State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 969

02/28/2013 Authored by Dorholt, Liebling and Bly
The bill was read for the first time and referred to the Committee on Health and Human Services Policy

A bill for an act

relating to human services; modifying provisions related to chemical and mental health and state-operated services; allowing for data sharing; repealing a task force; updating terminology and repealing obsolete provisions; making technical changes; amending Minnesota Statutes 2012, sections 13.461, by adding a subdivision; 245.036; 246.014; 246.0141; 246.0251; 246.12; 246.128; 246.33, subdivision 4; 246.51, subdivision 3; 246.54, subdivision 2; 246.64, subdivision 1; 252.41, subdivision 7; 253.015, subdivision 1; 253B.045, subdivision 2; 253B.18, subdivision 4c; 254.05; 256.976, subdivision 3; 256B.0943, subdivisions 1, 3, 6, 9; 256B.0944, subdivision 5; 272.02, subdivision 94; 281.04; 295.50, subdivision 10b; 322.24; 357.28, subdivision 1; 387.20, subdivision 1; 462A.03, subdivision 13; 481.12; 508.79; 508A.79; 518.04; 525.092, subdivision 2; 555.04; 558.31; 580.20; 609.06, subdivision 1; 609.36, subdivision 2; 611.026; 628.54; repealing Minnesota Statutes 2012, sections 246.04; 246.05; 246.125; 246.21; 246.57, subdivision 5; 246.58; 246.59; 251.011, subdivisions 3, 6; 253.015, subdivision 4; 253.018; 253.28.

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

ARTICLE 1

CHEMICAL AND MENTAL HEALTH

Section 1. Minnesota Statutes 2012, section 253B.18, subdivision 4c, is amended to read:

Subd. 4c. **Special review board.** (a) The commissioner shall establish one or more panels of a special review board. The board shall consist of three members experienced in the field of mental illness. One member of each special review board panel shall be a psychiatrist or a doctoral level psychologist with forensic experience and one member shall be an attorney. No member shall be affiliated with the Department of Human Services. The special review board shall meet at least every six months and at the call of the commissioner. It shall hear and consider all petitions for a reduction in custody or to

appeal a revocation of provisional discharge. A "reduction in custody" means transfer from a secure treatment facility, discharge, and provisional discharge. Patients may be transferred by the commissioner between secure treatment facilities without a special review board hearing.

Members of the special review board shall receive compensation and reimbursement for expenses as established by the commissioner.

(b) A petition filed by a person committed as mentally ill and dangerous to the public under this section must be heard as provided in subdivision 5 and, as applicable, subdivision 13. A petition filed by a person committed as a sexual psychopathic personality or as a sexually dangerous person under section 253B.185, or committed as both mentally ill and dangerous to the public under this section and as a sexual psychopathic personality or as a sexually dangerous person must be heard as provided in section 253B.185, subdivision 9.

Sec. 2. Minnesota Statutes 2012, section 256B.0943, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Children's therapeutic services and supports" means the flexible package of mental health services for children who require varying therapeutic and rehabilitative levels of intervention. The services are time-limited interventions that are delivered using various treatment modalities and combinations of services designed to reach treatment outcomes identified in the individual treatment plan.

(b) "Clinical supervision" means the overall responsibility of the mental health professional for the control and direction of individualized treatment planning, service delivery, and treatment review for each client. A mental health professional who is an enrolled Minnesota health care program provider accepts full professional responsibility for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work, and oversees or directs the supervisee's work.

(c) "County board" means the county board of commissioners or board established under sections 402.01 to 402.10 or 471.59.

(d) "Crisis assistance" has the meaning given in section 245.4871, subdivision 9a.

(e) "Culturally competent provider" means a provider who understands and can utilize to a client's benefit the client's culture when providing services to the client. A provider may be culturally competent because the provider is of the same cultural or ethnic group as the client or the provider has developed the knowledge and skills through training and experience to provide services to culturally diverse clients.

(f) "Day treatment program" for children means a site-based structured program consisting of group psychotherapy for more than three individuals and other intensive therapeutic services provided by a multidisciplinary team, under the clinical supervision of a mental health professional.

(g) "Diagnostic assessment" has the meaning given in ~~section 245.4871, subdivision 11~~ Minnesota Rules, part 9505.0372, subpart 1.

(h) "Direct service time" means the time that a mental health professional, mental health practitioner, or mental health behavioral aide spends face-to-face with a client and the client's family. Direct service time includes time in which the provider obtains a client's history or provides service components of children's therapeutic services and supports. Direct service time does not include time doing work before and after providing direct services, including scheduling, maintaining clinical records, consulting with others about the client's mental health status, preparing reports, receiving clinical supervision, and revising the client's individual treatment plan.

(i) "Direction of mental health behavioral aide" means the activities of a mental health professional or mental health practitioner in guiding the mental health behavioral aide in providing services to a client. The direction of a mental health behavioral aide must be based on the client's individualized treatment plan and meet the requirements in subdivision 6, paragraph (b), clause (5).

(j) "Emotional disturbance" has the meaning given in section 245.4871, subdivision 15. For persons at least age 18 but under age 21, mental illness has the meaning given in section 245.462, subdivision 20, paragraph (a).

(k) "Individual behavioral plan" means a plan of intervention, treatment, and services for a child written by a mental health professional or mental health practitioner, under the clinical supervision of a mental health professional, to guide the work of the mental health behavioral aide.

(l) "Individual treatment plan" has the meaning given in section 245.4871, subdivision 21.

(m) "Mental health behavioral aide services" means medically necessary one-on-one activities performed by a trained paraprofessional to assist a child retain or generalize psychosocial skills as taught by a mental health professional or mental health practitioner and as described in the child's individual treatment plan and individual behavior plan. Activities involve working directly with the child or child's family as provided in subdivision 9, paragraph (b), clause (4).

(n) "Mental health practitioner" means an individual as defined in section 245.4871, subdivision 26.

(o) "Mental health professional" means an individual as defined in section 245.4871, subdivision 27, clauses (1) to (6), or tribal vendor as defined in section 256B.02, subdivision 7, paragraph (b).

~~(o) "Preschool program" means a day program licensed under Minnesota Rules, parts 9503.0005 to 9503.0175, and enrolled as a children's therapeutic services and supports provider to provide a structured treatment program to a child who is at least 33 months old but who has not yet attended the first day of kindergarten.~~

(p) "Skills training" means individual, family, or group training, delivered by or under the direction of a mental health professional, designed to facilitate the acquisition of psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory heretofore disrupted by a psychiatric illness or to self-monitor, compensate for, cope with, counteract, or replace skills deficits or maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject to the following requirements:

(1) a mental health professional or a mental health practitioner must provide skills training;

(2) the child must always be present during skills training; however, a brief absence of the child for no more than ten percent of the session unit may be allowed to redirect or instruct family members;

(3) skills training delivered to children or their families must be targeted to the specific deficits or maladaptations of the child's mental health disorder and must be prescribed in the child's individual treatment plan;

(4) skills training delivered to the child's family must teach skills needed by parents to enhance the child's skill development and to help the child use in daily life the skills previously taught by a mental health professional or mental health practitioner and to develop or maintain a home environment that supports the child's progressive use skills;

(5) group skills training may be provided to multiple recipients who, because of the nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from interaction in a group setting, which must be staffed as follows:

(i) one mental health professional or one mental health practitioner under supervision of a licensed mental health professional must work with a group of four to eight clients; or

(ii) two mental health professionals or two mental health practitioners under supervision of a licensed mental health professional, or one professional plus one practitioner must work with a group of nine to 12 clients.

