

This Document can be made available
in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. **4644**

05/07/2020 Authored by Liebling

The bill was read for the first time and referred to the Health and Human Services Finance Division

- 1.1 A bill for an act
- 1.2 relating to state government; modifying provisions governing children and family
- 1.3 services, chemical and mental health services, health care, and health boards;
- 1.4 amending child care assistance provisions; expanding the Opioid Response Council;
- 1.5 modifying housing support provisions; modifying child welfare provisions;
- 1.6 changing certain health provisions; changing licensing fees for the Board of
- 1.7 Executives for Long Term Services and Supports; making forecast adjustments;
- 1.8 appropriating money; amending Minnesota Statutes 2018, sections 13.461,
- 1.9 subdivision 16; 62U.04, subdivisions 5, 11, by adding subdivisions; 119B.125,
- 1.10 subdivisions 1, 1a, 2; 119B.13, subdivision 1; 145.901; 152.25, by adding a
- 1.11 subdivision; 152.35; 245F.02, subdivision 26; 245F.03; 254A.02, subdivision 8a;
- 1.12 254B.01, subdivision 5; 256.01, subdivisions 12, 12a; 256I.05, subdivisions 1a,
- 1.13 11; 260.012; 260C.151, subdivision 6; 260C.152, subdivision 5; 260C.175,
- 1.14 subdivision 2; 260C.176, subdivision 2; 260C.181, subdivision 2; 260C.193,
- 1.15 subdivision 3; 260C.202; 260C.203; 260C.204; 260C.212, subdivision 1; 260C.221;
- 1.16 260C.605, subdivision 1; 260C.607, subdivisions 2, 5, 6; 260C.613, subdivisions
- 1.17 1, 5; 626.556, subdivisions 3, 11d; Minnesota Statutes 2019 Supplement, sections
- 1.18 62U.04, subdivision 4; 119B.011, subdivision 19; 144A.291, subdivision 2; 152.29,
- 1.19 subdivision 1; 256.042, subdivision 2; 256B.0759, subdivisions 3, 4; 260C.178,
- 1.20 subdivision 1; 260C.201, subdivisions 1, 2; 260C.212, subdivision 2; 626.556,
- 1.21 subdivision 2; Laws 2019, chapter 63, article 3, section 1; Laws 2019, First Special
- 1.22 Session chapter 9, article 14, section 2, subdivisions 2, 24, 30, 31, by adding a
- 1.23 subdivision; proposing coding for new law in Minnesota Statutes, chapters 115;
- 1.24 145; repealing Minnesota Statutes 2018, section 119B.125, subdivision 5;
- 1.25 Minnesota Statutes 2019 Supplement, section 254B.03, subdivision 4a; Minnesota
- 1.26 Rules, parts 9530.6600, subparts 1, 3; 9530.6605, subparts 1, 2, 3, 4, 5, 8, 9, 10,
- 1.27 11, 12, 13, 14, 21a, 21b, 24a, 25, 25a, 26; 9530.6610, subparts 1, 2, 3, 5; 9530.6615;
- 1.28 9530.6620; 9530.6622; 9530.6655.

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

2.2

ARTICLE 1

2.3

CHILD CARE ASSISTANCE PROGRAM

2.4 Section 1. Minnesota Statutes 2019 Supplement, section 119B.011, subdivision 19, is
2.5 amended to read:

2.6 Subd. 19. **Provider.** "Provider" means:

2.7 (1) an individual or child care center or facility licensed to provide child care under
2.8 chapter 245A when operating within the terms of the license;

2.9 (2) a license-exempt center required to be certified under chapter 245H;

2.10 (3) an individual or child care center or facility that: (i) holds a valid child care license
2.11 issued by another state or a tribe; (ii) provides child care services in the licensing state or
2.12 in the area under the licensing tribe's jurisdiction; and (iii) is in compliance with federal
2.13 health and safety requirements as certified by the licensing state or tribe, or as determined
2.14 by receipt of child care development block grant funds in the licensing state; ~~or~~

2.15 (4) a legal nonlicensed child care provider as defined under section 119B.011, subdivision
2.16 16, providing legal child care services. A legal nonlicensed child care provider must be at
2.17 least 18 years of age, and not a member of the MFIP assistance unit or a member of the
2.18 family receiving child care assistance to be authorized under this chapter; or

2.19 (5) an individual or child care center or facility that is operated under the jurisdiction of
2.20 the federal government.

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

2.22 Sec. 2. Minnesota Statutes 2018, section 119B.125, subdivision 1, is amended to read:

2.23 Subdivision 1. **Authorization.** ~~Except as provided in subdivision 5,~~ A county or the
2.24 commissioner must authorize the provider chosen by an applicant or a participant before
2.25 the county can authorize payment for care provided by that provider. The commissioner
2.26 must establish the requirements necessary for authorization of providers. A provider must
2.27 be reauthorized every two years. ~~A legal, nonlicensed family child care provider also must~~
2.28 ~~be reauthorized when another person over the age of 13 joins the household, a current~~
2.29 ~~household member turns 13, or there is reason to believe that a household member has a~~
2.30 ~~factor that prevents authorization. The provider is required to report all family changes that~~
2.31 ~~would require reauthorization. When a provider has been authorized for payment for~~

3.1 ~~providing care for families in more than one county, the county responsible for~~
 3.2 ~~reauthorization of that provider is the county of the family with a current authorization for~~
 3.3 ~~that provider and who has used the provider for the longest length of time.~~

3.4 **EFFECTIVE DATE.** This section is effective January 4, 2021.

3.5 Sec. 3. Minnesota Statutes 2018, section 119B.125, subdivision 1a, is amended to read:

3.6 Subd. 1a. **Background study required.** This subdivision only applies to legal,
 3.7 nonlicensed family child care providers.

