.1 immigrant farmers to farming opportunities
7.2 and farming programs throughout the state.

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

7.4 Sec. 4. Laws 2020, chapter 71, article 2, section 15, subdivision 3, is amended to read:

7.5 Subd. 3. **Out-of-state licenses.** (a) Notwithstanding Minnesota Statutes, section 171.03,
7.6 ~~paragraph~~ paragraphs (h) and (i), any person who becomes a resident of the state of Minnesota
7.7 and who possesses a valid ~~noncommercial~~ driver's license issued to the person under and
7.8 pursuant to the laws of some other state or jurisdiction, or by military authorities of the
7.9 United States, may operate a motor vehicle for more than 30 days for a commercial driver's
7.10 license or 60 days for a noncommercial driver's license without being required to have a
7.11 Minnesota driver's license, as provided by this subdivision. A person described by this
7.12 subdivision may only operate the types of vehicles for which the license is issued and must
7.13 apply for a Minnesota driver's license by the last day of the second consecutive month
7.14 following the month in which the peacetime public health emergency period terminates.

7.15 (b) If a Minnesota resident's driver's license or state identification card issued by another
7.16 state, jurisdiction, or military authority would expire absent this subdivision during the
7.17 period specified by subdivision 2, paragraph (a), the expiration date is extended in the
7.18 manner prescribed by subdivision 2, paragraphs (a) to (e), except that the expiration date
7.19 for a commercial driver's license must not be extended past the date identified by the Federal
7.20 Motor Carrier Safety Administration in waivers of applicable federal regulations.

7.21 (c) For purposes of this subdivision, "driver's license" includes but is not limited to an
7.22 instruction permit, provisional license, operator's permit, limited license, and farm work
7.23 license.

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

7.25 Sec. 5. Laws 2020, chapter 71, article 2, section 15, is amended by adding a subdivision
7.26 to read:

7.27 Subd. 3a. **Medical certificates and waivers.** Notwithstanding Minnesota Statutes,
7.28 sections 171.162 and 221.0314, subdivisions 2, 3, and 3a, if a medical examiner's certificate
7.29 or a medical waiver would expire absent this subdivision during the period specified by
7.30 subdivision 2, paragraph (a), the expiration date is extended in the manner prescribed by
7.31 subdivision 2, except that it must not be extended past the date identified by the Federal
7.32 Motor Carrier Safety Administration in waivers of applicable federal regulations.

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

8.2 Sec. 6. Laws 2020, chapter 71, article 2, section 15, is amended by adding a subdivision
8.3 to read:

8.4 Subd. 3b. **Commercial drivers' licenses.** (a) The commissioner of public safety may
8.5 exercise the authority under this subdivision for restricted commercial drivers' licenses
8.6 under Minnesota Statutes, section 171.02, subdivision 4, and otherwise, only if the
8.7 commissioner has established procedures for on-the-road examinations during the peacetime
8.8 public health emergency period, in a manner that (1) ensures personal protective measures
8.9 for applicants and examiners, and (2) complies with guidance and recommendations related
8.10 to the infectious disease known as COVID-19 provided from the Centers for Disease Control
8.11 and Prevention (CDC) and the Minnesota Department of Health.

8.12 (b) Notwithstanding Minnesota Statutes, chapter 171, and Minnesota Rules, part
8.13 7410.1810, during the peacetime public health emergency period, the commissioner may
8.14 issue a new commercial driver's license to a qualifying applicant, except that:

8.15 (1) in lieu of a photograph taken in person, the commissioner may use the most recently
8.16 available photograph of the applicant on record with the department;

8.17 (2) a test of the applicant's eyesight under Minnesota Statutes, section 171.13, subdivision
8.18 1, paragraph (a), clause (1), is not required at the time of application; and

8.19 (3) subject to paragraph (c), the expiration date of the license is the last day of the second
8.20 consecutive month following the month in which the peacetime public health emergency
8.21 period terminates.

8.22 (c) After the peacetime public health emergency period, the expiration date of a license
8.23 issued under this subdivision is adjusted to the date that would otherwise apply for a license
8.24 issued absent this subdivision, if the license holder:

8.25 (1) arranges for an in-person photograph; and

8.26 (2) passes a test of the person's eyesight.

8.27 (d) No fee or surcharge under Minnesota Statutes, chapter 171, is imposed for the license
8.28 other than the amounts that would otherwise apply for a license issued absent this subdivision.

8.29 (e) The requirements under subdivision 2, paragraphs (d) and (e), apply for a license
8.30 issued under this subdivision.

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

9.1 **Sec. 7. REPORT TO LEGISLATURE; POWERS EXERCISED BY**
 9.2 **COMMISSIONER OF TRANSPORTATION DURING PEACETIME PUBLIC**
 9.3 **HEALTH EMERGENCY.**

9.4 (a) Within 30 days of the expiration of a peacetime public health emergency period, the
 9.5 commissioner of transportation must report to the legislative committees with jurisdiction
 9.6 over transportation regarding any temporary powers exercised during the peacetime public
 9.7 health emergency period, including but not limited to any statutory requirements or
 9.8 administrative rules that were modified or waived. The report must include a timeline as to
 9.9 when and an explanation of why temporary powers were exercised.

9.10 (b) For purposes of this section, "peacetime public health emergency period" means the
 9.11 duration of any peacetime emergency declared by the governor in an executive order that
 9.12 relates to the infectious disease known as COVID-19.

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

9.14 **Sec. 8. REPORT TO LEGISLATURE; POWERS EXERCISED BY**
 9.15 **METROPOLITAN COUNCIL DURING PEACETIME PUBLIC HEALTH**
 9.16 **EMERGENCY.**

9.17 (a) Within 30 days of the expiration of a peacetime public health emergency period, the
 9.18 chair of the Metropolitan Council must report to the legislative committees with jurisdiction
 9.19 over transportation or the Metropolitan Council regarding any temporary powers exercised
 9.20 during the peacetime public health emergency period, including but not limited to any
 9.21 statutory requirements or administrative rules that were modified or waived. The report
 9.22 must include a timeline as to when and an explanation of why temporary powers were
 9.23 exercised.

9.24 (b) For purposes of this section, "peacetime public health emergency period" means the
 9.25 duration of any peacetime emergency declared by the governor in an executive order that
 9.26 relates to the infectious disease known as COVID-19.

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

9.28 **Sec. 9. EXTENDING DEADLINE FOR TRANSIT FINANCE REPORT.**

9.29 Notwithstanding Minnesota Statutes, section 473.4485, subdivision 2, the deadline for
 9.30 the metropolitan area transit finance report that is due by October 15, 2020, is extended
 9.31 until February 15, 2021.

10.1 **Sec. 10. USE OF FEDERAL TRANSIT FUNDS.**

10.2 (a) The commissioner of transportation and the chair of the Metropolitan Council, to
10.3 the extent consistent with federal law and regulations, may use money allocated to the state
10.4 of Minnesota by the Federal Transit Administration under the Coronavirus Aid, Relief, and
10.5 Economic Security (CARES) Act, Public Law 116-136, for, but not limited to, the following
10.6 purposes:

10.7 (1) protection equipment for transit operators, including physical barriers, personal
10.8 protective equipment, and cleaning materials;

10.9 (2) safety training for operators who are in close contact with members of the public;
10.10 and

10.11 (3) frequent cleaning of transit vehicles.

10.12 (b) The commissioner of transportation and chair of the Metropolitan Council must
10.13 report all expenditures made under the Coronavirus Aid, Relief, and Economic Security
10.14 (CARES) Act, Public Law 116-136, to the chairs and ranking minority members of the
10.15 legislative committees with jurisdiction over transportation finance and policy by February
10.16 15, 2021. The report must include the total amount of each expenditure, the purpose of each
10.17 expenditure, and any additional information the commissioner and chair determine is
10.18 necessary to properly document each expenditure.

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

10.20 **Sec. 11. UNINSURED INDIVIDUALS NEEDING COVID-19 TESTING.**

10.21 (a) Medical assistance is available for uninsured individuals for the purpose of testing
10.22 for and diagnosing COVID-19 as described in section 1902(a)(10)(A)(ii)(XXIII) of the
10.23 Social Security Act.

10.24 (b) For individuals eligible for medical assistance under this section, coverage is limited
10.25 to any diagnostic product available for the detection of SARS-CoV-2 or the virus that causes
10.26 COVID-19, necessary to make the diagnosis of COVID-19, and the associated visit, that is
10.27 furnished during an emergency period described in section 1135(g) of the Social Security
10.28 Act related to an outbreak of COVID-19. In order to be covered, the diagnostic product
10.29 must have received Emergency Use Authorization under section 564 of the federal Food,
10.30 Drug, and Cosmetic Act.

10.31 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
10.32 of human services shall notify the revisor of statutes when federal approval is received.

11.1 **Sec. 12. COVERAGE FOR COVID-19 TESTING.**

11.2 Medical assistance covers any diagnostic product available for the detection of
 11.3 SARS-CoV-2 or the virus that causes COVID-19, necessary to make the diagnosis of
 11.4 COVID-19, and the associated visit, that is furnished during an emergency period described
 11.5 in section 1135(g) of the Social Security Act related to an outbreak of COVID-19. In order
 11.6 to be covered, the diagnostic product must have received Emergency Use Authorization
 11.7 under section 564 of the federal Food, Drug, and Cosmetic Act.

11.8 **EFFECTIVE DATE** This section is effective upon federal approval. The commissioner
 11.9 of human services shall notify the revisor of statutes when federal approval is received.

11.10 **Sec. 13. COMMISSIONER OF HEALTH; TEMPORARY EMERGENCY**
 11.11 **AUTHORITY.**

11.12 **Subdivision 1. Peacetime emergency; temporary authority granted.** Beginning on
 11.13 the date that the governor declared a peacetime emergency under Minnesota Statutes, section
 11.14 12.31, subdivision 2, for an outbreak of COVID-19, the commissioner of health is granted
 11.15 temporary authority as described in and limited by this section to protect the health and
 11.16 safety of the public. The temporary authority granted to the commissioner in this section
 11.17 may only be used for purposes related to preparing for, preventing, or responding to an
 11.18 outbreak of COVID-19 and for preserving access to programs and services provided, licensed,
 11.19 or regulated by the Department of Health.

11.20 **Subd. 2. Temporary delay, waiver, or modification.** The commissioner may temporarily
 11.21 delay, waive, or modify any of the following provisions and applicable rules:

11.22 (1) provisions in Minnesota Statutes, sections 144.551, 144A.071, and 144A.073,
 11.23 governing the hospital construction moratorium and the moratorium on certification of
 11.24 nursing home beds;

11.25 (2) provisions in Minnesota Statutes, section 144.121, and Minnesota Rules, chapter
 11.26 4732, but only those that govern the health-care-based use of x-ray and related technologies;

11.27 (3) provisions for which the commissioner is responsible in Minnesota Statutes, chapters
 11.28 14, 62D, 62J, 62Q, 144, 144A, 144D, 144G, 144H, 146A, 146B, 148, 149A, 153A, 157,
 11.29 214, and 327, and in Minnesota Statutes, sections 256.045, 626.556, and 626.557;

11.30 (4) provisions related to administrative appeals, reconsiderations, or other reviews
 11.31 involving or initiated by the commissioner; and

12.1 (5) provisions governing the scope, timelines, reporting requirements, and activities of
 12.2 state-funded grants issued by the commissioner to allow grant recipients to use such funds
 12.3 to respond to COVID-19 when authorized by the commissioner.

12.4 Subd. 3. **Temporary alternative health care facilities.** (a) The commissioner may
 12.5 establish temporary alternative health care facilities.