Sec. 3. Minnesota Statutes 2012, section 256B.0943, subdivision 3, is amended to read:

Subd. 3. **Determination of client eligibility.** A client's eligibility to receive children's therapeutic services and supports under this section shall be determined based on a diagnostic assessment by a mental health professional or a mental health practitioner who meets the requirements as a clinical trainee as defined in Minnesota Rules, part 9505.0371, subpart 5, item C, that is performed within ~~180 days of~~ one year before the initial start of service. The diagnostic assessment must meet the requirements for a standard or extended diagnostic assessment as defined in Minnesota Rules, part 9505.0372, subpart 1, items B and C, and:

(1) include current diagnoses on all five axes of the client's current mental health status;

(2) determine whether a child under age 18 has a diagnosis of emotional disturbance or, if the person is between the ages of 18 and 21, whether the person has a mental illness;

(3) document children's therapeutic services and supports as medically necessary to address an identified disability, functional impairment, and the individual client's needs and goals;

(4) be used in the development of the individualized treatment plan; and

(5) be completed annually until age 18. A client with autism spectrum disorder or pervasive developmental disorder may receive a diagnostic assessment once every three years, at the request of the parent or guardian, if a mental health professional agrees there has been little change in the condition and that an annual assessment is not needed. For individuals between age 18 and 21, unless a client's mental health condition has changed markedly since the client's most recent diagnostic assessment, annual updating is necessary. For the purpose of this section, "updating" means ~~a written summary, including current diagnoses on all five axes, by a mental health professional of the client's current mental health status and service needs~~ an adult diagnostic update as defined in Minnesota Rules, part 9505.0371, subpart 2, item E.

Sec. 4. Minnesota Statutes 2012, section 256B.0943, subdivision 6, is amended to read:

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

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

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

(2) developing an individual treatment plan that:

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

(ii) identified goals and objectives of treatment, treatment strategy, schedule for accomplishing treatment goals and objectives, and the individuals responsible for providing treatment services and supports;

(iii) is developed after completion of the client's diagnostic assessment by a mental health professional and before the provision of children's therapeutic services and supports;

(iv) is developed through a child-centered, family-driven, culturally appropriate planning process;

(v) is reviewed at least once every 90 days and revised, if necessary; and

(vi) is signed by the clinical supervisor and by the client or by the client's parent or other person authorized by statute to consent to mental health services for the client;

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

(i) detailed instructions on the treatment strategies to be provided;

(ii) time allocated to each treatment strategy;

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

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

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

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

(4a) meeting day treatment and therapeutic preschool programs conditions in items (i) to (iii):

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

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

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

(4b) meeting the clinical supervision standards in items (i) to (iii) for all other services provided under CTSS:

(i) medical assistance shall reimburse for services provided by a mental health practitioner who maintains a consulting relationship with a mental health professional who accepts full professional responsibility;

(ii) medical assistance shall reimburse for services provided by a mental health behavioral aide who maintains a consulting relationship with a mental health professional who accepts full professional responsibility and has an approved plan for clinical supervision of the behavioral aide. Plans will be ~~approved~~ developed in accordance with supervision standards ~~promulgated by the commissioner of human services~~ defined in Minnesota Rules, part 9505.0371, subpart 4, items A to D;

(iii) the mental health professional is required to be present on site for observation as clinically appropriate when the mental health practitioner or mental health behavioral aide is providing CTSS services; and

(iv) when conducted, the on-site presence of the mental health professional must be documented in the child's record and signed by the mental health professional who accepts full professional responsibility;

(5) providing direction to a mental health behavioral aide. For entities that employ mental health behavioral aides, the clinical supervisor must be employed by the provider entity or other certified children's therapeutic supports and services provider entity to ensure necessary and appropriate oversight for the client's treatment and continuity of care. The mental health professional or mental health practitioner giving direction must begin with the goals on the individualized treatment plan, and instruct the mental health behavioral aide on how to construct therapeutic activities and interventions that will lead to goal attainment. The professional or practitioner giving direction must also instruct the mental health behavioral aide about the client's diagnosis, functional status,

and other characteristics that are likely to affect service delivery. Direction must also include determining that the mental health behavioral aide has the skills to interact with the client and the client's family in ways that convey personal and cultural respect and that the aide actively solicits information relevant to treatment from the family. The aide must be able to clearly explain the activities the aide is doing with the client and the activities' relationship to treatment goals. Direction is more didactic than is supervision and requires the professional or practitioner providing it to continuously evaluate the mental health behavioral aide's ability to carry out the activities of the individualized treatment plan and the individualized behavior plan. When providing direction, the professional or practitioner must:

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

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

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

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

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

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

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

Sec. 5. Minnesota Statutes 2012, section 256B.0943, subdivision 9, is amended to read:

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

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

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

(3) a day treatment program is provided to a group of clients by a multidisciplinary team under the clinical supervision of a mental health professional. The day treatment program must be provided in and by: (i) an outpatient hospital accredited by the Joint Commission on Accreditation of Health Organizations and licensed under sections 144.50 to 144.55; (ii) a community mental health center under section 245.62; or (iii) an entity that is certified under subdivision 4 to operate a program that meets the requirements of section 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475. The day treatment program must stabilize the client's mental health status while developing and improving the client's independent living and socialization skills. The goal of the day treatment program must be to reduce or relieve the effects of mental illness and provide training to enable the client to live in the community. The program must be available at least one day a week for a two-hour time block. The two-hour time block must include at least one hour of individual or group psychotherapy. The remainder of the structured treatment program may include individual or group psychotherapy, and individual or group skills training, if included in the client's individual treatment plan. Day treatment programs are not part of inpatient or residential treatment services. A day treatment program may provide fewer than the minimally required hours for a particular child during a billing period in which the child is transitioning into, or out of, the program; and

(4) a therapeutic preschool program is a structured treatment program offered to a child who is at least 33 months old, but who has not yet reached the first day of kindergarten, by a preschool multidisciplinary team in a day program licensed under Minnesota Rules, parts 9503.0005 to 9503.0175. The program must be available two hours per day, five days per week, and 12 months of each calendar year. The structured treatment program may include individual or group psychotherapy and individual or group skills training, if included in the client's individual treatment plan. A therapeutic

preschool program may provide fewer than the minimally required hours for a particular child during a billing period in which the child is transitioning into, or out of, the program.

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

(1) individual, family, and group psychotherapy must be delivered as specified in Minnesota Rules, part ~~9505.0323~~ 9505.0372, subpart 6;

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

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

(4) mental health behavioral aide services must be medically necessary treatment services, identified in the child's individual treatment plan and individual behavior plan, which are performed minimally by a paraprofessional qualified according to subdivision 7, paragraph (b), clause (3), and which are designed to improve the functioning of the child in the progressive use of developmentally appropriate psychosocial skills. Activities involve working directly with the child, child-peer groupings, or child-family groupings to practice, repeat, reintroduce, and master the skills defined in subdivision 1, paragraph (p), as previously taught by a mental health professional or mental health practitioner including:

(i) providing cues or prompts in skill-building peer-to-peer or parent-child interactions so that the child progressively recognizes and responds to the cues independently;

(ii) performing as a practice partner or role-play partner;

(iii) reinforcing the child's accomplishments;

(iv) generalizing skill-building activities in the child's multiple natural settings;

(v) assigning further practice activities; and

(vi) intervening as necessary to redirect the child's target behavior and to de-escalate behavior that puts the child or other person at risk of injury.