3.8 (a) Prior to authorization, and as part of each reauthorization required in subdivision 1,
 3.9 the county shall perform the commissioner shall perform a background study on every
 3.10 member of the provider's household who is age 13 and older. The county shall also perform
 3.11 a background study on an individual who has reached age ten but is not yet age 13 and is
 3.12 living in the household where the nonlicensed child care will be provided when the county
 3.13 has reasonable cause as defined under section 245C.02, subdivision 15 individuals identified
 3.14 under section 245C.02, subdivision 6a.

3.15 (b) After authorization, the commissioner shall perform a background study when an
 3.16 individual identified under section 245C.02, subdivision 6a, joins the household. The provider
 3.17 must report all family changes that would require a new background study.

3.18 (c) At each reauthorization, the county shall perform a background study of all individuals
 3.19 in the provider's household for whom paragraphs (a) and (b) require a background study.

3.20 (d) Prior to a background study expiring, the commissioner shall perform another
 3.21 background study of all individuals for whom the background study will expire.

3.22 **EFFECTIVE DATE.** This section is effective January 4, 2021.

3.23 Sec. 4. Minnesota Statutes 2018, section 119B.125, subdivision 2, is amended to read:

3.24 Subd. 2. **Persons who cannot be authorized.** (a) The provider seeking authorization
 3.25 under this section shall collect the information required under section 245C.05, subdivision
 3.26 1, and forward the information to the county agency. ~~The background study must include~~
 3.27 ~~a review of the information required under section 245C.08, subdivisions 2, 3, and 4,~~
 3.28 ~~paragraph (b).~~ The county shall collect and forward the information to the commissioner
 3.29 as directed under section 245C.05, subdivision 2b. A legal nonlicensed family child care
 3.30 provider is not authorized under this section if the commissioner determines that any
 3.31 household member who is the subject of a background study is determined to have a
 3.32 disqualifying characteristic under paragraphs (b) to (e) or under section 245C.14 or 245C.15.

4.1 ~~If a county has determined that a provider is able to be authorized in that county, and a~~
 4.2 ~~family in another county later selects that provider, the provider is able to be authorized in~~
 4.3 ~~the second county without undergoing a new background investigation unless one of the~~
 4.4 ~~following conditions exists: disqualified from direct contact with, or from access to, persons~~
 4.5 ~~served by the program, unless the disqualified individual is subsequently set aside under~~
 4.6 ~~section 245C.22.~~

4.7 ~~(1) two years have passed since the first authorization;~~

4.8 ~~(2) another person age 13 or older has joined the provider's household since the last~~
 4.9 ~~authorization;~~

4.10 ~~(3) a current household member has turned 13 since the last authorization; or~~

4.11 ~~(4) there is reason to believe that a household member has a factor that prevents~~
 4.12 ~~authorization.~~

4.13 ~~(b) The person has refused to give written consent for disclosure of criminal history~~
 4.14 ~~records.~~

4.15 ~~(c) The person has been denied a family child care license or has received a fine or a~~
 4.16 ~~sanction as a licensed child care provider that has not been reversed on appeal.~~

4.17 ~~(d) The person has a family child care licensing disqualification that has not been set~~
 4.18 ~~aside.~~

4.19 ~~(e) The person has admitted or a county has found that there is a preponderance of~~
 4.20 ~~evidence that fraudulent information was given to the county for child care assistance~~
 4.21 ~~application purposes or was used in submitting child care assistance bills for payment.~~

4.22 **EFFECTIVE DATE.** This section is effective January 4, 2021.

4.23 Sec. 5. Minnesota Statutes 2018, section 119B.13, subdivision 1, is amended to read:

4.24 Subdivision 1. **Subsidy restrictions.** (a) ~~Beginning February 3, 2014,~~ The maximum
 4.25 rate paid for child care assistance in any county or county price cluster under the child care
 4.26 fund shall be the greater of the ~~25th~~ 30th percentile of the ~~2011~~ most recent child care
 4.27 provider rate survey under section 119B.02, subdivision 7, or the ~~maximum rate effective~~
 4.28 ~~November 28, 2011~~ rates in effect at the time of the update. The first maximum rate update
 4.29 must be based on the 2018 rate survey and take effect September 18, 2020. Thereafter,
 4.30 maximum rate updates are effective the first biweekly period following January 1 after the
 4.31 most recent rate survey. For a child care provider located within the boundaries of a city
 4.32 located in two or more of the counties of Benton, Sherburne, and Stearns, the maximum

5.1 rate paid for child care assistance shall be equal to the maximum rate paid in the county
5.2 with the highest maximum reimbursement rates or the provider's charge, whichever is less.
5.3 The commissioner may: (1) assign a county with no reported provider prices to a similar
5.4 price cluster; and (2) consider county level access when determining final price clusters.

5.5 (b) A rate which includes a special needs rate paid under subdivision 3 may be in excess
5.6 of the maximum rate allowed under this subdivision.

5.7 (c) The department shall monitor the effect of this paragraph on provider rates. The
5.8 county shall pay the provider's full charges for every child in care up to the maximum
5.9 established. The commissioner shall determine the maximum rate for each type of care on
5.10 an hourly, full-day, and weekly basis, including special needs and disability care.

5.11 (d) If a child uses one provider, the maximum payment for one day of care must not
5.12 exceed the daily rate. The maximum payment for one week of care must not exceed the
5.13 weekly rate.

5.14 (e) If a child uses two providers under section 119B.097, the maximum payment must
5.15 not exceed:

5.16 (1) the daily rate for one day of care;

5.17 (2) the weekly rate for one week of care by the child's primary provider; and

5.18 (3) two daily rates during two weeks of care by a child's secondary provider.

5.19 (f) Child care providers receiving reimbursement under this chapter must not be paid
5.20 activity fees or an additional amount above the maximum rates for care provided during
5.21 nonstandard hours for families receiving assistance.

5.22 (g) If the provider charge is greater than the maximum provider rate allowed, the parent
5.23 is responsible for payment of the difference in the rates in addition to any family co-payment
5.24 fee.

5.25 (h) All maximum provider rates changes shall be implemented on the Monday following
5.26 the effective date of the maximum provider rate.