12.6 (b) During the peacetime emergency specified in subdivision 1, compliance and regulatory
 12.7 standards in the following provisions, as they apply to the use of nontraditional spaces to
 12.8 provide patient care in temporary alternative health care facilities established by the
 12.9 commissioner, are suspended:

12.10 (1) Minnesota Statutes, chapters 14, 144, 144A, 144D, 144G, 144H, 146A, 157, and
 12.11 327;

12.12 (2) Minnesota Statutes, sections 256.045, 626.556, and 626.557; and

12.13 (3) corresponding chapters of Minnesota Rules.

12.14 (c) To the extent necessary to establish and regulate the beds at temporary alternative
 12.15 health care facilities described in this subdivision, the commissioner shall consult with the
 12.16 commissioner of labor and industry on state building code issues.

12.17 Subd. 4. **Variances.** (a) The commissioner may temporarily grant variances on an
 12.18 individual or blanket basis to rules within the commissioner's jurisdiction that do not affect
 12.19 the health or safety of persons in a licensed program.

12.20 (b) The commissioner may temporarily grant variances to rules on an individual basis
 12.21 if:

12.22 (1) the variance is requested by an applicant or license holder in a form and manner
 12.23 prescribed by the commissioner;

12.24 (2) the request for a variance includes the reasons the applicant or license holder cannot
 12.25 comply with the requirements specified in rule and the alternative, equivalent measures the
 12.26 applicant or license holder will follow to comply with the intent of the rule; and

12.27 (3) the request for a variance states the time period for which the variance is requested.

12.28 (c) The commissioner may temporarily grant blanket variances to rules governing licensed
 12.29 programs within the commissioner's jurisdiction if the commissioner:

12.30 (1) determines that the rule does not affect the health or safety of persons in the licensed
 12.31 program;

13.1 (2) identifies the alternative, equivalent measures the applicant or license holder must
 13.2 follow to comply with the intent of the rule; and

13.3 (3) establishes a time period for which the variance is granted.

13.4 (d) The commissioner's decision under this subdivision to grant or deny a variance
 13.5 request is final and not subject to appeal.

13.6 Subd. 5. **Notice.** (a) No later than 48 hours after a delay, waiver, blanket variance, or
 13.7 modification under this section goes into effect, the commissioner must provide written
 13.8 notice of the delay, waiver, blanket variance, or modification to the appropriate ombudsman,
 13.9 if any, and to the chairs and ranking minority members of the legislative committees with
 13.10 jurisdiction over the Department of Health.

13.11 (b) A delay, waiver, blanket variance, or modification issued or granted under this section
 13.12 must be posted on the Department of Health website within 48 hours after being issued or
 13.13 granted and must include a plain-language description of the delay, waiver, blanket variance,
 13.14 or modification.

13.15 Subd. 6. **Report.** Within 60 days after the peacetime emergency specified in subdivision
 13.16 1 is terminated or rescinded by proper authority, the commissioner shall submit a report to
 13.17 the chairs and ranking minority members of the legislative committees with jurisdiction
 13.18 over the Department of Health with specific details about statutes and rules delayed, waived,
 13.19 or modified as authorized in subdivision 2.

13.20 Subd. 7. **Expiration.** This section expires 60 days after the peacetime emergency specified
 13.21 in subdivision 1 is terminated or rescinded by proper authority.

13.22 **EFFECTIVE DATE.** This section is effective retroactively from March 13, 2020.

13.23 Sec. 14. **MEDICAL ASSISTANCE REIMBURSEMENT FOR TEMPORARY**
 13.24 **ALTERNATIVE HEALTH CARE FACILITIES.**

13.25 The commissioner of human services shall enroll temporary alternative health care
 13.26 facilities as medical assistance providers. The commissioner of human services shall establish
 13.27 a payment rate for inpatient services provided by temporary alternative health care facilities
 13.28 that: (1) utilizes to the extent practicable the existing inpatient payment rate method for
 13.29 hospitals based on diagnostic-related groups; and (2) takes into account the statewide average
 13.30 costs of similar acute care facilities. The commissioner of human services shall expedite
 13.31 the procedures for provider enrollment, background studies, and provider screening necessary
 13.32 for service delivery by temporary alternative health care facilities. This section expires 60
 13.33 days after the peacetime emergency declared by the governor under Minnesota Statutes,

14.1 section 12.31, subdivision 2, for an outbreak of COVID-19 is terminated or rescinded by
14.2 proper authority.

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

14.4 Sec. 15. **TELEMEDICINE COVERAGE DURING A PEACETIME EMERGENCY.**

14.5 Subdivision 1. **Peacetime emergency; temporary modification to telemedicine**
14.6 **coverage.** During a peacetime emergency declared by the governor under Minnesota Statutes,
14.7 section 12.31, subdivision 2, for an outbreak of COVID-19, coverage of telemedicine
14.8 services by health carriers must comply with this section.

14.9 Subd. 2. **Licensed health care provider.** The definition of "licensed health care provider"
14.10 under Minnesota Statutes, section 62A.671, subdivision 6, must include the following:

14.11 (1) a mental health practitioner defined under Minnesota Statutes, section 245.462,
14.12 subdivision 17, or 245.4871, subdivision 26, working under the supervision of a mental
14.13 health professional; and

14.14 (2) a respiratory therapist licensed under Minnesota Statutes, chapter 147C, and providing
14.15 respiratory care services according to that chapter.

14.16 Subd. 3. **Definition of telemedicine.** The definition of "telemedicine" under Minnesota
14.17 Statutes, section 62A.671, subdivision 9, must include communication between a licensed
14.18 health care provider and a patient that consists solely or primarily of a telephone conversation.

14.19 Subd. 4. **Reimbursement.** (a) A health carrier shall not deny or limit reimbursement
14.20 based solely on a provider delivering consultations or health care services by telemedicine
14.21 instead of in-person.

14.22 (b) A health carrier shall not deny or limit reimbursement based solely on the mechanism
14.23 or platform of telemedicine used by the provider to deliver consultations or health care
14.24 services so long as the mechanism or platform used by the provider allows for the delivery
14.25 of telemedicine services as defined in Minnesota Statutes, section 62A.671, subdivision 9.

14.26 Subd. 5. **Expiration.** This section expires 60 days after the peacetime emergency specified
14.27 in subdivision 1 is terminated or rescinded by proper authority.

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

15.1 Sec. 16. **DEADLINES GOVERNING PROCEEDINGS IN DISTRICT AND**
15.2 **APPELLATE COURTS SUSPENDED DURING PEACETIME EMERGENCY.**

15.3 (a) The running of deadlines imposed by statutes governing proceedings in the district
15.4 and appellate courts, including any statutes of limitations or other time periods prescribed
15.5 by statute, is suspended during the peacetime emergency declared on March 13, 2020, in
15.6 governor's Executive Order 20-01 and any extensions authorized under Minnesota Statutes,
15.7 section 12.31, subdivision 2, and for 60 days after the end of the peacetime emergency
15.8 declaration. Nothing in this paragraph prevents a court from holding a hearing, requiring
15.9 an appearance, or issuing an order during the peacetime emergency if the judge determines
15.10 that individual circumstances relevant to public safety, personal safety, or other emergency
15.11 matters require action in a specific case.

15.12 (b) This section expires 60 days after the end of the peacetime emergency declaration
15.13 described in paragraph (a) or February 15, 2021, whichever is earlier.

15.14 **EFFECTIVE DATE.** This section is effective the day following final enactment and
15.15 applies to all deadlines that had not expired as of March 13, 2020, or were triggered on or
15.16 after that date.

15.17 Sec. 17. **MOTIONS CONTESTING CHILD SUPPORT COST-OF-LIVING**
15.18 **ADJUSTMENTS.**

15.19 Notwithstanding Minnesota Statutes, section 518A.75, subdivision 2a, and section 16,
15.20 a child support obligor to whom the public authority has sent notice of an intended
15.21 cost-of-living adjustment effective May 1, 2020, under Minnesota Statutes, section 518A.75,
15.22 subdivision 2, may file a motion contesting the May 1, 2020, cost-of-living adjustment until
15.23 June 30, 2020. If the obligor is unable to file a motion contesting the May 1, 2020,
15.24 cost-of-living adjustment before June 30, 2020, due to circumstances related to the COVID-19
15.25 pandemic, but files such a motion before October 31, 2020, the court may, in its discretion,
15.26 order a full or partial adjustment to the child support obligation or decline to order an
15.27 adjustment to the child support obligation. Any full or partial adjustment shall be effective
15.28 on May 1, 2020, unless the court selects an alternative effective date based on the
15.29 circumstances of the case. If the effective date creates an overpayment of support, the
15.30 overpayment shall be reconciled pursuant to Minnesota Statutes, section 518A.52.

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

16.1 Sec. 18. **PUBLIC HEALTH EMERGENCY; MARRIAGE LICENSE APPLICATION**
16.2 **AND OATH WITHOUT APPEARANCE.**

16.3 (a) For purposes of this section, "peacetime public health emergency" means any
16.4 peacetime emergency declared by the governor in an executive order that relates to the
16.5 infectious disease known as COVID-19.

16.6 (b) During the effective period of a peacetime public health emergency, each local
16.7 registrar may develop and implement procedures to examine the parties upon oath and
16.8 accept civil marriage license applications, signed by both parties, by mail, facsimile, or
16.9 electronic filing. Examination of the parties upon oath under this section may include
16.10 contemporaneous video or audio transmission or receipt of a verified statement signed by
16.11 both parties attesting to the legality of the marriage.

16.12 (c) Procedures developed and implemented under this section must be consistent with
16.13 Minnesota Statutes, section 517.08, subdivision 1b, except that the requirement that at least
16.14 one party appear in person does not apply. The use of electronic signatures shall be consistent
16.15 with the requirements of Minnesota Statutes, chapter 325L.

16.16 (d) This section expires on January 15, 2021.

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

16.18 Sec. 19. **FARMER-LENDER MEDIATION EXTENSIONS.**

16.19 (a) The legislature finds that due to the emergency created by the COVID-19 pandemic,
16.20 the time period for the Farmer-Lender Mediation Act needs to be temporarily extended to
16.21 ensure an orderly process with state assistance to adjust agricultural indebtedness to preserve
16.22 the general welfare and fiscal integrity of the state.

16.23 (b) Notwithstanding Minnesota Statutes, section 583.26, subdivision 4, a creditor may
16.24 not begin or continue proceedings to enforce a debt subject to the Farmer-Lender Mediation
16.25 Act against agricultural property of the debtor under Minnesota Statutes, chapter 580 or
16.26 581, or Minnesota Statutes, sections 336.9-501 to 336.9-508, to terminate a contract for
16.27 deed to purchase agricultural property under Minnesota Statutes, section 559.21, or to
16.28 garnish, levy on, execute on, seize, or attach agricultural property until 150 days after the
16.29 date the debtor files a mediation request with the director of the Minnesota Extension Service.

16.30 (c) Any mediation proceeding being conducted pursuant to Minnesota Statutes, chapter
16.31 583, and that is in progress on the effective date of this section is allowed an additional 60
16.32 days from the date the debtor filed a mediation request with the director of the Minnesota

17.1 Extension Service before a creditor can proceed to enforce a debt against the debtor's
 17.2 agricultural property.

17.3 **EFFECTIVE DATE.** This section is effective the day following final enactment and
 17.4 applies to (1) mediation proceedings in progress on the effective date of this section, and
 17.5 (2) mediation proceedings beginning after the effective date of this section if the mediation
 17.6 request is filed before July 31, 2020.