A mental health behavioral aide must document the delivery of services in written progress notes. The mental health behavioral aide must implement treatment strategies in the individual treatment plan and the individual behavior plan. The mental health behavioral aide must document the delivery of services in written progress notes. Progress

notes must reflect implementation of the treatment strategies, as performed by the mental health behavioral aide and the child's responses to the treatment strategies; and

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

(i) a clinical supervision plan approved by the responsible mental health professional;

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

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

Sec. 6. Minnesota Statutes 2012, section 256B.0944, subdivision 5, is amended to read:

Subd. 5. **Mobile crisis intervention staff qualifications.** (a) To provide children's mental health mobile crisis intervention services, a mobile crisis intervention team must include:

(1) at least two mental health professionals as defined in section 256B.0943, subdivision 1, paragraph ~~(n)~~ (o); or

(2) a combination of at least one mental health professional and one mental health practitioner as defined in section 245.4871, subdivision 26, with the required mental health crisis training and under the clinical supervision of a mental health professional on the team.

(b) The team must have at least two people with at least one member providing on-site crisis intervention services when needed. Team members must be experienced in mental health assessment, crisis intervention techniques, and clinical decision making under emergency conditions and have knowledge of local services and resources. The team must recommend and coordinate the team's services with appropriate local resources, including the county social services agency, mental health service providers, and local law enforcement, if necessary.

ARTICLE 2

STATE-OPERATED SERVICES

Section 1. Minnesota Statutes 2012, section 13.461, is amended by adding a subdivision to read:

Subd. 8a. **State institutions.** Disclosure of certain data on an individual who was buried on the grounds of a state institution is governed by section 246.33, subdivision 4.

Sec. 2. Minnesota Statutes 2012, section 245.036, is amended to read:

245.036 LEASES FOR STATE-OPERATED, COMMUNITY-BASED PROGRAMS.

(a) Notwithstanding section 16B.24, subdivision 6, paragraph (a), or any other law to the contrary, the commissioner of administration may lease land or other premises to provide state-operated, community-based programs authorized by sections 246.014, paragraph (a), and 252.50~~, 253.018, and 253.28~~ for a term of 20 years or less, with a ten-year or less option to renew, subject to cancellation upon 30 days' notice by the state for any reason, except rental of other land or premises for the same use.

(b) The commissioner of administration may also lease land or premises from political subdivisions of the state to provide state-operated, community-based programs authorized by sections 246.014, paragraph (a), and 252.50~~, 253.018, and 253.28~~ for a term of 20 years or less, with a ten-year or less option to renew. A lease under this paragraph may be canceled only due to the lack of a legislative appropriation for the program.

Sec. 3. Minnesota Statutes 2012, section 246.014, is amended to read:

246.014 SERVICES.

The measure of services established and prescribed by section 246.012, are:

(a) The commissioner of human services shall develop and maintain state-operated services in a manner consistent with sections 245.461~~;~~ and 245.487~~, and 253.28,~~ and chapters 252, 254A, and 254B. State-operated services shall be provided in coordination with counties and other vendors. State-operated services shall include regional treatment centers, specialized inpatient or outpatient treatment programs, enterprise services, community-based services and programs, community preparation services, consultative services, and other services consistent with the mission of the Department of Human Services. These services shall include crisis beds, waivered homes, intermediate care facilities, and day training and habilitation facilities. The administrative structure of state-operated services must be statewide in character. The state-operated services staff may deliver services at any location throughout the state.

(b) The commissioner of human services shall create and maintain forensic services programs. Forensic services shall be provided in coordination with counties and other vendors. Forensic services shall include specialized inpatient programs at secure treatment facilities as defined in section 253B.02, subdivision 18a, consultative services, aftercare services, community-based services and programs, transition services, nursing home services, or other services consistent with the mission of the Department of Human Services.

(c) Community preparation services as identified in paragraphs (a) and (b) are defined as specialized inpatient or outpatient services or programs operated outside of a secure environment but are administered by a secured treatment facility.

(d) The commissioner of human services may establish policies and procedures which govern the operation of the services and programs under the direct administrative authority of the commissioner.

Sec. 4. Minnesota Statutes 2012, section 246.0141, is amended to read:

246.0141 TOBACCO USE PROHIBITED.

No patient, staff, guest, or visitor on the grounds or in a state regional treatment center, the Minnesota Security Hospital, or the Minnesota sex offender program~~, or the Minnesota extended treatment options program~~ may possess or use tobacco or a tobacco-related device. For the purposes of this section, "tobacco" and "tobacco-related device" have the meanings given in section 609.685, subdivision 1. This section does not prohibit the possession or use of tobacco or a tobacco-related device by an adult as part of a traditional Indian spiritual or cultural ceremony. For purposes of this section, an Indian is a person who is a member of an Indian tribe as defined in section 260.755, subdivision 12.

Sec. 5. Minnesota Statutes 2012, section 246.0251, is amended to read:

246.0251 HOSPITAL ADMINISTRATOR.

Notwithstanding any provision of law to the contrary, the commissioner of human services may appoint a hospital administrator at any state hospital. Such hospital administrator shall be a graduate of an accredited college giving a course leading to a degree in hospital administration and the commissioner of human services, by rule, shall designate such colleges which in the opinion of the commissioner give an accredited course in hospital administration. ~~The provisions of this section shall not apply to any chief executive officer now appointed to that position who on July 1, 1963, is neither a physician and surgeon nor a graduate of a college giving a degree in hospital administration.~~ In addition to a hospital administrator, the commissioner of human services may appoint a licensed doctor of medicine as chief of the medical staff who shall be in charge of all medical care, treatment, rehabilitation and research.

Sec. 6. Minnesota Statutes 2012, section 246.12, is amended to read:

246.12 BIENNIAL ESTIMATES; SUGGESTIONS FOR LEGISLATION.

The commissioner of human services shall prepare, for the use of the legislature, biennial estimates of appropriations necessary or expedient to be made for the support of the ~~several~~ institutions and for extraordinary and special expenditures for buildings and other improvements. The commissioner shall, in connection therewith, make suggestions relative to legislation for the benefit of the institutions~~, or for improving the condition of the dependent, defective, or criminal classes~~. The commissioner shall report the estimates and suggestions to the legislature on or before November 15 in each even-numbered year. The commissioner of human services on request shall appear before any legislative committee and furnish any required information in regard to the condition of any such institution.

Sec. 7. Minnesota Statutes 2012, section 246.128, is amended to read:

246.128 NOTIFICATION TO LEGISLATURE REQUIRED.

The commissioner shall notify the chairs and ranking minority members of the relevant legislative committees regarding the redesign, closure, or relocation of state-operated services programs. ~~The notification must include the advice of the Chemical and Mental Health Services Transformation Advisory Task Force under section 246.125.~~

Sec. 8. Minnesota Statutes 2012, section 246.33, subdivision 4, is amended to read:

Subd. 4. **Plots in cemetery.** The cemetery shall be platted into lots, which shall be numbered; it shall have streets and walks, and the same shall be shown on the plat. All containing graves shall be indicated by an appropriate marker of permanent nature for identification purposes. Notwithstanding section 13.46, the commissioner of human services may share private data on individuals for purposes of placing a marker on each grave.