5.27 (i) ~~Notwithstanding Minnesota Rules, part 3400.0130, subpart 7, maximum registration~~
5.28 ~~fees in effect on January 1, 2013, shall remain in effect.~~ The maximum registration fee paid
5.29 for child care assistance in any county or county price cluster under the child care fund shall
5.30 be the greater of the 30th percentile of the most recent child care provider rate survey under
5.31 section 119B.02, subdivision 7, or the registration fee in effect at the time of the update.
5.32 The first maximum registration fee update must be based on the 2018 rate survey and is

6.1 effective September 21, 2020. Thereafter, maximum registration fee updates are effective
 6.2 the first biweekly period following January 1 after the most recent rate survey. Maximum
 6.3 registration fees must be set for licensed family child care and for child care centers. For a
 6.4 child care provider located in the boundaries of a city located in two or more of the counties
 6.5 of Benton, Sherburne, and Stearns, the maximum registration fee paid for child care assistance
 6.6 shall be equal to the maximum registration fee paid in the county with the highest maximum
 6.7 registration fee or the provider's charge, whichever is less.

6.8 **EFFECTIVE DATE.** Paragraph (a) is effective September 18, 2020. Paragraph (i) is
 6.9 effective September 21, 2020.

6.10 Sec. 6. **REPEALER.**

6.11 Minnesota Statutes 2018, section 119B.125, subdivision 5, are repealed.

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

6.13 **ARTICLE 2**

6.14 **TRIBAL CONSULTATION**

6.15 Section 1. Minnesota Statutes 2019 Supplement, section 256.042, subdivision 2, is amended
 6.16 to read:

6.17 Subd. 2. **Membership.** (a) The council shall consist of the following ~~19~~ 28 voting
 6.18 members, appointed by the commissioner of human services except as otherwise specified,
 6.19 and three nonvoting members:

6.20 (1) two members of the house of representatives, appointed in the following sequence:
 6.21 the first from the majority party appointed by the speaker of the house and the second from
 6.22 the minority party appointed by the minority leader. Of these two members, one member
 6.23 must represent a district outside of the seven-county metropolitan area, and one member
 6.24 must represent a district that includes the seven-county metropolitan area. The appointment
 6.25 by the minority leader must ensure that this requirement for geographic diversity in
 6.26 appointments is met;

6.27 (2) two members of the senate, appointed in the following sequence: the first from the
 6.28 majority party appointed by the senate majority leader and the second from the minority
 6.29 party appointed by the senate minority leader. Of these two members, one member must
 6.30 represent a district outside of the seven-county metropolitan area and one member must
 6.31 represent a district that includes the seven-county metropolitan area. The appointment by

7.1 the minority leader must ensure that this requirement for geographic diversity in appointments
7.2 is met;

7.3 (3) one member appointed by the Board of Pharmacy;

7.4 (4) one member who is a physician appointed by the Minnesota Medical Association;

7.5 (5) one member representing opioid treatment programs, sober living programs, or
7.6 substance use disorder programs licensed under chapter 245G;

7.7 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an
7.8 addiction psychiatrist;

7.9 (7) one member representing professionals providing alternative pain management
7.10 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;

7.11 (8) one member representing nonprofit organizations conducting initiatives to address
7.12 the opioid epidemic, with the commissioner's initial appointment being a member
7.13 representing the Steve Rummler Hope Network, and subsequent appointments representing
7.14 this or other organizations;

7.15 (9) one member appointed by the Minnesota Ambulance Association who is serving
7.16 with an ambulance service as an emergency medical technician, advanced emergency
7.17 medical technician, or paramedic;

7.18 (10) one member representing the Minnesota courts who is a judge or law enforcement
7.19 officer;

7.20 (11) one public member who is a Minnesota resident and who is in opioid addiction
7.21 recovery;

7.22 (12) ~~two eleven~~ members representing Indian tribes, ~~one representing the Ojibwe tribes~~
7.23 ~~and one representing the Dakota tribes~~ one representing each of Minnesota's tribal nations;

7.24 (13) one public member who is a Minnesota resident and who is suffering from chronic
7.25 pain, intractable pain, or a rare disease or condition;

7.26 (14) one mental health advocate representing persons with mental illness;

7.27 (15) one member representing the Minnesota Hospital Association;

7.28 (16) one member representing a local health department; and

7.29 (17) the commissioners of human services, health, and corrections, or their designees,
7.30 who shall be ex officio nonvoting members of the council.

8.1 (b) The commissioner of human services shall coordinate the commissioner's
8.2 appointments to provide geographic, racial, and gender diversity, and shall ensure that at
8.3 least one-half of council members appointed by the commissioner reside outside of the
8.4 seven-county metropolitan area. Of the members appointed by the commissioner, to the
8.5 extent practicable, at least one member must represent a community of color
8.6 disproportionately affected by the opioid epidemic.

8.7 (c) The council is governed by section 15.059, except that members of the council shall
8.8 receive no compensation other than reimbursement for expenses. Notwithstanding section
8.9 15.059, subdivision 6, the council shall not expire.

8.10 (d) The chair shall convene the council at least quarterly, and may convene other meetings
8.11 as necessary. The chair shall convene meetings at different locations in the state to provide
8.12 geographic access, and shall ensure that at least one-half of the meetings are held at locations
8.13 outside of the seven-county metropolitan area.

8.14 (e) The commissioner of human services shall provide staff and administrative services
8.15 for the advisory council.

8.16 (f) The council is subject to chapter 13D.