17.7 **Sec. 20. NO OBLIGATION TO LIST ON LIQUOR POSTING.**

17.8 Notwithstanding Minnesota Statutes, section 270C.725, the commissioner of revenue
 17.9 is under no obligation to list a qualifying taxpayer whose business is a public accommodation
 17.10 closed to ingress, egress, use, and occupancy by members of the public by Executive Order
 17.11 20-04, as extended, amended, and otherwise modified by Executive Order 20-08, Executive
 17.12 Order 20-18, Executive Order 20-33, and any related executive orders issued pursuant to
 17.13 Minnesota Statutes, section 12.21 or 12.31. A "qualifying taxpayer" is a taxpayer that is ten
 17.14 days or more delinquent in either filing a tax return or paying a tax imposed by Minnesota
 17.15 Statutes, section 290.02, 290.0922, 290.92, 290.9727, 290.9728, 290.9729, or 297A.62, or
 17.16 local sales and use tax payable to the commissioner of revenue, or a local option tax
 17.17 administered and collected by the commissioner of revenue.

17.18 **EFFECTIVE DATE.** (a) This section is effective the day following final enactment
 17.19 and applies retroactively to taxes first required to be paid, and returns first required to be
 17.20 filed, after January 31, 2020.

17.21 (b) This section expires four calendar months after Executive Order 20-33, or a related
 17.22 executive order extending the closure of bars, restaurants, and other places of public
 17.23 accommodation, is terminated or rescinded, or has expired, and the provisions of this section
 17.24 do not apply to taxes first required to be paid, and returns first required to be filed, after the
 17.25 date of expiration.

17.26 **ARTICLE 2**

17.27 **NON-COVID-19 POLICY**

17.28 **Section 1. Minnesota Statutes 2019 Supplement, section 168.013, subdivision 1a, is**
 17.29 **amended to read:**

17.30 **Subd. 1a. Passenger automobile; hearse.** (a) On passenger automobiles as defined in
 17.31 section 168.002, subdivision 24, and hearses, except as otherwise provided, the registration
 17.32 tax is calculated as \$10 plus an additional tax equal to:

18.1 (1) for a vehicle initially registered in Minnesota prior to the effective date of this section,
 18.2 1.25 percent of the ~~base value.~~ manufacturer's suggested retail price of the vehicle and the
 18.3 destination charge, subject to the adjustments in paragraphs (f) and (g); or

18.4 (2) for a vehicle initially registered in Minnesota on or after the effective date of this
 18.5 section, 1.285 percent of the manufacturer's suggested retail price of the vehicle, subject to
 18.6 the adjustments in paragraphs (f) and (g).

18.7 ~~(b) Subject to the classification provisions herein, "Base value" means the manufacturer's~~
 18.8 ~~suggested retail price of the vehicle including destination charge using list price information~~
 18.9 ~~published by the manufacturer or determined by the registrar if no suggested retail price~~
 18.10 ~~exists, and shall~~ The registration tax calculation must not include the cost of each accessory
 18.11 or item of optional equipment separately added to the vehicle and the manufacturer's
 18.12 suggested retail price. The registration tax calculation must not include a destination charge,
 18.13 except for a vehicle previously registered in Minnesota prior to the effective date of this
 18.14 section.

18.15 (c) In the case of the first registration of a new vehicle sold or leased by a licensed dealer,
 18.16 the dealer may elect to individually determine the ~~base value of~~ registration tax on the
 18.17 vehicle using manufacturer's suggested retail price information provided by the manufacturer.
 18.18 ~~The registrar must use the base value determined by the dealer to properly classify the~~
 18.19 ~~vehicle. The registrar must use the manufacturer's suggested retail price determined by the~~
 18.20 dealer as provided in paragraph (d). A dealer that elects to make the determination must
 18.21 retain a copy of the manufacturer's suggested retail price label or other supporting
 18.22 documentation with the vehicle transaction records maintained under Minnesota Rules, part
 18.23 7400.5200.

18.24 ~~(e) If the manufacturer's list price information contains a single vehicle identification~~
 18.25 ~~number followed by various descriptions and suggested retail prices, the registrar shall~~
 18.26 ~~select from those listings only the lowest price for determining base value.~~

18.27 ~~(d) If unable to determine the base value because the vehicle is specially constructed,~~
 18.28 ~~or for any other reason, the registrar may establish such value upon the cost price to the~~
 18.29 ~~purchaser or owner as evidenced by a certificate of cost but not including Minnesota sales~~
 18.30 ~~or use tax or any local sales or other local tax.~~

18.31 ~~(e) The registrar shall classify every vehicle in its proper base value class as follows:~~

18.32	FROM	TO
18.33	\$ 0	\$ 199.99
18.34	\$ 200	\$ 399.99

19.1 ~~and thereafter a series of classes successively set in brackets having a spread of \$200~~
 19.2 ~~consisting of such number of classes as will permit classification of all vehicles.~~

19.3 ~~(f) The base value for purposes of this section shall be the middle point between the~~
 19.4 ~~extremes of its class.~~

19.5 ~~(g) (d) The registrar shall establish the base value, when new, of every passenger~~
 19.6 ~~automobile and hearse registered prior to the effective date of Extra Session Laws 1971,~~
 19.7 ~~chapter 31, must determine the manufacturer's suggested retail price:~~

19.8 ~~(1) using list price information published by the manufacturer or any nationally~~
 19.9 ~~recognized firm or association compiling such data for the automotive industry;~~

19.10 ~~(2) if the list price information is unavailable, using the amount determined by a licensed~~
 19.11 ~~dealer under paragraph (c);~~

19.12 ~~(3) if a dealer does not determine the amount, using the retail price label as provided by~~
 19.13 ~~the manufacturer under United States Code, title 15, section 1232; or~~

19.14 ~~(4) if the retail price label is not available, using the actual sales price of the vehicle.~~

19.15 ~~If the registrar is unable to ascertain the base value manufacturer's suggested retail price of~~
 19.16 ~~any registered vehicle in the foregoing manner, the registrar may use any other available~~
 19.17 ~~source or method.~~

19.18 ~~(e) The registrar ~~shall~~ must calculate the registration tax using ~~base value~~ information~~
 19.19 ~~available to dealers and deputy registrars at the time the initial application for registration~~
 19.20 ~~is submitted. ~~The tax on all previously registered vehicles shall be computed upon the base~~~~
 19.21 ~~~~value thus determined taking into account the depreciation provisions of paragraph (h).~~~~

19.22 ~~(h) (f) The ~~annual additional tax~~ amount under paragraph (a), clauses (1) and (2), must~~
 19.23 ~~be ~~computed upon~~ calculated based on a percentage of the ~~base value~~ manufacturer's~~
 19.24 ~~suggested retail price, as follows: during the first year of vehicle life, upon 100 percent of~~
 19.25 ~~the ~~base value~~ price; for the second year, 90 percent of ~~such value~~ the price; for the third~~
 19.26 ~~year, 80 percent of ~~such value~~ the price; for the fourth year, 70 percent of ~~such value~~ the~~
 19.27 ~~price; for the fifth year, 60 percent of ~~such value~~ the price; for the sixth year, 50 percent of~~
 19.28 ~~~~such value~~ the price; for the seventh year, 40 percent of ~~such value~~ the price; for the eighth~~
 19.29 ~~year, 30 percent of ~~such value~~ the price; for the ninth year, 20 percent of ~~such value~~ the~~
 19.30 ~~price; and for the tenth year, ten percent of ~~such value~~; the price.~~

19.31 ~~(g) For the 11th and each succeeding year, the ~~sum of~~ amount under paragraph (a),~~
 19.32 ~~clauses (1) and (2), must be calculated as \$25.~~

20.1 ~~(i) In no event shall the annual additional tax be less than \$25.~~

20.2 ~~(j) (h) Except as provided in subdivision 23, for any vehicle previously registered in~~
 20.3 ~~Minnesota and regardless of prior ownership, the total amount due under this subdivision~~
 20.4 ~~and subdivision 1m must not exceed the smallest total amount previously paid or due on~~
 20.5 ~~the vehicle.~~

20.6 **EFFECTIVE DATE.** Paragraphs (a) to (g) are effective January 1, 2021, or upon
 20.7 deployment of the necessary changes to the replacement motor vehicle title and registration
 20.8 information system, whichever is earlier, and apply to taxes payable for a registration period
 20.9 starting on or after that date. The commissioner of public safety must notify the revisor of
 20.10 statutes of the implementation date. Paragraph (h) is effective July 1, 2020.

20.11 Sec. 2. Minnesota Statutes 2018, section 168.013, is amended by adding a subdivision to
 20.12 read:

20.13 Subd. 23. **Adjustments to registration tax.** (a) Except as provided in this subdivision,
 20.14 the commissioner must not adjust the manufacturer's suggested retail price or destination
 20.15 charge for any vehicle in a subsequent registration period following initial registration in
 20.16 Minnesota.

20.17 (b) The commissioner must adjust the registration tax amount of any vehicle to correct
 20.18 an error or omission that was made in determining or entering the registration tax amount
 20.19 or the destination charge amount. For a vehicle with a registration tax determined based on
 20.20 the actual sales price, the commissioner must adjust the registration tax within two years
 20.21 of the initial registration using one of the methods described in subdivision 1a, paragraph
 20.22 (d), clauses (1) to (3). The adjusted registration tax amount is effective starting with the
 20.23 vehicle's next registration period. The commissioner must not collect any amount that would
 20.24 have been paid but for the error or omission.

20.25 (c) When the commissioner makes an adjustment to the registration tax amount pursuant
 20.26 to this subdivision, the commissioner must mail written notice to the owner of the vehicle
 20.27 stating that an adjustment was made to the registration tax amount, the reason for the
 20.28 adjustment, and contact information so that the owner may contact the department to ask
 20.29 questions.

20.30 **EFFECTIVE DATE.** This section is effective July 1, 2020.

21.1 Sec. 3. Minnesota Statutes 2018, section 299C.46, subdivision 3, is amended to read:

21.2 Subd. 3. **Authorized use, fee.** (a) The criminal justice data communications network
21.3 shall be used exclusively by:

21.4 (1) criminal justice agencies in connection with the performance of duties required by
21.5 law;

21.6 (2) agencies investigating federal security clearances of individuals for assignment or
21.7 retention in federal employment with duties related to national security, as required by
21.8 United States Code, title 5, section 9101;

21.9 (3) other agencies to the extent necessary to provide for protection of the public or
21.10 property in a declared emergency or disaster situation;

21.11 (4) noncriminal justice agencies statutorily mandated, by state or national law, to conduct
21.12 checks into state databases prior to disbursing licenses or providing benefits;

21.13 (5) the public authority responsible for child support enforcement in connection with
21.14 the performance of its duties;

21.15 (6) the public defender, as provided in section 611.272;

21.16 (7) a county attorney or the attorney general, as the county attorney's designee, for the
21.17 purpose of determining whether a petition for the civil commitment of a proposed patient
21.18 as a sexual psychopathic personality or as a sexually dangerous person should be filed, and
21.19 during the pendency of the commitment proceedings;

21.20 (8) an agency of the state or a political subdivision whose access to systems or services
21.21 provided from or through the bureau is specifically authorized by federal law or regulation
21.22 or state statute; ~~and~~

21.23 (9) a court for access to data as authorized by federal law or regulation or state statute
21.24 and related to the disposition of a pending case; and

21.25 (10) a coroner or medical examiner to identify a deceased person as required by section
21.26 390.25.

21.27 (b) The commissioner of public safety shall establish a monthly network access charge
21.28 to be paid by each participating criminal justice agency. The network access charge shall
21.29 be a standard fee established for each terminal, computer, or other equipment directly
21.30 addressable by the data communications network, as follows: January 1, 1984 to December
21.31 31, 1984, \$40 connect fee per month; January 1, 1985 and thereafter, \$50 connect fee per
21.32 month.

22.1 (c) The commissioner of public safety is authorized to arrange for the connection of the
22.2 data communications network with the criminal justice information system of the federal
22.3 government, any state, or country for the secure exchange of information for any of the
22.4 purposes authorized in paragraph (a), clauses (1), (2), (3), (8) and (9).