Sec. 9. Minnesota Statutes 2012, section 246.54, subdivision 2, is amended to read:

Subd. 2. **Exceptions.** (a) Subdivision 1 does not apply to services provided at the Minnesota Security Hospital ~~or the Minnesota extended treatment options program~~. For services at these facilities, a county's payment shall be made from the county's own sources of revenue and payments shall be paid as follows: payments to the state from the county shall equal ten percent of the cost of care, as determined by the commissioner, for each day, or the portion thereof, that the client spends at the facility. If payments received by the state under sections 246.50 to 246.53 exceed 90 percent of the cost of care, the county shall be responsible for paying the state only the remaining amount. The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53.

(b) Regardless of the facility to which the client is committed, subdivision 1 does not apply to the following individuals:

(1) clients who are committed as mentally ill and dangerous under section 253B.02, subdivision 17;

(2) clients who are committed as sexual psychopathic personalities under section 253B.02, subdivision 18b; and

(3) clients who are committed as sexually dangerous persons under section 253B.02, subdivision 18c.

For each of the individuals in clauses (1) to (3), the payment by the county to the state shall equal ten percent of the cost of care for each day as determined by the commissioner.

Sec. 10. Minnesota Statutes 2012, section 246.64, subdivision 1, is amended to read:

Subdivision 1. **Chemical dependency rates.** Notwithstanding sections 246.50, subdivision 5~~;~~, and 246.511~~; and 251.011~~, the commissioner shall establish separate rates for each chemical dependency service operated by the commissioner and may establish separate rates for each service component within the program by establishing fees for services or different per diem rates for each separate chemical dependency unit within the program based on actual costs attributable to the service or unit. The rate must allocate the cost of all anticipated maintenance, treatment, and expenses including depreciation of buildings and equipment, interest paid on bonds issued for capital improvements for chemical dependency programs, reimbursement and other indirect costs related to the operation of chemical dependency programs other than that paid from the Minnesota state building fund or the bond proceeds fund, and losses due to bad debt. The rate must not include allocations of chaplaincy, patient advocacy, or quality assurance costs that are not required for chemical dependency licensure by the commissioner or certification for chemical dependency by the Joint Commission on Accreditation of Hospitals. Notwithstanding any other law, the commissioner shall treat these costs as nonhospital department expenses.

Sec. 11. Minnesota Statutes 2012, section 252.41, subdivision 7, is amended to read:

Subd. 7. **Regional center.** "Regional center" means any ~~one of the seven~~ state-operated ~~facilities~~ facility under the direct administrative authority of the commissioner that ~~serve~~ serves persons with developmental disabilities. ~~The following facilities are regional centers: Brainerd Regional Human Services Center; Cambridge Regional Treatment Center; Faribault Regional Center; Fergus Falls Regional Treatment~~

~~Center; Moose Lake Regional Treatment Center; St. Peter Regional Treatment Center; and Willmar Regional Treatment Center.~~

Sec. 12. Minnesota Statutes 2012, section 253.015, subdivision 1, is amended to read:

Subdivision 1. **State-operated services for persons with mental illness.** ~~The state-operated services facilities located at Anoka, Brainerd, Fergus Falls, St. Peter, and Willmar shall constitute the state-operated services facilities for persons with mental illness, and shall be maintained under the general management of the commissioner of human services.~~ The commissioner of human services shall determine to what state-operated services facility persons with mental illness shall be committed from each county and notify the judge exercising probate jurisdiction thereof, and of changes made from time to time.

Sec. 13. Minnesota Statutes 2012, section 253B.045, subdivision 2, is amended to read:

Subd. 2. **Facilities.** (a) Each county or a group of counties shall maintain or provide by contract a facility for confinement of persons held temporarily for observation, evaluation, diagnosis, treatment, and care. When the temporary confinement is provided at a regional treatment center, the commissioner shall charge the county of financial responsibility for the costs of confinement of persons hospitalized under section 253B.05, subdivisions 1 and 2, and section 253B.07, subdivision 2b, except that the commissioner shall bill the responsible health plan first. Any charges not covered, including co-pays and deductibles shall be the responsibility of the county. If the person has health plan coverage, but the hospitalization does not meet the criteria in subdivision 6 or section 62M.07, 62Q.53, or 62Q.535, the county is responsible. When a person is temporarily confined in a Department of Corrections facility solely under subdivision 1a, and not based on any separate correctional authority:

(1) the commissioner of corrections may charge the county of financial responsibility for the costs of confinement; and

(2) the Department of Human Services shall use existing appropriations to fund all remaining nonconfinement costs. The funds received by the commissioner for the confinement and nonconfinement costs are appropriated to the department for these purposes.

(b) For the purposes of this subdivision, "county of financial responsibility" has the meaning specified in section 253B.02, subdivision 4c, or, if the person has no residence in this state, the county which initiated the confinement. The charge for confinement in a facility operated by the commissioner of human services shall be based on the

commissioner's determination of the cost of care pursuant to section 246.50, subdivision 5. When there is a dispute as to which county is the county of financial responsibility, the county charged for the costs of confinement shall pay for them pending final determination of the dispute over financial responsibility.

Sec. 14. Minnesota Statutes 2012, section 254.05, is amended to read:

254.05 DESIGNATION OF STATE HOSPITALS.

The state hospital located at Anoka shall hereafter be known and designated as the Anoka-Metro Regional Treatment Center.~~; the state hospital located at Willmar shall hereafter be known and designated as the Willmar Regional Treatment Center; until June 30, 1995, the state hospital located at Moose Lake shall be known and designated as the Moose Lake Regional Treatment Center; after June 30, 1995, the newly established state facility at Moose Lake shall be known and designated as the Minnesota Sexual Psychopathic Personality Treatment Center; the state hospital located at Fergus Falls shall hereafter be known and designated as the Fergus Falls Regional Treatment Center; and the state hospital located at St. Peter shall hereafter be known and designated as the St. Peter Regional Treatment Center. Each of the foregoing state hospitals shall also be known by the name of regional center at the discretion of the commissioner of human services. The terms "human services" or "treatment" may be included in the designation.~~

Sec. 15. Minnesota Statutes 2012, section 295.50, subdivision 10b, is amended to read:

Subd. 10b. **Regional treatment center.** "Regional treatment center" means a regional center as defined in section 253B.02, subdivision 18, and named in ~~sections 253.015, subdivision 1, and~~ section 254.05.

Sec. 16. Minnesota Statutes 2012, section 462A.03, subdivision 13, is amended to read:

Subd. 13. **Eligible mortgagor.** "Eligible mortgagor" means a nonprofit or cooperative housing corporation; the Department of Administration for the purpose of developing ~~nursing home beds under section 251.011 or~~ community-based programs as defined in ~~sections~~ section 252.50 ~~and 253.28~~; a limited profit entity or a builder as defined by the agency in its rules, which sponsors or constructs residential housing as defined in subdivision 7; or a natural person of low or moderate income, except that the return to a limited dividend entity shall not exceed 15 percent of the capital contribution of the investors or such lesser percentage as the agency shall establish in its rules, provided that residual receipts funds of a limited dividend entity may be used for agency-approved, housing-related investments owned by the limited dividend entity without regard to the

limitation on returns. Owners of existing residential housing occupied by renters shall be eligible for rehabilitation loans, only if, as a condition to the issuance of the loan, the owner agrees to conditions established by the agency in its rules relating to rental or other matters that will insure that the housing will be occupied by persons and families of low or moderate income. The agency shall require by rules that the owner give preference to those persons of low or moderate income who occupied the residential housing at the time of application for the loan.