8.17 Sec. 2. Minnesota Statutes 2018, section 256I.05, subdivision 1a, is amended to read:

8.18 Subd. 1a. **Supplementary service rates.** (a) Subject to the provisions of section 256I.04,
8.19 subdivision 3, the county agency may negotiate a payment not to exceed \$426.37 for other
8.20 services necessary to provide room and board if the residence is licensed by or registered
8.21 by the Department of Health, or licensed by the Department of Human Services to provide
8.22 services in addition to room and board, and if the provider of services is not also concurrently
8.23 receiving funding for services for a recipient under a home and community-based waiver
8.24 under title XIX of the Social Security Act; or funding from the medical assistance program
8.25 under section 256B.0659, for personal care services for residents in the setting; or residing
8.26 in a setting which receives funding under section 245.73. If funding is available for other
8.27 necessary services through a home and community-based waiver, or personal care services
8.28 under section 256B.0659, then the housing support rate is limited to the rate set in subdivision
8.29 1. Unless otherwise provided in law, in no case may the supplementary service rate exceed
8.30 \$426.37. The registration and licensure requirement does not apply to establishments which
8.31 are exempt from state licensure because they are located on Indian reservations and for
8.32 which the tribe has prescribed health and safety requirements. Service payments under this
8.33 section may be prohibited under rules to prevent the supplanting of federal funds with state
8.34 funds. The commissioner shall pursue the feasibility of obtaining the approval of the Secretary

9.1 of Health and Human Services to provide home and community-based waiver services under
 9.2 title XIX of the Social Security Act for residents who are not eligible for an existing home
 9.3 and community-based waiver due to a primary diagnosis of mental illness or chemical
 9.4 dependency and shall apply for a waiver if it is determined to be cost-effective.

9.5 (b) The commissioner is authorized to make cost-neutral transfers from the housing
 9.6 support fund for beds under this section to other funding programs administered by the
 9.7 department after consultation with the ~~county or counties~~ agency in which the affected beds
 9.8 are located. The commissioner may also make cost-neutral transfers from the housing support
 9.9 fund to ~~county human service~~ agencies for beds permanently removed from the housing
 9.10 support census under a plan submitted by the ~~county~~ agency and approved by the
 9.11 commissioner. The commissioner shall report the amount of any transfers under this provision
 9.12 annually to the legislature.

9.13 (c) ~~Counties~~ Agencies must not negotiate supplementary service rates with providers of
 9.14 housing support that are licensed as board and lodging with special services and that do not
 9.15 encourage a policy of sobriety on their premises and make referrals to available community
 9.16 services for volunteer and employment opportunities for residents.

9.17 Sec. 3. Minnesota Statutes 2018, section 256I.05, subdivision 11, is amended to read:

9.18 Subd. 11. **Transfer of emergency shelter funds.** (a) The commissioner shall make a
 9.19 cost-neutral transfer of funding from the housing support fund to ~~county human service~~
 9.20 ~~agencies~~ the agency for emergency shelter beds removed from the housing support census
 9.21 under a biennial plan submitted by the ~~county~~ agency and approved by the commissioner.
 9.22 The plan must describe: (1) anticipated and actual outcomes for persons experiencing
 9.23 homelessness in emergency shelters; (2) improved efficiencies in administration; (3)
 9.24 requirements for individual eligibility; and (4) plans for quality assurance monitoring and
 9.25 quality assurance outcomes. The commissioner shall review the ~~county~~ agency plan to
 9.26 monitor implementation and outcomes at least biennially, and more frequently if the
 9.27 commissioner deems necessary.

9.28 (b) The funding under paragraph (a) may be used for the provision of room and board
 9.29 or supplemental services according to section 256I.03, subdivisions 2 and 8. Providers must
 9.30 meet the requirements of section 256I.04, subdivisions 2a to 2f. Funding must be allocated
 9.31 annually, and the room and board portion of the allocation shall be adjusted according to
 9.32 the percentage change in the housing support room and board rate. The room and board
 9.33 portion of the allocation shall be determined at the time of transfer. The commissioner or

10.1 ~~county~~ agency may return beds to the housing support fund with 180 days' notice, including
 10.2 financial reconciliation.

10.3 **ARTICLE 3**

10.4 **ADDRESSING AFRICAN AMERICAN CHILD WELFARE**
 10.5 **OVERREPRESENTATION**

10.6 Section 1. Minnesota Statutes 2018, section 260.012, is amended to read:

10.7 **260.012 DUTY TO ENSURE PLACEMENT PREVENTION AND FAMILY**
 10.8 **REUNIFICATION; REASONABLE EFFORTS.**

10.9 (a) Once a child alleged to be in need of protection or services is under the court's
 10.10 jurisdiction, the court shall ensure that reasonable efforts, including culturally appropriate
 10.11 services and actions, by the social services agency are made to prevent placement or to
 10.12 eliminate the need for removal and to reunite the child with the child's family at the earliest
 10.13 possible time, and the court must ensure that the responsible social services agency makes
 10.14 reasonable efforts to finalize an alternative permanent plan for the child as provided in
 10.15 paragraph (e). In determining reasonable efforts to be made with respect to a child and in
 10.16 making those reasonable efforts, the child's best interests, health, and safety must be of
 10.17 paramount concern. Reasonable efforts to prevent placement and for rehabilitation and
 10.18 reunification are always required except upon a determination by the court that a petition
 10.19 has been filed stating a prima facie case that:

10.20 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
 10.21 subdivision 14;

10.22 (2) the parental rights of the parent to another child have been terminated involuntarily;

10.23 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
 10.24 (a), clause (2);

10.25 (4) the parent's custodial rights to another child have been involuntarily transferred to a
 10.26 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d),
 10.27 clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction;

10.28 (5) the parent has committed sexual abuse as defined in section 626.556, subdivision 2,
 10.29 against the child or another child of the parent;

10.30 (6) the parent has committed an offense that requires registration as a predatory offender
 10.31 under section 243.166, subdivision 1b, paragraph (a) or (b); or

11.1 (7) the provision of services or further services for the purpose of reunification is futile
11.2 and therefore unreasonable under the circumstances.

11.3 (b) When the court makes one of the prima facie determinations under paragraph (a),
11.4 either permanency pleadings under section 260C.505, or a termination of parental rights
11.5 petition under sections 260C.141 and 260C.301 must be filed. A permanency hearing under
11.6 sections 260C.503 to 260C.521 must be held within 30 days of this determination.