22.5 (d) Prior to establishing a secure connection, a criminal justice agency that is not part
22.6 of the Minnesota judicial branch must:

22.7 (1) agree to comply with all applicable policies governing access to, submission of or
22.8 use of the data and Minnesota law governing the classification of the data;

22.9 (2) meet the bureau's security requirements;

22.10 (3) agree to pay any required fees; and

22.11 (4) conduct fingerprint-based state and national background checks on its employees
22.12 and contractors as required by the Federal Bureau of Investigation.

22.13 (e) Prior to establishing a secure connection, a criminal justice agency that is part of the
22.14 Minnesota judicial branch must:

22.15 (1) agree to comply with all applicable policies governing access to, submission of or
22.16 use of the data and Minnesota law governing the classification of the data to the extent
22.17 applicable and with the Rules of Public Access to Records of the Judicial Branch promulgated
22.18 by the Minnesota Supreme Court;

22.19 (2) meet the bureau's security requirements;

22.20 (3) agree to pay any required fees; and

22.21 (4) conduct fingerprint-based state and national background checks on its employees
22.22 and contractors as required by the Federal Bureau of Investigation.

22.23 (f) Prior to establishing a secure connection, a noncriminal justice agency must:

22.24 (1) agree to comply with all applicable policies governing access to, submission of or
22.25 use of the data and Minnesota law governing the classification of the data;

22.26 (2) meet the bureau's security requirements;

22.27 (3) agree to pay any required fees; and

22.28 (4) conduct fingerprint-based state and national background checks on its employees
22.29 and contractors.

22.30 (g) Those noncriminal justice agencies that do not have a secure network connection
22.31 yet receive data either retrieved over the secure network by an authorized criminal justice

23.1 agency or as a result of a state or federal criminal history records check shall conduct a
 23.2 background check as provided in paragraph (h) of those individuals who receive and review
 23.3 the data to determine another individual's eligibility for employment, housing, a license, or
 23.4 another legal right dependent on a statutorily mandated background check.

23.5 (h) The background check required by paragraph (f) or (g) is accomplished by submitting
 23.6 a request to the superintendent of the Bureau of Criminal Apprehension that includes a
 23.7 signed, written consent for the Minnesota and national criminal history records check,
 23.8 fingerprints, and the required fee. The superintendent may exchange the fingerprints with
 23.9 the Federal Bureau of Investigation for purposes of obtaining the individual's national
 23.10 criminal history record information.

23.11 The superintendent shall return the results of the national criminal history records check to
 23.12 the noncriminal justice agency to determine if the individual is qualified to have access to
 23.13 state and federal criminal history record information or the secure network. An individual
 23.14 is disqualified when the state and federal criminal history record information show any of
 23.15 the disqualifiers that the individual will apply to the records of others.

23.16 When the individual is to have access to the secure network, the noncriminal justice agency
 23.17 shall review the criminal history of each employee or contractor with the Criminal Justice
 23.18 Information Services systems officer at the bureau, or the officer's designee, to determine
 23.19 if the employee or contractor qualifies for access to the secure network. The Criminal Justice
 23.20 Information Services systems officer or the designee shall make the access determination
 23.21 based on Federal Bureau of Investigation policy and Bureau of Criminal Apprehension
 23.22 policy.

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

23.24 **ARTICLE 3**
 23.25 **HUMAN SERVICES TECHNICAL AND IMPLEMENTATION CORRECTIONS**

23.26 Section 1. Minnesota Statutes 2018, section 245F.03, is amended to read:

23.27 **245F.03 APPLICATION.**

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

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

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

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

24.4 Sec. 2. Minnesota Statutes 2018, section 245F.04, is amended by adding a subdivision to
 24.5 read:

24.6 **Subd. 5. Withdrawal management services authorization.** A license holder providing
 24.7 withdrawal management services may admit an individual when the individual meets the
 24.8 admission criteria in section 245F.05, subdivisions 1 and 2. Any assessor providing an
 24.9 additional assessment to an individual must follow the process established in section 245F.06.
 24.10 If an assessor identifies an individual's need for withdrawal management services while the
 24.11 individual is a resident of a substance use disorder treatment facility, the provisions of
 24.12 section 256G.02, subdivision 4, paragraphs (c) and (d), shall apply.

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

24.14 Sec. 3. Minnesota Statutes 2019 Supplement, section 254A.03, subdivision 3, is amended
 24.15 to read:

24.16 **Subd. 3. Rules for substance use disorder care.** (a) The commissioner of human
 24.17 services shall establish by rule criteria to be used in determining the appropriate level of
 24.18 chemical dependency care for each recipient of public assistance seeking treatment for
 24.19 substance misuse or substance use disorder. Upon federal approval of a comprehensive
 24.20 assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding
 24.21 the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, an eligible vendor of
 24.22 comprehensive assessments under section 254B.05 may determine and approve the
 24.23 appropriate level of substance use disorder treatment for a recipient of public assistance.
 24.24 The process for determining an individual's financial eligibility for the consolidated chemical
 24.25 dependency treatment fund or determining an individual's enrollment in or eligibility for a
 24.26 publicly subsidized health plan is not affected by the individual's choice to access a
 24.27 comprehensive assessment for placement.

24.28 (b) The commissioner shall develop and implement a utilization review process for
 24.29 publicly funded treatment placements to monitor and review the clinical appropriateness
 24.30 and timeliness of all publicly funded placements in treatment.

24.31 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for
 24.32 alcohol or substance use disorder that is provided to a recipient of public assistance within

25.1 a primary care clinic, hospital, or other medical setting or school setting establishes medical
25.2 necessity and approval for an initial set of substance use disorder services identified in
25.3 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose
25.4 screen result is positive may include any combination of up to four hours of individual or
25.5 group substance use disorder treatment, two hours of substance use disorder treatment
25.6 coordination, or two hours of substance use disorder peer support services provided by a
25.7 qualified individual according to chapter 245G. A recipient must obtain an assessment
25.8 pursuant to paragraph (a) to be approved for additional treatment services.

25.9 (d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, an individual may
25.10 choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals
25.11 obtaining a comprehensive assessment may access any enrolled provider that is licensed to
25.12 provide the level of service authorized pursuant to section 254A.19, subdivision 3, paragraph
25.13 (d). If the individual is enrolled in a prepaid health plan, the individual must comply with
25.14 any provider network requirements or limitations. This paragraph expires July 1, 2022.

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

25.16 Sec. 4. Minnesota Statutes 2018, section 254B.03, subdivision 1, is amended to read:

25.17 Subdivision 1. **Local agency duties.** (a) Every local agency shall provide chemical
25.18 dependency services to persons residing within its jurisdiction who meet criteria established
25.19 by the commissioner for placement in a chemical dependency residential or nonresidential
25.20 treatment service. Chemical dependency money must be administered by the local agencies
25.21 according to law and rules adopted by the commissioner under sections 14.001 to 14.69.

25.22 (b) In order to contain costs, the commissioner of human services shall select eligible
25.23 vendors of chemical dependency services who can provide economical and appropriate
25.24 treatment. Unless the local agency is a social services department directly administered by
25.25 a county or human services board, the local agency shall not be an eligible vendor under
25.26 section 254B.05. The commissioner may approve proposals from county boards to provide
25.27 services in an economical manner or to control utilization, with safeguards to ensure that
25.28 necessary services are provided. If a county implements a demonstration or experimental
25.29 medical services funding plan, the commissioner shall transfer the money as appropriate.

25.30 (c) A culturally specific vendor that provides assessments under a variance under
25.31 Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons
25.32 not covered by the variance.

26.1 (d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, an individual may
 26.2 choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals
 26.3 obtaining a comprehensive assessment may access any enrolled provider that is licensed to
 26.4 provide the level of service authorized pursuant to section 254A.19, subdivision 3, paragraph
 26.5 (d). If the individual is enrolled in a prepaid health plan, the individual must comply with
 26.6 any provider network requirements or limitations.

26.7 (e) Beginning July 1, 2022, local agencies shall not make placement location
 26.8 determinations.

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

26.10 Sec. 5. Minnesota Statutes 2019 Supplement, section 256B.0759, subdivision 3, is amended
 26.11 to read:

26.12 Subd. 3. **Provider standards.** (a) The commissioner ~~shall~~ must establish requirements
 26.13 for participating providers that are consistent with the federal requirements of the
 26.14 demonstration project.

26.15 (b) A participating residential provider must obtain applicable licensure under ~~chapters~~
 26.16 chapter 245F and or 245G or other applicable standards for the services provided and must:

26.17 (1) deliver services in accordance with standards published by the commissioner pursuant
 26.18 to paragraph (d);

26.19 (2) maintain formal patient referral arrangements with providers delivering step-up or
 26.20 step-down levels of care in accordance with ASAM standards; and

26.21 (3) ~~provide or arrange for~~ offer medication-assisted treatment services ~~if requested by~~
 26.22 ~~a client for whom an effective medication exists~~ on site or facilitate access to
 26.23 medication-assisted treatment services off site.

26.24 (c) A participating outpatient provider must obtain applicable licensure under chapter
 26.25 245G or other applicable standards for the services provided and must:

26.26 (1) deliver services in accordance with standards published by the commissioner pursuant
 26.27 to paragraph (d); and

26.28 (2) maintain formal patient referral arrangements with providers delivering step-up or
 26.29 step-down levels of care in accordance with ASAM standards.

26.30 (d) If the provider standards under chapter 245G or other applicable standards conflict
 26.31 or are duplicative, the commissioner may grant variances to the standards if the variances
 26.32 do not conflict with federal requirements. The commissioner ~~shall~~ must publish service

27.1 components, service standards, and staffing requirements for participating providers that
 27.2 are consistent with ASAM standards and federal requirements by October 1, 2020.

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

27.4 Sec. 6. Minnesota Statutes 2019 Supplement, section 256B.0759, subdivision 4, is amended
 27.5 to read:

27.6 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must
 27.7 be increased for services provided to medical assistance enrollees. To receive a rate increase,
 27.8 participating providers must meet demonstration project requirements and provide evidence
 27.9 of formal referral arrangements with providers delivering step-up or step-down levels of
 27.10 care.

27.11 (b) For substance use disorder services under section 254B.05, subdivision 5, paragraph
 27.12 (b), clause (8), provided on or after ~~January~~ July 1, 2020, payment rates must be increased
 27.13 by 15 percent over the rates in effect on December 31, ~~2020~~ 2019.

27.14 (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph
 27.15 (b), clauses (1), (6), and (7), and ~~(10)~~ adolescent treatment programs that are licensed as
 27.16 outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or
 27.17 after January 1, 2021, payment rates must be increased by ten percent over the rates in effect
 27.18 on December 31, 2020.

27.19 (d) Effective January 1, 2021, and contingent on annual federal approval, managed care
 27.20 plans and county-based purchasing plans must reimburse providers of the substance use
 27.21 disorder services meeting the criteria described in paragraph (a) who are employed by or
 27.22 under contract with the plan an amount that is at least equal to the fee-for-service base rate
 27.23 payment for the substance use disorder services described in paragraphs (b) and (c). The
 27.24 commissioner must monitor the effect of this requirement on the rate of access to substance
 27.25 use disorder services and residential substance use disorder rates. Capitation rates paid to
 27.26 managed care organizations and county-based purchasing plans must reflect the impact of
 27.27 this requirement. This paragraph expires if federal approval is not received at any time as
 27.28 required under this paragraph.

27.29 (e) Effective July 1, 2021, contracts between managed care plans and county-based
 27.30 purchasing plans and providers to whom paragraph (d) applies must allow recovery of
 27.31 payments from those providers if, for any contract year, federal approval for the provisions
 27.32 of paragraph (d) is not received, and capitation rates are adjusted as a result. Payment

28.1 recoveries must not exceed the amount equal to any decrease in rates that results from this
28.2 provision.