Sec. 17. **REVISOR'S INSTRUCTION.**

The revisor of statutes shall replace the term "state operated services" or the term "state-operated services" with the term "Minnesota Speciality Behavioral Health Services" and replace the term "Minnesota Security Hospital" with the term "Minnesota Forensic Services" throughout Minnesota Statutes and Minnesota Rules.

Sec. 18. **REPEALER.**

Minnesota Statutes 2012, sections 246.04; 246.05; 246.125; 246.21; 246.57, subdivision 5; 246.58; 246.59; 251.011, subdivisions 3 and 6; 253.015, subdivision 4; 253.018; and 253.28, are repealed.

ARTICLE 3

TERMINOLOGY CHANGES

Section 1. Minnesota Statutes 2012, section 246.51, subdivision 3, is amended to read:

Subd. 3. **Applicability.** The commissioner may recover, under sections 246.50 to 246.55, the cost of any care provided in a state facility, including care provided prior to July 1, 1989, regardless of the terminology used to designate the status or condition of the person receiving the care or the terminology used to identify the facility. For purposes of recovering the cost of care provided prior to July 1, 1989, the term "state facility" as used in sections 246.50 to 246.55 includes "state hospital," "regional treatment center," or "regional center"; and the term "client" includes, but is not limited to, persons designated as "~~mentally deficient~~ having a mental illness or developmental disability," ~~"inebriate,"~~ or "chemically dependent~~;~~." ~~or "intoxicated."~~

Sec. 2. Minnesota Statutes 2012, section 256.976, subdivision 3, is amended to read:

Subd. 3. **Grants-in-aid.** The Minnesota Board on Aging, hereinafter called the board, may make grants-in-aid for the employment of foster grandparents to qualified resident group homes for dependent and neglected persons, day care centers and other

public or nonprofit private institutions and agencies providing care for neglected and disadvantaged persons who lack close personal relationships. Agencies and institutions seeking aid shall apply on a form prescribed by the board. Priority shall be given to agencies and institutions providing care for ~~retarded~~ children with developmental disabilities. Grants shall not be made to local public or nonprofit agencies until 40 percent of the recognized need for foster grandparents within state institutions has been met. Grants shall be for a period of 12 months or less, and grants to local public and nonprofit agencies or institutions shall be based on 90 percent state, and ten percent local sharing of program expenditures authorized by the board. Grants shall not be used to match other state funds nor shall any person paid from grant funds be used to replace any staff member of the grantee. Grants may be used to match federal funds. Each grantee shall file a semiannual report with the board at the time and containing such information as the board shall prescribe.

Sec. 3. Minnesota Statutes 2012, section 272.02, subdivision 94, is amended to read:

Subd. 94. **Elderly living facility.** (a) The first $5,000,000 in market value of an elderly living facility is exempt from taxation if it meets all of the following requirements:

(1) the facility consists of no more than 75 living units;

(2) the facility is located in a city of the first class with a population of more than 350,000;

(3) the facility is owned and operated by a nonprofit corporation organized under chapter 317A;

(4) the owner of the facility is an affiliate of entities that own and operate assisted living and skilled nursing facilities that:

(i) are located across a street from the facility;

(ii) are adjacent to a church that is exempt from taxation under subdivision 6;

(iii) include a congregate dining program; and

(iv) provide assisted living or similar social and physical support;

(5) the residents of the facility must ~~be~~:

(i) be at least 62 years of age; or

(ii) ~~handicapped~~ have a disability;

(6) at least 30 percent of the units in the facility are occupied by persons whose annual income does not exceed 50 percent of median family income for the area; and

(7) before taxes payable in 2010, the facility has received approval of street vacation and land use applications from the city in which it is to be located.

(b) In this subdivision, "affiliate" means any entity directly or indirectly controlling or controlled by or under direct or indirect common control with an entity, and "control" means the power to direct management and policies through membership or ownership of voting securities.

(c) The exemption provided in this subdivision applies to taxes levied in each year or partial year of the term of the facility's initial permanent financing or 25 years, whichever is later.

Sec. 4. Minnesota Statutes 2012, section 281.04, is amended to read:

281.04 REDEMPTION BY PERSONS UNDER DISABILITY.

Minors, ~~insane~~ persons with a mental illness, persons developmentally disabled, or persons in captivity or in any country with which the United States is at war, having an estate in or lien on lands sold for taxes, of record in the office of the county recorder of the county where the lands lie, before the expiration of three years from the date of such sale, may redeem the same within one year after such disability shall cease; but in such case the right to redeem must be established in a suit for that purpose brought against the party holding the title under the sale.

Sec. 5. Minnesota Statutes 2012, section 322.24, is amended to read:

322.24 WHEN CERTIFICATE SHALL BE CANCELED OR AMENDED.

The certificate shall be canceled when the partnership is dissolved or all limited partners cease to be such.

A certificate shall be amended when:

(1) there is a change in the name of the partnership or in the amount or character of the contribution of any limited partner;

(2) a person is substituted as a limited partner;

(3) an additional limited partner is admitted;

(4) a person is admitted as a general partner;

(5) a general partner retires, dies, or ~~becomes insane~~ is adjudicated as a person who lacks mental capacity, and the business is continued under section 322.20;

(6) there is a change in the character of the business of the partnership;

(7) there is a false or erroneous statement in the certificate;

(8) there is a change in the time as stated in the certificate for the dissolution of the partnership or for the return of the contribution;

(9) a time is fixed for the dissolution of the partnership, or the return of a contribution, no time having been specified in the certificate; or

(10) the members desire to make a change in any other statement in the certificate in order that it shall accurately represent the agreement between them.

Sec. 6. Minnesota Statutes 2012, section 357.28, subdivision 1, is amended to read:

Subdivision 1. **Fees.** The fees to be charged and collected by a court commissioner shall be as follows, and no other or greater fees shall be charged:

(1) for examining any petition, complaint, affidavit, or any paper wherein an order is required, $2.50;

(2) for making and entering an order on the same, $1;

(3) for examining ~~an alleged insane~~ a person alleged to have a mental illness or ~~inebriate person~~ chemical dependency for commitment, $25;

(4) for hearing and deciding on the return of a writ of habeas corpus, $10 for each day necessarily occupied;

(5) for examination of judgment debtors in proceedings supplementary to execution and for all disclosures in garnishment proceedings, in writing, 25 cents per folio;

(6) for all other services rendered by the commissioner, the same fees as are allowed by law to other officers for similar services.