11.7 (c) In the case of an Indian child, in proceedings under sections 260B.178, 260C.178,
11.8 260C.201, 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, the juvenile court
11.9 must make findings and conclusions consistent with the Indian Child Welfare Act of 1978,
11.10 United States Code, title 25, section 1901 et seq., as to the provision of active efforts. In
11.11 cases governed by the Indian Child Welfare Act of 1978, United States Code, title 25, section
11.12 1901, the responsible social services agency must provide active efforts as required under
11.13 United States Code, title 25, section 1911(d).

11.14 (d) "Reasonable efforts to prevent placement" means:

11.15 (1) the agency has made reasonable efforts to prevent the placement of the child in foster
11.16 care by working with the family to develop and implement a safety plan that is individualized
11.17 to the needs of the child and family and may include support persons from the child's
11.18 extended family, kin network, and community; or

11.19 (2) the agency has demonstrated to the court that, given the particular circumstances of
11.20 the child and family at the time of the child's removal, there are no services or efforts
11.21 available which could allow the child to safely remain in the home.

11.22 (e) "Reasonable efforts to finalize a permanent plan for the child" means due diligence
11.23 by the responsible social services agency to:

11.24 (1) reunify the child with the parent or guardian from whom the child was removed;

11.25 (2) assess a noncustodial parent's ability to provide day-to-day care for the child and,
11.26 where appropriate, provide services necessary to enable the noncustodial parent to safely
11.27 provide the care, as required by section 260C.219;

11.28 (3) conduct a relative search to identify and provide notice to adult relatives, and engage
11.29 relatives in case planning and placement, as required under section 260C.221;

11.30 (4) consider placement with relatives and important friends in the order specified in
11.31 section 260C.212, subdivision 2, paragraph (a);

12.1 ~~(4)~~ (5) place siblings removed from their home in the same home for foster care or
 12.2 adoption, or transfer permanent legal and physical custody to a relative. Visitation between
 12.3 siblings who are not in the same foster care, adoption, or custodial placement or facility
 12.4 shall be consistent with section 260C.212, subdivision 2; and

12.5 ~~(5)~~ (6) when the child cannot return to the parent or guardian from whom the child was
 12.6 removed, to plan for and finalize a safe and legally permanent alternative home for the child,
 12.7 and considers permanent alternative homes for the child inside or outside of the state,
 12.8 preferably with a relative or important friend in the order specified in section 260C.212,
 12.9 subdivision 2, paragraph (a), through adoption or transfer of permanent legal and physical
 12.10 custody of the child.

12.11 (f) Reasonable efforts are made upon the exercise of due diligence by the responsible
 12.12 social services agency to use culturally appropriate and available services to meet the
 12.13 individualized needs of the child and the child's family. Services may include those provided
 12.14 by the responsible social services agency and other culturally appropriate services available
 12.15 in the community. The agency must select services in collaboration with the family and, if
 12.16 appropriate, the child. At each stage of the proceedings where the court is required to review
 12.17 the appropriateness of the responsible social services agency's reasonable efforts as described
 12.18 in paragraphs (a), (d), and (e), the social services agency has the burden of demonstrating
 12.19 that:

12.20 (1) it has made reasonable efforts to prevent placement of the child in foster care,
 12.21 including that the agency considered, or put in place, a safety plan according to paragraph
 12.22 (d), clause (1);

12.23 (2) it has made reasonable efforts to eliminate the need for removal of the child from
 12.24 the child's home and to reunify the child with the child's family at the earliest possible time;

12.25 (3) it has made reasonable efforts to finalize a permanent plan for the child pursuant to
 12.26 paragraph (e);

12.27 ~~(3)~~ (4) it has made reasonable efforts to finalize an alternative permanent home for the
 12.28 child, and ~~considers~~ considered permanent alternative homes for the child inside or outside
 12.29 of the state, preferably with a relative or important friend in the order specified in section
 12.30 260C.212, subdivision 2, paragraph (a); or

12.31 ~~(4)~~ (5) reasonable efforts to prevent placement and to reunify the child with the parent
 12.32 or guardian are not required. The agency may meet this burden by stating facts in a sworn
 12.33 petition filed under section 260C.141, by filing an affidavit summarizing the agency's
 12.34 reasonable efforts or facts the agency believes demonstrate there is no need for reasonable

13.1 efforts to reunify the parent and child, or through testimony or a certified report required
13.2 under juvenile court rules.

13.3 (g) Once the court determines that reasonable efforts for reunification are not required
13.4 because the court has made one of the prima facie determinations under paragraph (a), the
13.5 court may only require reasonable efforts for reunification after a hearing according to
13.6 section 260C.163, where the court finds there is not clear and convincing evidence of the
13.7 facts upon which the court based its prima facie determination. In this case when there is
13.8 clear and convincing evidence that the child is in need of protection or services, the court
13.9 may find the child in need of protection or services and order any of the dispositions available
13.10 under section 260C.201, subdivision 1. Reunification of a child with a parent is not required
13.11 if the parent has been convicted of:

13.12 (1) a violation of, or an attempt or conspiracy to commit a violation of, sections 609.185
13.13 to 609.20; 609.222, subdivision 2; or 609.223 in regard to another child of the parent;

13.14 (2) a violation of section 609.222, subdivision 2; or 609.223, in regard to the child;

13.15 (3) a violation of, or an attempt or conspiracy to commit a violation of, United States
13.16 Code, title 18, section 1111(a) or 1112(a), in regard to another child of the parent;

13.17 (4) committing sexual abuse as defined in section 626.556, subdivision 2, against the
13.18 child or another child of the parent; or

13.19 (5) an offense that requires registration as a predatory offender under section 243.166,
13.20 subdivision 1b, paragraph (a) or (b).