28.3 **EFFECTIVE DATE.** This section is effective the day following final enactment, except
28.4 that paragraph (b) is effective retroactively from July 1, 2019.

28.5 Sec. 7. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 2, is
28.6 amended to read:

28.7 **Subd. 2. TANF Maintenance of Effort**

28.8 **(a) Nonfederal Expenditures.** The
28.9 commissioner shall ensure that sufficient
28.10 qualified nonfederal expenditures are made
28.11 each year to meet the state's maintenance of
28.12 effort (MOE) requirements of the TANF block
28.13 grant specified under Code of Federal
28.14 Regulations, title 45, section 263.1. In order
28.15 to meet these basic TANF/MOE requirements,
28.16 the commissioner may report as TANF/MOE
28.17 expenditures only nonfederal money expended
28.18 for allowable activities listed in the following
28.19 clauses:

28.20 (1) MFIP cash, diversionary work program,
28.21 and food assistance benefits under Minnesota
28.22 Statutes, chapter 256J;

28.23 (2) the child care assistance programs under
28.24 Minnesota Statutes, sections 119B.03 and
28.25 119B.05, and county child care administrative
28.26 costs under Minnesota Statutes, section
28.27 119B.15;

28.28 (3) state and county MFIP administrative costs
28.29 under Minnesota Statutes, chapters 256J and
28.30 256K;

28.31 (4) state, county, and tribal MFIP employment
28.32 services under Minnesota Statutes, chapters
28.33 256J and 256K;

- 29.1 (5) expenditures made on behalf of legal
 29.2 noncitizen MFIP recipients who qualify for
 29.3 the MinnesotaCare program under Minnesota
 29.4 Statutes, chapter 256L;
- 29.5 (6) qualifying working family credit
 29.6 expenditures under Minnesota Statutes, section
 29.7 290.0671;
- 29.8 (7) qualifying Minnesota education credit
 29.9 expenditures under Minnesota Statutes, section
 29.10 290.0674; and
- 29.11 ~~(7)~~ (8) qualifying Head Start expenditures
 29.12 under Minnesota Statutes, section 119A.50.
- 29.13 **(b) Nonfederal Expenditures; Reporting.**
 29.14 For the activities listed in paragraph (a),
 29.15 clauses (2) to ~~(7)~~ (8), the commissioner may
 29.16 report only expenditures that are excluded
 29.17 from the definition of assistance under Code
 29.18 of Federal Regulations, title 45, section
 29.19 260.31.
- 29.20 **(c) Certain Expenditures Required.** The
 29.21 commissioner shall ensure that the MOE used
 29.22 by the commissioner of management and
 29.23 budget for the February and November
 29.24 forecasts required under Minnesota Statutes,
 29.25 section 16A.103, contains expenditures under
 29.26 paragraph (a), clause (1), equal to at least 16
 29.27 percent of the total required under Code of
 29.28 Federal Regulations, title 45, section 263.1.
- 29.29 **(d) Limitation; Exceptions.** The
 29.30 commissioner must not claim an amount of
 29.31 TANF/MOE in excess of the 75 percent
 29.32 standard in Code of Federal Regulations, title
 29.33 45, section 263.1(a)(2), except:

30.1 (1) to the extent necessary to meet the 80
30.2 percent standard under Code of Federal
30.3 Regulations, title 45, section 263.1(a)(1), if it
30.4 is determined by the commissioner that the
30.5 state will not meet the TANF work
30.6 participation target rate for the current year;

30.7 (2) to provide any additional amounts under
30.8 Code of Federal Regulations, title 45, section
30.9 264.5, that relate to replacement of TANF
30.10 funds due to the operation of TANF penalties;
30.11 and

30.12 (3) to provide any additional amounts that may
30.13 contribute to avoiding or reducing TANF work
30.14 participation penalties through the operation
30.15 of the excess MOE provisions of Code of
30.16 Federal Regulations, title 45, section 261.43
30.17 (a)(2).

30.18 **(e) Supplemental Expenditures.** For the
30.19 purposes of paragraph (d), the commissioner
30.20 may supplement the MOE claim with other
30.21 qualified expenditures to the extent such
30.22 expenditures are otherwise available after
30.23 considering the expenditures allowed in this
30.24 subdivision.

30.25 **(f) Reduction of Appropriations; Exception.**
30.26 The requirement in Minnesota Statutes, section
30.27 256.011, subdivision 3, that federal grants or
30.28 aids secured or obtained under that subdivision
30.29 be used to reduce any direct appropriations
30.30 provided by law, does not apply if the grants
30.31 or aids are federal TANF funds.

30.32 **(g) IT Appropriations Generally.** This
30.33 appropriation includes funds for information
30.34 technology projects, services, and support.

31.1 Notwithstanding Minnesota Statutes, section
31.2 16E.0466, funding for information technology
31.3 project costs shall be incorporated into the
31.4 service level agreement and paid to the Office
31.5 of MN.IT Services by the Department of
31.6 Human Services under the rates and
31.7 mechanism specified in that agreement.

31.8 **(h) Receipts for Systems Project.**
31.9 Appropriations and federal receipts for
31.10 information systems projects for MAXIS,
31.11 PRISM, MMIS, ISDS, METS, and SSIS must
31.12 be deposited in the state systems account
31.13 authorized in Minnesota Statutes, section
31.14 256.014. Money appropriated for computer
31.15 projects approved by the commissioner of the
31.16 Office of MN.IT Services, funded by the
31.17 legislature, and approved by the commissioner
31.18 of management and budget may be transferred
31.19 from one project to another and from
31.20 development to operations as the
31.21 commissioner of human services considers
31.22 necessary. Any unexpended balance in the
31.23 appropriation for these projects does not
31.24 cancel and is available for ongoing
31.25 development and operations.

31.26 **(i) Federal SNAP Education and Training**
31.27 **Grants.** Federal funds available during fiscal
31.28 years 2020 and 2021 for Supplemental
31.29 Nutrition Assistance Program Education and
31.30 Training and SNAP Quality Control
31.31 Performance Bonus grants are appropriated
31.32 to the commissioner of human services for the
31.33 purposes allowable under the terms of the
31.34 federal award. This paragraph is effective the
31.35 day following final enactment.

32.1 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

32.2 Sec. 8. Laws 2019, First Special Session chapter 9, article 14, section 2, is amended by
32.3 adding a subdivision to read:

32.4 **Subd. 2a. Working Family Credit as TANF/MOE**

32.5 The commissioner may claim as TANF/MOE
32.6 up to \$6,707,000 per year of working family
32.7 credit expenditures in each fiscal year.

32.8 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

32.9 Sec. 9. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 24,
32.10 is amended to read:

32.11 **Subd. 24. Grant Programs; Children and**
32.12 **Economic Support Grants**

24,315,000 24,315,000

32.13 **(a) Minnesota Food Assistance Program.**

32.14 Unexpended funds for the Minnesota food
32.15 assistance program for fiscal year 2020 do not
32.16 cancel but are available for this purpose in
32.17 fiscal year 2021.

32.18 **(b) Shelter-Linked Youth Mental Health**

32.19 **Grants.** \$250,000 in fiscal year 2020 and
32.20 \$250,000 in fiscal year 2021 are from the
32.21 general fund for shelter-linked youth mental
32.22 health grants under Minnesota Statutes, section
32.23 256K.46.

32.24 **(c) Emergency Services Grants. \$1,500,000**

32.25 in fiscal year 2020 and \$1,500,000 in fiscal
32.26 year 2021 are to provide emergency services
32.27 grants under Minnesota Statutes, section
32.28 256E.36. This is a onetime appropriation.

32.29 **(d) Base Level Adjustment.** The general fund

32.30 base is \$22,815,000 in fiscal year 2022 and
32.31 \$22,815,000 in fiscal year 2023.

32.32 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

33.1 Sec. 10. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 30,
33.2 is amended to read:

33.3	Subd. 30. Grant Programs; Housing Support		
33.4	Grants	9,264,000	10,364,000

33.5 ~~Emergency Services Grants. \$1,500,000 in~~
33.6 ~~fiscal year 2020 and \$1,500,000 in fiscal year~~
33.7 ~~2021 are to provide emergency services grants~~
33.8 ~~under Minnesota Statutes, section 256E.36.~~
33.9 ~~This is a onetime appropriation.~~

33.10 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

33.11 Sec. 11. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 31,
33.12 is amended to read:

33.13	Subd. 31. Grant Programs; Adult Mental Health		
33.14	Grants	82,302,000	79,877,000

33.15 **(a) Certified Community Behavioral Health**
33.16 **Center (CCBHC) Expansion.** \$100,000 in
33.17 fiscal year 2020 and \$200,000 in fiscal year
33.18 2021 is are from the general fund for grants
33.19 for planning, staff training, and other quality
33.20 improvements that are required to comply with
33.21 federal CCBHC criteria for three expansion
33.22 sites.

33.23 **(b) Mobile Mental Health Crisis Response**
33.24 **Team Funding.** \$1,250,000 in fiscal year
33.25 2020 and \$1,250,000 in fiscal year 2021 are
33.26 for adult mental health grants under Minnesota
33.27 Statutes, section 245.4661, subdivision 9,
33.28 paragraph (a), clause (1), to fund regional
33.29 mobile mental health crisis response teams
33.30 throughout the state. The base for this
33.31 appropriation is \$4,896,000 in fiscal year 2022
33.32 and \$4,897,000 in fiscal year 2023.

33.33 **(c) Specialized Mental Health Community**
33.34 **Supervision Pilot Project.** \$400,000 in fiscal

34.1 year 2020 is for a grant to Anoka County for
 34.2 establishment of a specialized mental health
 34.3 community supervision caseload pilot project.
 34.4 This is a onetime appropriation.

34.5 (d) **Base Level Adjustment.** The general fund
 34.6 base is \$83,323,000 in fiscal year 2022 and
 34.7 \$83,324,000 in fiscal year 2023.

34.8 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

34.9 Sec. 12. **REVIVAL AND REENACTMENT.**

34.10 Minnesota Statutes, section 254B.03, subdivision 4a, is revived and reenacted effective
 34.11 retroactively and without interruption from July 1, 2019.

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

34.13 Sec. 13. **REPEALER.**

34.14 (a) Minnesota Statutes 2018, section 254B.03, subdivision 4a, is repealed effective July
 34.15 1, 2020.

34.16 (b) Minnesota Rules, parts 9530.6600, subparts 1 and 3; 9530.6605, subparts 1, 2, 3, 4,
 34.17 5, 8, 9, 10, 11, 12, 13, 14, 21a, 21b, 24a, 25, 25a, and 26; 9530.6610, subparts 1, 2, 3, and
 34.18 5; 9530.6615; 9530.6620; 9530.6622; and 9530.6655, are repealed effective July 1, 2022.

34.19 **ARTICLE 4**

34.20 **HUMAN SERVICES FORECAST ADJUSTMENTS**

34.21 Section 1. **HUMAN SERVICES APPROPRIATIONS.**

34.22 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
 34.23 shown in parentheses, are subtracted from the appropriations in Laws 2019, First Special
 34.24 Session chapter 9, article 14, from the general fund or any fund named to the Department
 34.25 of Human Services for the purposes specified in this article, to be available for the fiscal
 34.26 year indicated for each purpose. The figures "2020" and "2021" used in this article mean
 34.27 that the appropriations listed under them are available for the fiscal years ending June 30,
 34.28 2020, or June 30, 2021, respectively. "The first year" is fiscal year 2020. "The second year"
 34.29 is fiscal year 2021. "The biennium" is fiscal years 2020 and 2021.