Sec. 7. Minnesota Statutes 2012, section 387.20, subdivision 1, is amended to read:

Subdivision 1. **Counties under 75,000.** (a) In addition to the sheriff's salary, the sheriff shall be reimbursed for all expenses incurred in the performance of official duties for the sheriff's county and the claim for the expenses shall be prepared, allowed, and paid in the same manner as other claims against counties are prepared, allowed, and paid except that the expenses incurred by the sheriffs in the performance of service required of them in connection with ~~insane~~ persons with a mental illness either by a district court or by law and a per diem for deputies and assistants necessarily required under the performance of the services shall be allowed and paid as provided by the law regulating the apprehension, examination, and commitment of ~~insane~~ persons with a mental illness; provided that any sheriff or deputy receiving an annual salary shall pay over any per diem received to the county in the manner and at the time prescribed by the county board, but not less often than once each month.

(b) All claims for livery hire shall state the purpose for which such livery was used and have attached thereto a receipt for the amount paid for such livery signed by the person of whom it was hired.

(c) A county may pay a sheriff or deputy as compensation for the use of a personal automobile in the performance of official duties a mileage allowance prescribed by the

county board or a monthly or other periodic allowance in lieu of mileage. The allowance for automobile use is not subject to limits set by other law.

Sec. 8. Minnesota Statutes 2012, section 481.12, is amended to read:

481.12 DISABILITY; SUBSTITUTION.

When the sole attorney of a party to any action or proceeding in any court of record dies, becomes ~~insane~~ mentally incapacitated, or is removed or suspended, the party for whom the attorney appears shall appoint another attorney within ten days after the disability arises, and give immediate written notice of the substitution to the adverse party. If the party fails to make substitution within such time, the adverse party, at least 20 days before taking further proceedings against the party, shall give the party written notice to appoint another attorney. When, for any reason, the attorney for a party ceases to act, and the party has no known residence within the state, such notice may be served upon the court administrator. In case such party fails either to comply with the notice or appear in person within 30 days, the party shall not be entitled to notice of subsequent proceedings in the case.

Sec. 9. Minnesota Statutes 2012, section 508.79, is amended to read:

508.79 LIMITATION OF ACTION.

Any action or proceeding pursuant to section 508.76 to recover damages out of the general fund, shall be commenced within six years from the time when the right to commence the same accrued, and not afterwards. If at the time the right accrued or thereafter within the six-year period, the person entitled to bring such action or proceeding is a minor, or ~~insane~~ is a person with a mental illness, or imprisoned, or absent from the United States in its service or the service of the state, such person, or anyone claiming under that person, may commence such action or proceeding within two years after such disability is removed.

Sec. 10. Minnesota Statutes 2012, section 508A.79, is amended to read:

508A.79 LIMITATION OF ACTION.

Any action or proceeding pursuant to section 508A.76 to recover damages out of the general fund shall be commenced within six years from the time when the right to commence the same accrued, and not afterwards. If at the time the right accrued or thereafter within the six-year period, the person entitled to bring the action or proceeding is a minor, or ~~insane~~ is a person with a mental illness, or imprisoned, or absent from the United States in its service or the service of the state, the person, or anyone claiming

under the person, may commence the action or proceeding within two years after the disability is removed.

Sec. 11. Minnesota Statutes 2012, section 518.04, is amended to read:

518.04 INSUFFICIENT GROUNDS FOR ANNULMENT.

No marriage shall be adjudged a nullity on the ground that one of the parties was under the age of legal consent if it appears that the parties had voluntarily cohabited together as husband and wife after having attained such age; nor shall the marriage of any ~~insane~~ person with a mental illness be adjudged void after restoration to reason, if it appears that the parties freely cohabited together as husband and wife after such restoration.

Sec. 12. Minnesota Statutes 2012, section 525.092, subdivision 2, is amended to read:

Subd. 2. **Certain guardianships excepted.** The provisions of this section shall not apply to guardianships of ~~incompetent or insane~~ persons adjudicated as lacking mental capacity, nor to guardianships of minors until one year after the minor has become 18 years old.

Sec. 13. Minnesota Statutes 2012, section 555.04, is amended to read:

555.04 CONSTRUCTION, BY WHOM REQUESTED.

Any person interested as or through an executor, administrator, trustee, guardian, or other fiduciary, creditor, devisee, legatee, heir, next of kin, or cestui que trust, in the administration of a trust, or of the estate of a decedent, an infant, ~~lunatic~~ person who lacks mental capacity, or insolvent, may have a declaration of rights or legal relations in respect thereto:

(1) to ascertain any class of creditors, devisees, legatees, heirs, next of kin or other; or

(2) to direct the executors, administrators, or trustees to do or abstain from doing any particular act in their fiduciary capacity; or

(3) to determine any question arising in the administration of the estate or trust, including questions of construction of wills and other writings.

Sec. 14. Minnesota Statutes 2012, section 558.31, is amended to read:

558.31 SHARE OF INCAPABLE PERSON.

When the share of ~~an insane person~~ a person with a mental illness, or other person adjudged ~~incapable of conducting~~ to lack the mental capacity to conduct the person's own affairs, is sold, that person's share of the proceeds may be paid by the referees making the

sale to the guardian who is entitled to the custody and management of that person's estate, if the guardian has executed an undertaking, approved by a judge of the court, to faithfully discharge the trust reposed in the guardian, and will render a true and just account to the person entitled thereto, or that person's representatives.

Sec. 15. Minnesota Statutes 2012, section 580.20, is amended to read:

580.20 ACTION TO SET ASIDE FOR CERTAIN DEFECTS.

No such sale shall be held invalid or be set aside by reason of any defect in the notice thereof, or in the publication or service of such notice, or in the proceedings of the officer making the sale, unless the action in which the validity of such sale is called in question be commenced, or the defense alleging its invalidity be interposed, with reasonable diligence, and not later than five years after the date of such sale; provided that persons under disability to sue when such sale was made by reason of being minors, ~~insane~~ persons with a mental illness, persons developmentally disabled, or persons in captivity or in any country with which the United States is at war, may commence such action or interpose such defense at any time within five years after the removal of such disability.

Sec. 16. Minnesota Statutes 2012, section 609.06, subdivision 1, is amended to read:

Subdivision 1. **When authorized.** Except as otherwise provided in subdivision 2, reasonable force may be used upon or toward the person of another without the other's consent when the following circumstances exist or the actor reasonably believes them to exist:

(1) when used by a public officer or one assisting a public officer under the public officer's direction:

(a) in effecting a lawful arrest; or

(b) in the execution of legal process; or

(c) in enforcing an order of the court; or

(d) in executing any other duty imposed upon the public officer by law; or

(2) when used by a person not a public officer in arresting another in the cases and in the manner provided by law and delivering the other to an officer competent to receive the other into custody; or

(3) when used by any person in resisting or aiding another to resist an offense against the person; or

(4) when used by any person in lawful possession of real or personal property, or by another assisting the person in lawful possession, in resisting a trespass upon or other unlawful interference with such property; or

(5) when used by any person to prevent the escape, or to retake following the escape, of a person lawfully held on a charge or conviction of a crime; or

(6) when used by a parent, guardian, teacher, or other lawful custodian of a child or pupil, in the exercise of lawful authority, to restrain or correct such child or pupil; or

(7) when used by a school employee or school bus driver, in the exercise of lawful authority, to restrain a child or pupil, or to prevent bodily harm or death to another; or

(8) when used by a common carrier in expelling a passenger who refuses to obey a lawful requirement for the conduct of passengers and reasonable care is exercised with regard to the passenger's personal safety; or

(9) when used to restrain a person who is mentally ill or ~~mentally defective~~ a person with a developmental disability from self-injury or injury to another or when used by one with authority to do so to compel compliance with reasonable requirements for the person's control, conduct, or treatment; or

(10) when used by a public or private institution providing custody or treatment against one lawfully committed to it to compel compliance with reasonable requirements for the control, conduct, or treatment of the committed person.