13.21 (h) The juvenile court, in proceedings under sections 260B.178, 260C.178, 260C.201,
13.22 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, shall make findings and
13.23 conclusions as to the provision of reasonable efforts. When determining whether reasonable
13.24 efforts have been made, the court shall consider whether services to the child and family
13.25 were:

13.26 (1) selected in collaboration with the family and, if appropriate, the child, in consideration
13.27 of the individualized needs of the child and family;

13.28 ~~(1)~~ (2) relevant to the safety and protection, and well-being of the child;

13.29 ~~(2)~~ (3) adequate to meet the individualized needs of the child and family;

13.30 ~~(3)~~ (4) culturally appropriate;

13.31 ~~(4)~~ (5) available and accessible;

13.32 ~~(5)~~ (6) consistent and timely; and

14.1 ~~(6)~~ (7) realistic under the circumstances.

14.2 In the alternative, the court may determine that provision of services or further services
14.3 for the purpose of rehabilitation is futile and therefore unreasonable under the circumstances
14.4 or that reasonable efforts are not required as provided in paragraph (a).

14.5 (i) This section does not prevent out-of-home placement for treatment of a child with a
14.6 mental disability when it is determined to be medically necessary as a result of the child's
14.7 diagnostic assessment or individual treatment plan indicates that appropriate and necessary
14.8 treatment cannot be effectively provided outside of a residential or inpatient treatment
14.9 program and the level or intensity of supervision and treatment cannot be effectively and
14.10 safely provided in the child's home or community and it is determined that a residential
14.11 treatment setting is the least restrictive setting that is appropriate to the needs of the child.

14.12 (j) If continuation of reasonable efforts to prevent placement or reunify the child with
14.13 the parent or guardian from whom the child was removed is determined by the court to be
14.14 inconsistent with the permanent plan for the child or upon the court making one of the prima
14.15 facie determinations under paragraph (a), reasonable efforts must be made to place the child
14.16 in a timely manner in a safe and permanent home and to complete whatever steps are
14.17 necessary to legally finalize the permanent placement of the child.

14.18 (k) Reasonable efforts to place a child for adoption or in another permanent placement
14.19 may be made concurrently with reasonable efforts to prevent placement or to reunify the
14.20 child with the parent or guardian from whom the child was removed. When the responsible
14.21 social services agency decides to concurrently make reasonable efforts for both reunification
14.22 and permanent placement away from the parent under paragraph (a), the agency shall disclose
14.23 its decision and both plans for concurrent reasonable efforts to all parties and the court.
14.24 When the agency discloses its decision to proceed on both plans for reunification and
14.25 permanent placement away from the parent, the court's review of the agency's reasonable
14.26 efforts shall include the agency's efforts under both plans.

14.27 Sec. 2. Minnesota Statutes 2018, section 260C.151, subdivision 6, is amended to read:

14.28 Subd. 6. **Immediate custody.** If the court makes individualized, explicit findings, based
14.29 on the notarized petition or sworn affidavit, that there are reasonable grounds to believe the
14.30 child is in surroundings or conditions which endanger the child's health, safety, or welfare
14.31 that require that responsibility for the child's care and custody be immediately assumed by
14.32 the responsible social services agency and that continuation of the child in the custody of
14.33 the parent or guardian is contrary to the child's welfare, the court may order that the officer
14.34 serving the summons take the child into immediate custody for placement of the child in

15.1 foster care, preferably with a relative or important friend. In ordering that responsibility for
 15.2 the care, custody, and control of the child be assumed by the responsible social services
 15.3 agency, the court is ordering emergency protective care as that term is defined in the juvenile
 15.4 court rules.

15.5 Sec. 3. Minnesota Statutes 2018, section 260C.152, subdivision 5, is amended to read:

15.6 Subd. 5. **Notice to foster parents and preadoptive parents and relatives.** The foster
 15.7 parents, if any, of a child and any preadoptive parent or relative providing care for the child
 15.8 must be provided notice of and a right to be heard in any review or hearing to be held with
 15.9 respect to the child. Any other relative may also request, and must be granted, a notice and
 15.10 the opportunity right to be heard under this section. This subdivision does not require that
 15.11 a foster parent, preadoptive parent, or relative providing care for the child be made a party
 15.12 to a review or hearing solely on the basis of the notice and right to be heard.

15.13 Sec. 4. Minnesota Statutes 2018, section 260C.175, subdivision 2, is amended to read:

15.14 Subd. 2. **Notice to parent or custodian and child; emergency placement with relative**
 15.15 **or designated caregiver.** (a) Whenever a peace officer takes a child into custody for relative
 15.16 placement or shelter care or relative placement pursuant to subdivision 1, section 260C.151,
 15.17 subdivision 5, or section 260C.154, the officer shall notify the parent or custodian, and
 15.18 child, if appropriate, that under section 260C.181, subdivision 2, the parent or custodian,
 15.19 or the child, if reasonably able to express a preference, may request that the child be placed
 15.20 with a relative or a designated caregiver under chapter 257A instead of in a shelter care
 15.21 facility. This notification shall occur at the time the officer takes the child into custody, but
 15.22 before placing the child in a shelter care facility. If a parent or custodian is not physically
 15.23 present at the time of the child's removal from the residence, the officer shall notify the
 15.24 child's parent or custodian as soon as possible after placement. The officer shall consider a
 15.25 child's placement request prior to considering a parent or custodian's placement request.
 15.26 When considering a placement request, the child's physical and emotional safety and
 15.27 well-being shall be paramount considerations.

15.28 (b) If, at the time of notification, the parent or custodian, or child, if appropriate, requests
 15.29 to place the child with a specific relative or designated caregiver under chapter 257A, the
 15.30 officer shall obtain the name and physical location of the relative or designated caregiver.
 15.31 If the peace officer determines that there is a safety risk to the child in the home of the
 15.32 relative or designated caregiver, the officer shall take the child to the home of a different
 15.33 relative or designated caregiver, if available, or to a shelter care facility.