34.30 **APPROPRIATIONS**
 34.31 **Available for the Year**

35.1	<u>Ending June 30</u>		
35.2		<u>2020</u>	<u>2021</u>
35.3	<u>Sec. 2. COMMISSIONER OF HUMAN</u>		
35.4	<u>SERVICES</u>		
35.5	<u>Subdivision 1. Total Appropriation</u>	<u>\$ (104,478,000)</u>	<u>\$ (85,978,000)</u>
35.6	<u>Appropriations by Fund</u>		
35.7	<u>General Fund</u>	<u>(90,509,000)</u>	<u>(11,653,000)</u>
35.8	<u>Health Care Access</u>		
35.9	<u>Fund</u>	<u>1,900,000</u>	<u>(73,313,000)</u>
35.10	<u>Federal TANF</u>	<u>(15,869,000)</u>	<u>(1,012,000)</u>
35.11	<u>Subd. 2. Forecasted Programs</u>		
35.12	<u>(a) MFIP/DWP</u>		
35.13	<u>Appropriations by Fund</u>		
35.14	<u>General Fund</u>	<u>7,600,000</u>	<u>(4,475,000)</u>
35.15	<u>Federal TANF</u>	<u>(15,869,000)</u>	<u>(1,012,000)</u>
35.16	<u>(b) MFIP Child Care Assistance</u>	<u>(24,661,000)</u>	<u>(8,541,000)</u>
35.17	<u>(c) General Assistance</u>	<u>1,112,000</u>	<u>1,141,000</u>
35.18	<u>(d) Minnesota Supplemental Aid</u>	<u>1,173,000</u>	<u>1,377,000</u>
35.19	<u>(e) Housing Support</u>	<u>5,355,000</u>	<u>7,973,000</u>
35.20	<u>(f) Northstar Care for Children</u>	<u>8,150,000</u>	<u>10,169,000</u>
35.21	<u>(g) MinnesotaCare</u>	<u>1,900,000</u>	<u>(73,313,000)</u>
35.22	<u>These appropriations are from the health care</u>		
35.23	<u>access fund.</u>		
35.24	<u>(h) Medical Assistance</u>		
35.25	<u>Appropriations by Fund</u>		
35.26	<u>General Fund</u>	<u>(78,267,000)</u>	<u>(11,477,000)</u>
35.27	<u>Health Care Access</u>		
35.28	<u>Fund</u>	<u>-0-</u>	<u>-0-</u>
35.29	<u>(i) Alternative Care Program</u>	<u>-0-</u>	<u>-0-</u>
35.30	<u>(j) CCDTF Entitlements</u>	<u>(10,971,000)</u>	<u>(7,820,000)</u>
35.31	<u>Subd. 3. Technical Activities</u>	<u>-0-</u>	<u>-0-</u>

36.1 These appropriations are from the federal

36.2 TANF fund.

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

APPENDIX
Repealed Minnesota Statutes: 20-8345

254B.03 RESPONSIBILITY TO PROVIDE CHEMICAL DEPENDENCY TREATMENT.

No active language found for: 254B.03.4a

9530.6600 SUBSTANCE USE DISORDER; USE OF PUBLIC FUNDS.

Subpart 1. **Applicability.** Parts 9530.6600 to 9530.6655 establish criteria that counties, tribal governing boards, and prepaid health plans or their designees shall apply to determine the appropriate care for a client seeking treatment for substance use disorder that requires the expenditure of public funds for treatment. Part 9530.6622 does not apply to court commitments under Minnesota Statutes, chapter 253B.

Subp. 3. **Funding sources governed.** All financial resources allocated for chemical abusing or dependent individuals under Minnesota Statutes, chapters 246, 254B, 256B, and 256D, shall be expended in accordance with parts 9530.6600 to 9530.6655.

9530.6605 DEFINITIONS.

Subpart 1. **Scope.** For the purpose of parts 9530.6600 to 9530.6655 the following terms have the meanings given them.

Subp. 2. **Adolescent.** "Adolescent" means an individual under 18 years of age, defined as a child under Minnesota Statutes, section 260B.007, subdivision 3.

Subp. 3. **Arrest or legal intervention related to chemical use.** "Arrest or legal intervention related to chemical use" means an arrest or legal intervention for a crime that took place while the individual was under the influence of chemicals, took place in order to obtain chemicals, or took place in order to obtain money to purchase chemicals. When the client is an adolescent, arrest or legal intervention related to chemical use also means contact with law enforcement personnel as a result of a crime that meets this definition but for which no arrest took place, and status offenses and petitions of incorrigibility in which behavior resulting from chemical use played a significant role.

Subp. 4. **Assessor.** "Assessor" means an individual qualified under part 9530.6615, subpart 2 to perform an assessment of chemical use.

Subp. 5. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, section 152.01, subdivision 4.

Subp. 8. **Chemical use assessment.** "Chemical use assessment" means an assessment interview and written listing of the client's specific problems related to chemical use and risk description that will enable the assessor to determine an appropriate treatment planning decision according to part 9530.6622.

Subp. 9. **Client.** "Client" means an individual who is eligible for treatment funded under Minnesota Statutes, chapters 246, 254B, 256B, 256D, and 256M, and who has requested chemical use assessment services or for whom chemical use assessment services has been requested from a placing authority.

Subp. 10. **Collateral contact.** "Collateral contact" means an oral or written communication initiated or approved by an assessor for the purpose of gathering information from an individual or agency, other than the client, to verify or supplement information provided by the client during an assessment under part 9530.6615. Collateral contact includes contacts with family members, criminal justice agencies, educational institutions, and employers.

Subp. 11. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designated representative.

Subp. 12. **County.** "County" means the county of financial responsibility as defined under Minnesota Statutes, section 256G.02, subdivision 4, or the county designee.

Subp. 13. **Culturally specific programs.** "Culturally specific programs" means programs or subprograms:

A. designed to address the unique needs of individuals who share a common language, racial, ethnic, or social background;

B. governed with significant input from individuals of that specific background;
and

C. that employ individuals to provide individual or group therapy, at least 50 percent of whom are of that specific background.

Subp. 14. **Department.** "Department" means the Department of Human Services.

Subp. 21a. **Placing authority.** "Placing authority" means a county, prepaid health plan, or tribal governing board governed by parts 9530.6600 to 9530.6655.

Subp. 21b. **Prepaid health plan.** "Prepaid health plan" means an organization that contracts with the department to provide medical services, including chemical dependency treatment services, to enrollees in exchange for a prepaid capitation rate; and that uses funds authorized under Minnesota Statutes, chapters 256B and 256D.

Subp. 24a. **Service coordination.** "Service coordination" means helping the client obtain the services and support the client needs to establish a lifestyle free from the harmful effects of substance abuse disorder.

Subp. 25. **Significant other.** "Significant other" means an individual not related by blood or marriage on whom another individual relies for emotional support.

Subp. 25a. **Substance.** "Substance" means "chemical" as defined in subpart 5.

Subp. 26. **Substance use disorder.** "Substance use disorder" means a pattern of substance use as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM). The DSM is incorporated by reference. The DSM was published by the American Psychiatric Association in 1994, in Washington, D.C., and is not subject to frequent change. The DSM is available through the Minitex interlibrary loan system.

9530.6610 COMPLIANCE PROVISIONS.

Subpart 1. **Assessment responsibility.** The placing authority must provide assessment services for clients without regard to national origin, marital status, race, color, religion, creed, disability, sex, or sexual orientation according to Minnesota Statutes, section 363A.11. The assessment must be done in a language the client understands. The requirements in items A to C apply to the placing authority.

A. The county shall provide a chemical use assessment as provided in part 9530.6615 for all clients who do not have an assessment available to them from a tribal governing board or prepaid health plan. If the county of financial responsibility does not arrange for or provide the service, the county where the client requested the service must provide the service, and then follow the procedures in Minnesota Statutes, section 256G.09, to resolve any dispute between counties.

B. A tribal governing board that contracts with the department to provide chemical use assessments and that authorizes payment for chemical dependency treatment under Minnesota Statutes, chapter 254B, must provide a chemical use assessment for a person residing on a reservation who seeks assessment or treatment or for whom treatment is sought, as provided in part 9530.6615, if the person is:

(1) recognized as an American Indian; or

(2) a relative of a person who is recognized as an American Indian. For purposes of this subpart, a "relative" means a person who is related by blood, marriage, or adoption, or is an important friend who resides with a person recognized as an American Indian on a reservation.

C. Organizations contracting with the department to provide a prepaid health plan that includes the provision of chemical dependency services to enrollees, and that utilizes funds authorized under Minnesota Statutes, chapters 256B and 256D, shall provide a chemical use assessment for enrollees who seek treatment or for whom treatment is sought as provided in part 9530.6615, and shall place enrollees in accordance with the contract that is currently in force with the department.

Subp. 2. **Placing authority records.** The placing authority must:

A. maintain records that demonstrate compliance with parts 9530.6600 to 9530.6660 for at least three years, except that records pertaining to individual client services must be maintained for at least four years; and

B. provide documentation of the qualifications of assessors according to the standards established under part 9530.6615, subpart 2.

Subp. 3. **County designee.** The county may designate public, nonprofit, or proprietary agencies or individuals to provide assessments according to part 9530.6615 by a qualified assessor. An assessor designated by the county shall have no direct shared financial interest or referral relationship resulting in shared financial gain with a treatment provider, unless the county documents that either of the exceptions in item A or B exists:

A. the treatment provider is a culturally specific service provider or a service provider with a program designed to treat persons of a specific age, sex, or sexual orientation and is available in the county and the service provider employs a qualified assessor;

B. the county does not employ a sufficient number of qualified assessors and the only qualified assessors available in the county have a direct shared financial interest or a referral relationship resulting in shared financial gain with a treatment provider; or

C. the county social service agency has an existing relationship with an assessor or service provider and elects to enter into a contract with that assessor to provide both assessment and treatment under the circumstances specified in the county contract and the county retains responsibility for making placement decisions.

Documentation of the exceptions in items A and B must be maintained at the county's office and be current within the last two years. The placing authority's assessment designee shall provide assessments and required documentation to the placing authority according to parts 9530.6600 to 9530.6660.

The placing authority is responsible for and cannot delegate making appropriate treatment planning decisions and placement authorizations.

Subp. 5. **Information release.** The placing authority shall, with proper releases of information, provide a copy of the assessment to the treatment provider who is authorized to provide services to the client. The placing authority shall provide the assessment to the treatment provider within seven days of the date of placement determination.

9530.6615 CHEMICAL USE ASSESSMENTS.

Subpart 1. **Assessment mandate; timelines.** The placing authority shall provide a chemical use assessment for each client seeking treatment or for whom treatment is sought for substance use disorder before the client is placed in a treatment program. The assessment must be done in a language the client understands and must be completed within the time limits specified. The placing authority shall provide interpreters for people who are deaf, deafblind, and hard-of-hearing and foreign language interpretive services when necessary.

A. The placing authority must provide an assessment interview for the client within 20 calendar days from the date an appointment was requested for the client. The placing authority must interview clients who miss an appointment within 20 days of a subsequent request for an appointment.

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Repealed Minnesota Rules: 20-8345

B. Within ten calendar days after the initial assessment interview, the placing authority must complete the assessment, make determinations, and authorize services.

C. If the client is in jail or prison, the placing authority according to part 9530.6610, subpart 1, must complete the assessment and placement authorization. If the placing authority does not assess the client, the county where the client is held must assess the client and resolve disputes according to Minnesota Statutes, section 256G.09. The update in item D is not required if the client has been in jail or prison continuously from the time of the assessment interview until the initiation of service.

D. If 45 calendar days have elapsed between the interview and initiation of services, the placing authority must update the assessment to determine whether the risk description has changed and whether the change in risk description results in a change in planned services. An update does not require a face-to-face contact and may be based on information from the client, collateral source, or treatment provider.