Sec. 17. Minnesota Statutes 2012, section 609.36, subdivision 2, is amended to read:

Subd. 2. **Limitations.** No prosecution shall be commenced under this section except on complaint of the husband or the wife, except when such husband or wife is ~~insane~~ a person with a mental illness, nor after one year from the commission of the offense.

Sec. 18. Minnesota Statutes 2012, section 611.026, is amended to read:

611.026 CRIMINAL RESPONSIBILITY OF ~~MENTALLY ILL OR DEFICIENT~~ PERSONS WITH A MENTAL ILLNESS OR COGNITIVE IMPAIRMENT.

No person shall be tried, sentenced, or punished for any crime while ~~mentally ill or mentally deficient~~ diagnosed with a mental illness or cognitive impairment so as to be incapable of understanding the proceedings or making a defense; but the person shall not be excused from criminal liability except upon proof that at the time of committing the alleged criminal act the person was laboring under such a defect of reason, from one of these causes, as not to know the nature of the act, or that it was wrong.

Sec. 19. Minnesota Statutes 2012, section 628.54, is amended to read:

628.54 CAUSES OF OBJECTION TO JUROR; HOW TRIED; DECISION ENTERED.

An objection to an individual grand juror may be based on the cause that the grand juror:

(1) is less than 18 years of age;

(2) is not a citizen of the United States;

(3) has not resided in this state 30 days;

~~(4) is insane;~~

~~(5)~~ (4) is a prosecutor upon a charge against the defendant;

~~(6)~~ (5) is a witness on the part of the prosecution, and has been served with process or bound by recognizance as such; or

~~(7)~~ (6) is of a state of mind in reference to the case or to either party which shall satisfy the court, in the exercise of a sound discretion, that the juror cannot act impartially and without prejudice to the substantial rights of the party objecting.

Sec. 20. **FUNDING.**

Everything in this article shall be administered by the commissioner of human services within the limits of available appropriations.

Sec. 21. **REVISOR'S INSTRUCTION.**

To implement the amendments in sections 1 to 19, in each part of Minnesota Rules referred to in column A, the revisor of statutes shall delete the number, word, or phrase in column B and insert the number, word, or phrase in column C. The revisor shall also make related grammatical changes and changes in headnotes.

Column A	Column B	Column C
1323.0891	handicapped	who have a disability
2911.6100	retardation	developmental disability
2945.0100, subpart 2	be mentally deficient	have a mental illness or a developmental disability
2945.1000, subpart 3	retardation	developmental disability
4640.0100, subpart 8	A "mental hospital" is a hospital for the diagnosis, treatment, and custodial care of persons with nervous and mental illness. Institutions for the feeble-minded and for epileptics are not mental hospitals.	A "hospital for persons with mental illness" is a hospital for the diagnosis, treatment, and custodial care of persons with nervous and mental illness.
4640.0100, subpart 9	mental hospital	hospital for persons with mental illness
4640.0100, subpart 10	mental hospital	hospital for persons with mental illness

4640.4300	the mentally deficient and epileptic	persons with developmental disabilities and epilepsy
5208.1500, item H	mental retardation facilities	facilities for persons with developmental disabilities
7410.2700, subpart 2	incompetent, or deficient	or that a person has a cognitive impairment
7410.2700, subpart 2	incompetency, or deficiency	or cognitive impairment
9505.0420, subpart 4	mental retardation professional as defined by Code of Federal Regulations, title 42, section 442.401	developmental disability professional
9505.0420, subpart 4	435.1009	435.1010
9520.0040	mental retardation	developmental disability
9525.0004, subpart 22	mental retardation	developmental disability
9525.0004, subpart 24	mental retardation	developmental disability
9525.1850, item D	mental retardation	developmental disability
9525.1850, item D	442.401	483.430
9525.1850, item E	mental retardation	developmental disability
9525.1850, item E	442.401	483.430
9525.2710, subpart 14a	mental retardation	developmental disability
9525.2710, subpart 27	mental retardation	developmental disability
9525.2710, subpart 27	QMRP	QDDP
9525.2750, subpart 2	mental retardation	developmental disability
9525.2760, subpart 4	mental retardation	developmental disability
9525.2770, subpart 6	QMRP	QDDP
9525.3010, subpart 1	mental retardation	a developmental disability
9525.3010, subpart 2	mental retardation	a developmental disability
9525.3015, subpart 8	mental retardation	a developmental disability
9525.3015, subpart 34	mental retardation	a developmental disability
9525.3020, subpart 2	mental retardation	a developmental disability
9525.3025, subpart 1	mental retardation	a developmental disability
9525.3025, subpart 3	mental retardation	a developmental disability
9525.3055, subpart 2	mental retardation	developmental disability
9525.3060, subpart 2	mental retardation	developmental disabilities
9525.3095	mental retardation	developmental disabilities

APPENDIX
Article locations in 13-0152

246.04 BOOKS AND ACCOUNTS.

The commissioner of human services shall keep at the commissioner's office a proper and complete system of books and accounts with each institution, showing every expenditure authorized and made therefor. Such books shall contain a separate account of each extraordinary or special appropriation made by the legislature, with every item of expenditure therefrom. The commissioner shall maintain a separate fund for all chemical dependency appropriations that will provide for an ascertainable review of receipts and expenditures under section 246.18, subdivision 2.

246.05 DISSEMINATION OF INFORMATION.

The commissioner of human services may, from time to time, publish and distribute scientific, educational, and statistical articles, bulletins, and reports concerning clinical, research and other studies conducted in the Department of Human Services in the fields of mental or nervous diseases, mental deficiency, or epilepsy.

246.125 CHEMICAL AND MENTAL HEALTH SERVICES TRANSFORMATION ADVISORY TASK FORCE.

Subdivision 1. **Establishment.** The Chemical and Mental Health Services Transformation Advisory Task Force is established to make recommendations to the commissioner of human services and the legislature on the continuum of services needed to provide individuals with complex conditions including mental illness, chemical dependency, traumatic brain injury, and developmental disabilities access to quality care and the appropriate level of care across the state to promote wellness, reduce cost, and improve efficiency.

Subd. 2. **Duties.** The Chemical and Mental Health Services Transformation Advisory Task Force shall make recommendations to the commissioner and the legislature no later than December 15, 2010, on the following:

(1) transformation needed to improve service delivery and provide a continuum of care, such as transition of current facilities, closure of current facilities, or the development of new models of care, including the redesign of the Anoka-Metro Regional Treatment Center;

(2) gaps and barriers to accessing quality care, system inefficiencies, and cost pressures;

(3) services that are best provided by the state and those that are best provided in the community;

(4) an implementation plan to achieve integrated service delivery across the public, private, and nonprofit sectors;

(5) an implementation plan to ensure that individuals with complex chemical and mental health needs receive the appropriate level of care to achieve recovery and wellness; and

(6) financing mechanisms that include all possible revenue sources to maximize federal funding and promote cost efficiencies and sustainability.