16.1 (c) The officer also shall give the parent or custodian of the child a list of names,
16.2 addresses, and telephone numbers of social services agencies that offer child welfare services.
16.3 If the parent or custodian was not present when the child was removed from the residence,
16.4 the list shall be left with an adult on the premises or left in a conspicuous place on the
16.5 premises if no adult is present. If the officer has reason to believe the parent or custodian
16.6 is not able to read and understand English, the officer must provide a list that is written in
16.7 the language of the parent or custodian. The list shall be prepared by the commissioner of
16.8 human services. The commissioner shall prepare lists for each county and provide each
16.9 county with copies of the list without charge. The list shall be reviewed annually by the
16.10 commissioner and updated if it is no longer accurate. Neither the commissioner nor any
16.11 peace officer or the officer's employer shall be liable to any person for mistakes or omissions
16.12 in the list. The list does not constitute a promise that any agency listed will ~~in fact~~ assist the
16.13 parent or custodian.

16.14 Sec. 5. Minnesota Statutes 2018, section 260C.176, subdivision 2, is amended to read:

16.15 Subd. 2. **Reasons for detention.** (a) If the child is not released as provided in subdivision
16.16 1, the person taking the child into custody shall notify the court as soon as possible of the
16.17 detention of the child and the reasons for detention.

16.18 (b) No child taken into custody and placed in a relative's home or shelter care facility
16.19 ~~or relative's home~~ by a peace officer pursuant to section 260C.175, subdivision 1, clause
16.20 (1) or (2), item (ii), may be held in custody longer than 72 hours, excluding Saturdays,
16.21 Sundays and holidays, unless a petition has been filed and the judge or referee determines
16.22 pursuant to section 260C.178 that the child shall remain in custody or unless the court has
16.23 made a finding of domestic abuse perpetrated by a minor after a hearing under Laws 1997,
16.24 chapter 239, article 10, sections 2 to 26, in which case the court may extend the period of
16.25 detention for an additional seven days, within which time the social services agency shall
16.26 conduct an assessment and shall provide recommendations to the court regarding voluntary
16.27 services or file a child in need of protection or services petition.

16.28 Sec. 6. Minnesota Statutes 2019 Supplement, section 260C.178, subdivision 1, is amended
16.29 to read:

16.30 Subdivision 1. **Hearing and release requirements.** (a) If a child was taken into custody
16.31 under section 260C.175, subdivision 1, clause (1) or (2), item (ii), the court shall hold a
16.32 hearing within 72 hours of the time the child was taken into custody, excluding Saturdays,
16.33 Sundays, and holidays, to determine whether the child should continue in custody.

17.1 (b) Unless there is reason to believe that the child would endanger self or others or not
17.2 return for a court hearing, or that the child's health or welfare would be immediately
17.3 endangered, the child shall be released to the custody of a parent, guardian, custodian, or
17.4 other suitable person, subject to reasonable conditions of release including, but not limited
17.5 to, a requirement that the child undergo a chemical use assessment as provided in section
17.6 260C.157, subdivision 1.

17.7 (c) If the court determines there is reason to believe that the child would endanger self
17.8 or others or not return for a court hearing, or that the child's health or welfare would be
17.9 immediately endangered if returned to the care of the parent or guardian who has custody
17.10 and from whom the child was removed, the court shall order the child into the home of a
17.11 noncustodial parent and order the noncustodial parent to comply with any conditions that
17.12 the court determines appropriate to ensure the safety and care of the child, including requiring
17.13 the noncustodial parent to cooperate with paternity establishment proceedings in the case
17.14 of a man who has not been adjudicated the child's father, or into foster care as defined in
17.15 section 260C.007, subdivision 18, under the legal responsibility of the responsible social
17.16 services agency or responsible probation or corrections agency for the purposes of protective
17.17 care as that term is used in the juvenile court rules ~~or into the home of a noncustodial parent~~
17.18 ~~and order the noncustodial parent to comply with any conditions the court determines to be~~
17.19 ~~appropriate to the safety and care of the child, including cooperating with paternity~~
17.20 ~~establishment proceedings in the case of a man who has not been adjudicated the child's~~
17.21 ~~father.~~ The court shall not give the responsible social services legal custody and order a trial
17.22 home visit at any time prior to adjudication and disposition under section 260C.201,
17.23 subdivision 1, paragraph (a), clause (3), but may order the child returned to the care of the
17.24 parent or guardian who has custody and from whom the child was removed and order the
17.25 parent or guardian to comply with any conditions the court determines to be appropriate to
17.26 meet the safety, health, and welfare of the child.

17.27 (d) In determining whether the child's health or welfare would be immediately
17.28 endangered, the court shall consider whether the child would reside with a perpetrator of
17.29 domestic child abuse.

17.30 (e) The court, before determining whether a child should be placed in or continue in
17.31 foster care under the protective care of the responsible agency, shall also make a
17.32 determination, consistent with section 260.012 as to whether reasonable efforts were made
17.33 to prevent placement or whether reasonable efforts to prevent placement are not required.
17.34 In the case of an Indian child, the court shall determine whether active efforts, according
17.35 to section 260.762 and the Indian Child Welfare Act of 1978, United States Code, title 25,

18.1 section 1912(d), were made to prevent placement. The court shall enter a finding that the
18.2 responsible social services agency has made reasonable efforts to prevent placement when
18.3 the agency establishes either:

18.4 (1) that it has actually provided services or made efforts in an attempt to prevent the
18.5 child's removal but that such services or efforts have not proven sufficient to permit the
18.6 child to safely remain in the home; or

18.7 (2) that there are no services or other efforts that could be made at the time of the hearing
18.8 that could safely permit the child to remain home or to return home. The court shall not
18.9 make a reasonable efforts determination under this clause unless the court is satisfied that
18.10 the agency has sufficiently demonstrated to the court the factual and objective basis of this
18.11 claim. When reasonable efforts to prevent placement are required and there are services or
18.12 other efforts that could be ordered which would permit the child to safely return home, the
18.13 court shall order the child returned to the care of the parent or guardian and the services or
18.14 efforts put in place to ensure the child's safety. When the court makes a prima facie
18.15 determination that one of the circumstances under paragraph (g) exists, the court shall
18.16 determine that reasonable efforts to prevent placement and to return the child to the care of
18.17 the parent or guardian are not required.