E. The placing authority must provide a new assessment if six months have passed since the most recent assessment or assessment update.

F. A placing authority may accept an assessment completed according to parts 9530.6600 to 9530.6655 from any other placing authority or designee in order to meet the requirements of this part.

Subp. 2. **Staff performing assessment.** Chemical use assessments must be conducted by qualified staff. An individual is qualified to perform chemical use assessments if the individual meets the criteria in item A, B, or C:

A. The individual meets the exception in Minnesota Statutes, section 148C.11, and has successfully completed 30 hours of classroom instruction on chemical use assessments and has 2,000 hours of work experience in chemical use assessments, either as an intern or as an employee.

An individual qualified under this item must also annually complete a minimum of eight hours of in-service training or continuing education related to providing chemical use assessments.

B. The individual is:

(1) licensed under Minnesota Statutes, chapter 148C, and not excluded under Minnesota Statutes, section 148C.11;

(2) certified by the Upper Midwest Indian Council on Addictive Disorders;
or

(3) designated by a federally recognized Indian tribe and provides assessments under the jurisdiction of that tribe.

C. The individual meets the exception in Minnesota Statutes, section 148C.11, has completed 30 hours of classroom instruction on chemical use assessment, and is receiving clinical supervision from an individual who meets the requirements in item A or B.

Subp. 3. **Method of assessment.** The assessor must gather the information necessary to determine the application of the criteria in parts 9530.6600 to 9530.6655 and record the information in a format prescribed by the commissioner. The assessor must complete an assessment summary as prescribed by the commissioner for each client assessed for treatment services. The assessment summary and information gathered shall be maintained in the client's case record and submitted to the department using procedures specified by the commissioner. At a minimum, the assessment must include:

A. a personal face-to-face interview with the client;

B. a review of relevant records or reports regarding the client consistent with subpart 6; and

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C. contacts with two sources of collateral information that have relevant information and are reliable in the judgment of the assessor or documentation that the sources were not available. The following requirements apply to the gathering of collateral information:

(1) before the assessor determines that a collateral source is not available, the assessor must make at least two attempts to contact that source, one of which must be by mail;

(2) one source must be the individual or agency that referred the client;

(3) the assessor must get signed information releases from the client that allow the assessor to contact the collateral sources;

(4) if the client refuses to sign the information releases, and the refusal results in the assessor not having enough information to complete the determinations required by part 9530.6620, the assessor shall not authorize services for the client; and

(5) if the assessor has gathered sufficient information from the referral source and the client to apply the criteria in parts 9530.6620 and 9530.6622, it is not necessary to complete the second collateral contact.

Subp. 4. **Required documentation of assessment.** The client's record shall contain the following:

A. applicable placement information gathered in compliance with part 9530.6620, subpart 1;

B. the client's risk description in each dimension in part 9530.6622 and the reasons the specific risk description was assigned;

C. information gathered about the client from collateral contacts, or documentation of why collateral contacts were not made;

D. a copy of the forms completed by the assessor under subpart 3; and

E. a record of referrals, if other than a placement under part 9530.6622.

Subp. 5. **Information provided.** The information gathered and assessment summary must be provided to the authorized treatment program.

Subp. 6. **Confidentiality requirements.** Placing authorities must meet the following confidentiality requirements:

A. confidentiality of records as required under Minnesota Statutes, chapter 13, and section 254A.09;

B. federal regulations for the privacy of substance abuse patient information, Code of Federal Regulations, title 42, parts 2.1 to 2.67; and

C. federal privacy regulations under the Health Insurance Portability and Accountability Act, Code of Federal Regulations, title 45, parts 160.101 to 164.534.

9530.6620 PLACEMENT INFORMATION.

Subpart 1. **Placing authority determination of appropriate services.** Using the dimensions in part 9530.6622, the placing authority must determine appropriate services for clients. The placing authority must gather information about the client's age, sex, race, ethnicity, culture, religious preference, sexual orientation, disability, current pregnancy status, and home address. The placing authority must consider the risk descriptions in items A to F.

A. Using the risk description in part 9530.6622, subpart 1, referred to as Dimension 1, the placing authority must determine the client's acute intoxication/withdrawal potential. The placing authority must consider information about the client's amount and frequency

of use, duration of use, date and time of last use, ability to cope with withdrawal symptoms, previous experience with withdrawal, and current state of intoxication, and determine whether the client meets the DSM criteria for a person with substance use disorder.

B. Using the risk description in part 9530.6622, subpart 2, referred to as Dimension 2, the placing authority must determine the client's biomedical conditions and complications. The placing authority must consider the presence of physical disorders, severity of the disorder and degree to which the disorder would interfere with treatment and whether physical disorders are addressed by a health care professional, and the client's ability to tolerate the related discomfort.

C. Using the risk description in part 9530.6622, subpart 3, referred to as Dimension 3, the placing authority must determine the client's emotional, behavioral, or cognitive condition. The placing authority must consider the severity of client's problems and degree to which they are likely to interfere with treatment or with functioning in significant life areas and the likelihood of risk of harm to self or others.

D. Using the risk description in part 9530.6622, subpart 4, referred to as Dimension 4, the placing authority must determine the client's readiness for change. The placing authority must consider the degree to which the client is aware of the client's addictive or mental health issues or the need to make changes in substance use and the degree to which the client is cooperative and compliant with treatment recommendations. The placing authority must also consider the amount of support and encouragement necessary to keep the client involved in treatment.

E. Using the risk description in part 9530.6622, subpart 5, referred to as Dimension 5, the placing authority must determine the client's relapse, continued use, and continued problem potential. The placing authority must consider the degree to which the client recognizes relapse issues and has the skills to prevent relapse of either substance use or mental health problems.

F. Using the risk description in part 9530.6622, subpart 6, referred to as Dimension 6, the placing authority must determine the client's recovery environment. The placing authority must consider the degree to which key areas of the client's life are supportive of or antagonistic to treatment participation and recovery. Key areas include the client's work, school and home environment, significant others, friends, involvement in criminal activity, and whether there is a serious threat to the client's safety.

Subp. 2. **Immediate needs.** At the earliest opportunity during an assessment interview, the assessor shall determine if any of the conditions in items A to C exist. The client:

A. is in severe withdrawal and likely to be a danger to self or others;

B. has severe medical problems that require immediate attention; or

C. has severe emotional or behavioral symptoms that place the client or others at risk of harm.

If one of the conditions in item A, B, or C is present, the assessor will end the assessment interview and help the client obtain appropriate services. The assessment interview may resume when the conditions in item A, B, or C are resolved.

Subp. 3. **DSM criteria.** The placing authority must determine whether the client meets the criteria for substance use disorder in the current DSM publication during the most recent 12-month period, exclusive of periods of involuntary abstinence.

Subp. 4. **Risk description and treatment planning decision.** The placing authority must determine appropriate services for clients according to the dimensions in part 9530.6622, subparts 1 to 6. In each dimension the risk description corresponds to a similarly numbered treatment planning decision. The placing authority must arrange services according to the treatment planning decision which corresponds to the client's risk description.

Subp. 5. **Treatment service authorization.** The placing authority must authorize treatment services for clients who meet the criteria for substance use disorder according to the current DSM publication, and have a risk description of 2, 3, or 4 under part 9530.6622, subpart 4, 5, or 6.

Subp. 6. **Other services.** The placing authority must authorize appropriate services in part 9530.6622, subpart 1, 2, or 3, only in conjunction with treatment services in part 9530.6622, subpart 4, 5, or 6.

Subp. 7. **Highest risk.** The placing authority must coordinate, provide, or ensure services that first address the client's highest risk and then must authorize additional treatment services to the degree that other dimensions can be addressed simultaneously with services that address the client's highest risk.

Subp. 8. **Service coordination.** The placing authority must either provide or authorize coordination services for clients who have a risk description of 3 or 4 under part 9530.6622, subpart 4, 5, or 6, or a risk description of 3 in part 9530.6622, subpart 3. The coordination must be sufficient to help the client access each needed service. The placing authority must not duplicate service coordination activity that is already in place for the client.

Subp. 9. **Client choice.** The placing authority must authorize chemical dependency treatment services that are appropriate to the client's age, gender, culture, religious preference, race, ethnicity, sexual orientation, or disability according to the client's preference. The placing authority maintains the responsibility and right to choose the specific provider. The provider must meet the criteria in Minnesota Statutes, section 254B.05, and apply under part 9505.0195 to participate in the medical assistance program. The placing authority may deviate from the treatment planning decisions in part 9530.6622 if necessary to authorize appropriate services according to this subpart.

Subp. 10. **Distance exceptions.** The placing authority may authorize residential service although residential service is not indicated according to part 9530.6622, if the placing authority determines that a nonresidential service is not available within 30 miles of the client's home and the client accepts residential service.

Subp. 11. **Faith-based provider referral.** When the placing authority recommends services from a faith-based provider, the client must be allowed to object to the placement on the basis of the client's religious choice. If the client objects, the client must be given an alternate referral.

Subp. 12. **Adolescent exceptions.** An adolescent client assessed as having a substance use disorder may be placed in a program offering room and board when one of the criteria in item A or B can be documented.

A. The adolescent client has participated in a nonresidential treatment program within the past year, and nonresidential treatment proved to be insufficient to meet the client's needs.

B. The adolescent client has a mental disorder documented by a mental health professional as defined in Minnesota Statutes, sections 245.462, subdivision 18, and 245.4871, subdivision 27, that in combination with a substance use disorder present a serious health risk to the client.

Subp. 13. **Additional information.** If a treatment provider identifies additional information about a client that indicates that the placing authority has not authorized the most appropriate array of services, the provider must provide the placing authority the additional information to consider in determining whether a different authorization must be made. The treatment provider must comply with confidentiality and data privacy provisions in part 9530.6615, subpart 6.

Subp. 14. **Client request for a provider.** The placing authority must consider a client's request for a specific provider. If the placing authority does not place the client according to the client's request, the placing authority must provide written documentation that explains

the reason for the deviation from the client's request, including but not limited to treatment cost, provider location, or the absence of client services that are identified as needed by the client according to part 9530.6622.

9530.6622 PLACEMENT CRITERIA.

Subpart 1. **Dimension 1: acute intoxication/withdrawal potential.** The placing authority must use the criteria in Dimension 1 to determine a client's acute intoxication and withdrawal potential.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

0 The client displays full functioning with good ability to tolerate and cope with withdrawal discomfort. No signs or symptoms of intoxication or withdrawal or diminishing signs or symptoms.

0 The client's condition described in the risk description does not impact treatment planning decision.

1 The client can tolerate and cope with withdrawal discomfort. The client displays mild to moderate intoxication or signs and symptoms interfering with daily functioning but does not immediately endanger self or others. The client poses minimal risk of severe withdrawal.

1 The placing authority should arrange for or provide needed withdrawal monitoring that includes at least scheduled check-ins as determined by a health care professional.

2 The client has some difficulty tolerating and coping with withdrawal discomfort. The client's intoxication may be severe, but responds to support and treatment such that the client does not immediately endanger self or others. The client displays moderate signs and symptoms with moderate risk of severe withdrawal.

2 The placing authority must arrange for withdrawal monitoring services or pharmacological interventions for the client with on-site monitoring by specially trained staff for less than 24 hours. The placing authority may authorize withdrawal monitoring as a part of or preceding treatment.

3 The client tolerates and copes with withdrawal discomfort poorly. The client has severe intoxication, such that the client endangers self or others, or intoxication has not abated with less intensive services. The client displays severe signs and symptoms; or risk of severe, but manageable withdrawal; or withdrawal worsening despite detoxification at less intensive level.