Subd. 3. **Membership.** The advisory task force shall be composed of the following, who will serve at the pleasure of their appointing authority:

(1) the commissioner of human services or the commissioner's designee, and two additional representatives from the department;

(2) two legislators appointed by the speaker of the house, one from the minority and one from the majority;

(3) two legislators appointed by the senate rules committee, one from the minority and one from the majority;

(4) one representative appointed by AFSCME Council 5;

(5) one representative appointed by the ombudsman for mental health and developmental disabilities;

(6) one representative appointed by the Minnesota Association of Professional Employees;

(7) one representative appointed by the Minnesota Hospital Association;

(8) one representative appointed by the Minnesota Nurses Association;

(9) one representative appointed by NAMI-MN;

(10) one representative appointed by the Mental Health Association of Minnesota;

(11) one representative appointed by the Minnesota Association of Community Mental Health Programs;

(12) one representative appointed by the Minnesota Dental Association;

(13) three clients or client family members representing different populations receiving services from state-operated services, who are appointed by the commissioner;

(14) one representative appointed by the chair of the state-operated services governing board;

(15) one representative appointed by the Minnesota Disability Law Center;

(16) one representative appointed by the Consumer Survivor Network;

(17) one representative appointed by the Association of Residential Resources in Minnesota;

(18) one representative appointed by the Minnesota Council of Child Caring Agencies;

(19) one representative appointed by the Association of Minnesota Counties; and

(20) one representative appointed by the Minnesota Pharmacists Association.

The commissioner may appoint additional members to reflect stakeholders who are not represented above.

Subd. 4. **Administration.** The commissioner shall convene the first meeting of the advisory task force and shall provide administrative support and staff.

Subd. 5. **Recommendations.** The advisory task force must report its recommendations to the commissioner and to the legislature no later than December 15, 2010.

Subd. 6. **Member requirement.** The commissioner shall provide per diem and travel expenses pursuant to section 256.01, subdivision 6, for task force members who are consumers or family members and whose participation on the task force is not as a paid representative of any agency, organization, or association. Notwithstanding section 15.059, other task force members are not eligible for per diem or travel reimbursement.

246.21 CONTINGENT FUND.

The commissioner of human services may permit a contingent fund to remain in the hands of the accounting officer of any such institution from which expenditures may be made in case of actual emergency requiring immediate payment to prevent loss or danger to the institution or its inmates and for the purpose of paying freight, purchasing produce, livestock and other commodities requiring a cash settlement, and for the purpose of discounting bills incurred, but in all cases subject to revision by the commissioner of human services. An itemized statement of every expenditure made during the month from such fund shall be submitted to the commissioner under rules established by the commissioner. If necessary, the commissioner shall make proper requisition upon the commissioner of management and budget for a warrant to secure the contingent fund for each institution.

246.57 SHARED SERVICE AGREEMENTS.

Subd. 5. **Laundry equipment.** The commissioner of human services may provide for the replacement of laundry equipment by including a charge for depreciation as part of the service costs charged by a regional treatment center operating a laundry service. Receipts for laundry services attributable to depreciation of laundry equipment must be deposited in a laundry equipment depreciation account within the general fund. All money deposited in the account is appropriated to the commissioner of human services for the replacement of laundry equipment. Any balance remaining in the account at the end of a fiscal year does not cancel and is available until expended.

246.58 LABOR ACCOUNTS; USE OF PROFITS.

Profits accrued by reason of operation of diversified labor accounts at any public institution under the control of the commissioner of human services may be used at the direction of the superintendent of the institution for the purchase of occupational therapy equipment.

246.59 LODGING; FOOD; DOMESTIC SERVICE.

Subdivision 1. **Fair rental rate established.** The commissioner of administration shall establish a fair rental rate including utility costs to any person who resides on state welfare or correctional institution grounds.

Subd. 2. **Quarter and stipend allowance.** Quarters and a stipend allowance of not to exceed $150 per month may be authorized by the commissioner of human services for medical students and physician fellows.

Subd. 3. **Limitation on expenses.** Neither the commissioner of corrections nor the commissioner of human services shall furnish commissary privileges including food, laundry service, and household supplies to any person in staff residences or apartments.

Subd. 4. **Prohibition on use of state funds for certain purposes.** Neither the commissioner of corrections, the commissioner of human services, nor any other state officer or employee shall use state money to employ personnel with domestic duties to work in the residence of any officer or employee of any institution, department, or agency of the state.

251.011 RELOCATION OF FACILITIES.

Subd. 3. **Ah-Gwah-Ching Center.** When tuberculosis treatment is discontinued at Ah-Gwah-Ching that facility shall be used by the commissioner of human services for the care of geriatric patients, and shall be known as the Ah-Gwah-Ching Center. The commissioner shall not decrease the number of nursing home beds nor close the Ah-Gwah-Ching Center without specific approval by the legislature.

Subd. 6. **Rules.** The commissioner of human services may promulgate rules for the operation of and for the admission of residents in the state nursing homes at Ah-Gwah-Ching and Oak Terrace. Charges for care in the state nursing homes shall be established under sections 246.50 to 246.55. For the purposes of collecting from the federal government for the care of those residents in the state nursing homes eligible for medical care under the Social Security Act, "cost of care" shall be determined as set forth in the rules and regulations of the Department of Health and Human Services or its successor agency.

253.015 LOCATION; MANAGEMENT; COMMITMENT; CHIEF EXECUTIVE OFFICER.

Subd. 4. **Services for persons with traumatic brain injury.** By June 30, 1994, the commissioner shall develop 15 beds at Brainerd Regional Human Services Center for persons with traumatic brain injury, including patients relocated from the Moose Lake Regional Treatment Center.

253.018 PERSONS SERVED.

The regional treatment centers shall primarily serve adults. Programs treating children and adolescents who require the clinical support available in a psychiatric hospital may be maintained on present campuses until adequate state-operated alternatives are developed off campus according to the criteria of section 253.28, subdivision 2.

253.28 STATE-OPERATED, COMMUNITY-BASED PROGRAMS FOR PERSONS WITH MENTAL ILLNESS.

Subdivision 1. **Programs for persons with mental illness.** Beginning July 1, 1991, the commissioner may establish a system of state-operated, community-based programs for persons with mental illness. For purposes of this section, "state-operated, community-based program" means a program administered by the state to provide treatment and habilitation in community settings to persons with mental illness. Employees of the programs must be state employees under chapters 43A and 179A. The role of state-operated services must be defined within the context of a comprehensive system of services for persons with mental illness. Services may include, but are not limited to, community residential treatment facilities for children and adults.

Subd. 2. **Location of programs for persons with mental illness.** In determining the location of state-operated, community-based programs, the needs of the individual clients shall be paramount. The commissioner shall take into account:

(1) the personal preferences of the persons being served and their families;

(2) location of the support services needed by the persons being served as established by an individual service plan;

(3) the appropriate grouping of the persons served;

(4) the availability of qualified staff;

(5) the need for state-operated, community-based programs in the geographical region of the state; and

(6) a reasonable commuting distance from a regional treatment center or the residences of the program staff.

Subd. 3. **Evaluation of community-based services development.** The commissioner shall develop an integrated approach to assessing and improving the quality of community-based services including state-operated programs to persons with mental illness. The commissioner shall evaluate the progress of the development and quality of the community-based services to

determine if further development can proceed. The commissioner shall report results of the evaluation to the legislature by January 31, 1993.