3 The placing authority must arrange for detoxification services with 24-hour structure for the client. Unless a monitored pharmacological intervention is authorized, the detoxification must be provided in a facility that meets the requirements of parts 9530.6510 to 9530.6590 or in a hospital as a part of or preceding chemical dependency treatment.

4 The client is incapacitated with severe signs and symptoms. The client displays severe withdrawal and is a danger to self or others.

4 The placing authority must arrange detoxification services for the client with 24-hour medical care and nursing supervision preceding substance abuse treatment.

Subp. 2. **Dimension 2: biomedical conditions and complications.** The placing authority must use the criteria in Dimension 2 to determine a client's biomedical conditions and complications.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

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0 The client displays full functioning with good ability to cope with physical discomfort.	0 The client's risk does not impact treatment planning decisions.
1 The client tolerates and copes with physical discomfort and is able to get the services that the client needs.	1 The placing authority may refer the client for medical services.
2 The client has difficulty tolerating and coping with physical problems or has other biomedical problems that interfere with recovery and treatment. The client neglects or does not seek care for serious biomedical problems.	2 Services must include arrangements for appropriate health care services, and monitoring of the client's progress and treatment compliance as part of other chemical dependency services for the client.
3 The client tolerates and copes poorly with physical problems or has poor general health. The client neglects the client's medical problems without active assistance.	3 The placing authority must refer the client for immediate medical assessment services for the client as part of other treatment services for the client. The placing authority must authorize treatment services in a medical setting if indicated by the client's history and presenting problems.
4 The client is unable to participate in chemical dependency treatment and has severe medical problems, a condition that requires immediate intervention, or is incapacitated.	4 The placing authority must refer the client for immediate medical intervention to secure the client's safety and must delay treatment services until the client is able to participate in most treatment activities.

Subp. 3. **Dimension 3: emotional, behavioral, and cognitive conditions and complications.** The placing authority must use the criteria in Dimension 3 to determine a client's emotional, behavioral, and cognitive conditions and complications.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

0 The client has good impulse control and coping skills and presents no risk of harm to self or others. The client functions in all life areas and displays no emotional, behavioral, or cognitive problems or the problems are stable.	0 The placing authority may use the attributes in the risk description to support efforts in other dimensions.
1 The client has impulse control and coping skills. The client presents a mild to moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or cognitive problems. The client has a mental health diagnosis and is stable. The client functions adequately in significant life areas.	1 The placing authority may authorize monitoring and observation of the client's behavior to determine whether the client's stability has improved or declined along with other substance abuse treatment for the client.
2 The client has difficulty with impulse control and lacks coping skills. The client has thoughts of suicide or harm to others without means; however, the thoughts may interfere with participation in some activities. The client has difficulty functioning in	2 The placing authority must authorize treatment services for clients that include: consultation with and referral to mental health professionals as indicated, monitoring mental health problems and treatment compliance as part of other chemical dependency treatment

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<p>significant life areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems. The client is able to participate in most treatment activities.</p>	<p>for the client; and adjustment of the client's services as appropriate.</p>
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<p>3 The client has a severe lack of impulse control and coping skills. The client also has frequent thoughts of suicide or harm to others including a plan and the means to carry out the plan. In addition, the client is severely impaired in significant life areas and has severe symptoms of emotional, behavioral, or cognitive problems that interfere with the client's participation in treatment activities.</p>	<p>3 The placing authority must authorize integrated chemical and mental health treatment services provided by a provider licensed under Minnesota Statutes, section 245G.20, and 24-hour supervision.</p>
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<p>4 The client has severe emotional or behavioral symptoms that place the client or others at acute risk of harm. The client also has intrusive thoughts of harming self or others. The client is unable to participate in treatment activities.</p>	<p>4 The placing authority must refer the client for acute psychiatric care with 24-hour supervision and must delay chemical dependency treatment services until the client's risk description has been reduced to number 3 in this dimension or refer the client to a mental health crisis response system.</p>
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Subp. 4. **Dimension 4: readiness for change.** The placing authority must use the criteria in Dimension 4 to determine a client's readiness for change.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

<p>0 The client is cooperative, motivated, ready to change, admits problems, committed to change, and engaged in treatment as a responsible participant.</p>	<p>0 The placing authority may use the attributes in the risk description to support efforts in other dimensions.</p>
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<p>1 The client is motivated with active reinforcement, to explore treatment and strategies for change, but ambivalent about illness or need for change.</p>	<p>1 If services are authorized, they must include active support, encouragement, and awareness-raising strategies along with chemical dependency treatment services for the client.</p>
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<p>2 The client displays verbal compliance, but lacks consistent behaviors; has low motivation for change; and is passively involved in treatment.</p>	<p>2 The placing authority must authorize treatment services for the client that include client engagement strategies.</p>
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<p>3 The client displays inconsistent compliance, minimal awareness of either the client's addiction or mental disorder, and is minimally cooperative.</p>	<p>3 The placing authority must authorize treatment services that have specific client engagement and motivational capabilities.</p>
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<p>4 The client is:</p>	<p>4 The placing authority must authorize treatment services that include:</p>
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(A) noncompliant with treatment and has no awareness of addiction or mental disorder and does not want or is unwilling to explore change or is in total denial of the client's illness and its implications; or

(B) the client is dangerously oppositional to the extent that the client is a threat of imminent harm to self and others.

(A) service coordination and specific engagement or motivational capability; or

(B) 24-hour supervision and care that meets the requirements of Minnesota Statutes, section 245G.21.

Subp. 5. **Dimension 5: relapse, continued use, and continued problem potential.** The placing authority must use the criteria in Dimension 5 to determine a client's relapse, continued use, and continued problem potential.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

0 The client recognizes risk well and is able to manage potential problems.

0 The placing authority may facilitate peer support for the client.

1 The client recognizes relapse issues and prevention strategies, but displays some vulnerability for further substance use or mental health problems.

1 The placing authority may promote peer support and authorize counseling services to reduce risk.

2 (A) The client has minimal recognition and understanding of relapse and recidivism issues and displays moderate vulnerability for further substance use or mental health problems.

2 (A) The placing authority must authorize treatment services for clients that include counseling services to reduce client relapse risk and facilitate client participation in peer support groups.

(B) The client has some coping skills inconsistently applied.

(B) The placing authority must promote peer support and authorize counseling services or service coordination programs that comply with Minnesota Statutes, section 245G.22, or Code of Federal Regulations, title 42, part 8.

3 The client has poor recognition and understanding of relapse and recidivism issues and displays moderately high vulnerability for further substance use or mental health problems. The client has few coping skills and rarely applies coping skills.

3 The placing authority must authorize treatment services for the client that include counseling services to help the client develop insight and build recovery skills and may include room and board.

4 The client has no coping skills to arrest mental health or addiction illnesses, or prevent relapse. The client has no recognition or understanding of relapse and recidivism issues and displays high vulnerability for further substance use disorder or mental health problems.

4 The placing authority must authorize treatment services that include service coordination and counseling services to help the client develop insight and may include room and board with 24-hour-a-day structure.

Subp. 6. **Dimension 6: recovery environment.** The placing authority must use the criteria in Dimension 6 to determine a client's recovery environment.

RISK DESCRIPTION

TREATMENT PLANNING DECISION

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0 The client is engaged in structured, meaningful activity and has a supportive significant other, family, and living environment.

0 The placing authority may use the client's strengths to address issues in other dimensions.

1 The client has passive social network support or family and significant other are not interested in the client's recovery. The client is engaged in structured meaningful activity.

1 The placing authority may promote peer support and awareness raising for the client's significant other and family.

2 The client is engaged in structured, meaningful activity, but peers, family, significant other, and living environment are unsupportive, or there is criminal justice involvement by the client or among the client's peers, significant other, or in the client's living environment.

2 The placing authority must authorize treatment services for the client that help the client participate in a peer support group, engage the client's significant other or family to support the client's treatment, and help the client develop coping skills or change the client's recovery environment.

3 The client is not engaged in structured, meaningful activity and the client's peers, family, significant other, and living environment are unsupportive, or there is significant criminal justice system involvement.

3 The placing authority must authorize the treatment planning decision described in 2 and service coordination, and help find an appropriate living arrangement and may include room and board.

4 The client has:

4 The placing authority must authorize for the client:

(A) a chronically antagonistic significant other, living environment, family, peer group, or long-term criminal justice involvement that is harmful to recovery or treatment progress; or

(A) the treatment planning decision in 3 and appropriate ancillary services, and room and board within 24-hour structure authorized for the client if an appropriate living arrangement is not readily available; or

(B) the client has an actively antagonistic significant other, family, work, or living environment, with immediate threat to the client's safety and well-being.

(B) treatment services that include service coordination and immediate intervention to secure the client's safety. Room and board with 24-hour structure must be authorized for the client if an appropriate living arrangement is not readily available.

9530.6655 APPEALS.

Subpart 1. **Client's right to a second assessment.** A client who has been assessed under part 9530.6615, and who disagrees with the treatment planning decision proposed by the assessor, shall have the right to request a second chemical use assessment. The placing authority shall inform the client in writing of the right to request a second assessment at the time the client is assessed. The placing authority shall also inform the client that the client's request must be in writing or on a form approved by the commissioner, and must be received by the placing authority within five working days of completion of the original assessment or before the client enters treatment, whichever occurs first.

The placing authority must authorize a second chemical use assessment by a different qualified assessor within five working days of receipt of a request for reassessment. If the client agrees with the outcome of the second assessment, the placing authority shall place the client in accordance with part 9530.6622 and the second assessment. If the client disagrees

with the outcome of the second assessment, the placing authority must place the client according to the assessment that is most consistent with the client's collateral information.

Subp. 2. **Client's right to appeal.** A client has the right to a fair hearing under Minnesota Statutes, section 256.045, if the client:

A. is denied an initial assessment or denied an initial assessment within the timelines in part 9530.6615, subpart 1;

B. is denied a second assessment under subpart 1 or denied a second assessment within the timelines in part 9530.6655, subpart 1;

C. is denied placement or a placement within timelines in part 9530.6615, subpart 1;

D. disagrees before services begin with the services or the length of services that the placing authority proposes to authorize;

E. is receiving authorized services and is denied additional services that would extend the length of the current services beyond the end date specified in the service authorization;

F. is denied a placement that is appropriate to the client's race, color, creed, disability, national origin, religious preference, marital status, sexual orientation, or sex; or

G. objects under part 9530.6622, subpart 11, and is not given an alternate referral.

The placing authority must inform the client of the right to appeal under Minnesota Statutes, section 256.045. The placing authority must notify the client of these rights at the first in-person contact with the client. The notice must include a list of the issues in this part that entitle the client to a fair hearing. Clients who are enrolled in a prepaid health plan and clients who are not enrolled in a prepaid health plan have the same appeal rights.

Subp. 3. **Services during appeal of additional services.** Exercising the right to appeal under subpart 2, item E, does not entitle a client to continue receiving services beyond the end date specified in the service authorization while the appeal is being decided. A provider may continue services to the client beyond the end date specified in the service authorization pending a final commissioner's decision, but the conditions in items A and B govern payment for the continued services.

A. The provider shall be financially responsible for all hours or days of service in excess of the amount of service to which the final commissioner's decision finds the client is entitled.

B. The provider shall not charge the client for any services provided beyond the end date specified in the placement authorization.

Subp. 4. **Considerations in granting or denying additional services.** The placing authority shall take into consideration the following factors in determining whether to grant or deny additional services:

A. whether the client has achieved the objectives stated in the client's individual treatment plan;

B. whether the client is making satisfactory progress toward achieving the objectives stated in the client's individual treatment plan;

C. whether there is a plan that reasonably addresses the client's needs for continued service; and

D. whether the client's risk description in the dimensions being addressed by the service provider is 2 or greater according to part 9530.6622, subpart 4, 5, or 6.