18.18 If the court finds the social services agency's preventive or reunification efforts have
18.19 not been reasonable but further preventive or reunification efforts could not permit the child
18.20 to safely remain at home, the court may nevertheless authorize or continue the removal of
18.21 the child.

18.22 (f) The court may not order or continue the foster care placement of the child unless the
18.23 court makes explicit, individualized findings that continued custody of the child by the
18.24 parent or guardian would be contrary to the welfare of the child and that placement is in the
18.25 best interest of the child.

18.26 (g) At the emergency removal hearing, or at any time during the course of the proceeding,
18.27 and upon notice and request of the county attorney, the court shall determine whether a
18.28 petition has been filed stating a prima facie case that:

18.29 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
18.30 subdivision 14;

18.31 (2) the parental rights of the parent to another child have been involuntarily terminated;

18.32 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
18.33 (a), clause (2);

19.1 (4) the parents' custodial rights to another child have been involuntarily transferred to a
19.2 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (e),
19.3 clause (1); section 260C.515, subdivision 4; or a similar law of another jurisdiction;

19.4 (5) the parent has committed sexual abuse as defined in section 626.556, subdivision 2,
19.5 against the child or another child of the parent;

19.6 (6) the parent has committed an offense that requires registration as a predatory offender
19.7 under section 243.166, subdivision 1b, paragraph (a) or (b); or

19.8 (7) the provision of services or further services for the purpose of reunification is futile
19.9 and therefore unreasonable.

19.10 (h) When a petition to terminate parental rights is required under section 260C.301,
19.11 subdivision 4, or 260C.503, subdivision 2, but the county attorney has determined not to
19.12 proceed with a termination of parental rights petition, and has instead filed a petition to
19.13 transfer permanent legal and physical custody to a relative under section 260C.507, the
19.14 court shall schedule a permanency hearing within 30 days of the filing of the petition.

19.15 (i) If the county attorney has filed a petition under section 260C.307, the court shall
19.16 schedule a trial under section 260C.163 within 90 days of the filing of the petition except
19.17 when the county attorney determines that the criminal case shall proceed to trial first under
19.18 section 260C.503, subdivision 2, paragraph (c).

19.19 (j) If the court determines the child should be ordered into foster care and the child's
19.20 parent refuses to give information to the responsible social services agency regarding the
19.21 child's father or relatives of the child, the court may order the parent to disclose the names,
19.22 addresses, telephone numbers, and other identifying information to the responsible social
19.23 services agency for the purpose of complying with sections 260C.150, 260C.151, 260C.212,
19.24 260C.215, 260C.219, and 260C.221.

19.25 (k) If a child ordered into foster care has siblings, whether full, half, or step, who are
19.26 also ordered into foster care, the court shall inquire of the responsible social services agency
19.27 of the efforts to place the children together as required by section 260C.212, subdivision 2,
19.28 paragraph (d), if placement together is in each child's best interests, unless a child is in
19.29 placement for treatment or a child is placed with a previously noncustodial parent who is
19.30 not a parent to all siblings. If the children are not placed together at the time of the hearing,
19.31 the court shall inquire at each subsequent hearing of the agency's reasonable efforts to place
19.32 the siblings together, as required under section 260.012. If any sibling is not placed with
19.33 another sibling or siblings, the agency must develop a plan to facilitate visitation or ongoing

20.1 contact among the siblings as required under section 260C.212, subdivision 1, unless it is
20.2 contrary to the safety or well-being of any of the siblings to do so.

20.3 (l) When the court has ordered the child into the home of a noncustodial parent or in
20.4 ~~foster care or into the home of a noncustodial parent~~, the court may order a chemical
20.5 dependency evaluation, mental health evaluation, medical examination, and parenting
20.6 assessment for the parent as necessary to support the development of a plan for reunification
20.7 required under subdivision 7 and section 260C.212, subdivision 1, or the child protective
20.8 services plan under section 626.556, subdivision 10, and Minnesota Rules, part 9560.0228.

20.9 Sec. 7. Minnesota Statutes 2018, section 260C.181, subdivision 2, is amended to read:

20.10 Subd. 2. **Least restrictive setting.** Notwithstanding the provisions of subdivision 1, if
20.11 the child had been taken into custody pursuant to section 260C.175, subdivision 1, clause
20.12 (1) or (2), item (ii), and is not alleged to be delinquent, the child shall be detained in the
20.13 least restrictive setting consistent with the child's health and welfare and in closest proximity
20.14 to the child's family as possible. Placement may be with a child's relative, a designated
20.15 caregiver under chapter 257A, or if no placement is available with a relative or designated
20.16 caregiver, in a shelter care facility. The placing officer shall comply with this section and
20.17 shall document why a less restrictive setting will or will not be in the best interests of the
20.18 child for placement purposes.

20.19 Sec. 8. Minnesota Statutes 2018, section 260C.193, subdivision 3, is amended to read:

20.20 Subd. 3. **Best interests of the child.** (a) The policy of the state is to ensure that the best
20.21 interests of children in foster care, who experience transfer of permanent legal and physical
20.22 custody to a relative under section 260C.515, subdivision 4, or adoption under this chapter,
20.23 are met by:

20.24 (1) considering placement with relatives and important friends in the order specified in
20.25 section 260C.212, subdivision 2, paragraph (a); and

20.26 (2) requiring individualized determinations under section 260C.212, subdivision 2,
20.27 paragraph (b), of the needs of the child and of how the selected home will serve the needs
20.28 of the child.

20.29 (b) No later than three months after a child is ordered removed from the care of a parent
20.30 in the hearing required under section 260C.202, the court shall review and enter findings
20.31 regarding whether the responsible social services agency made:

21.1 (1) diligent efforts to identify ~~and~~, search for, notify, and engage relatives as required
21.2 under section 260C.221; and

21.3 (2) a placement consistent with section 260C.212, subdivision 2, including an
21.4 individualized determination as required under section 260C.212, subdivision 2, of the
21.5 child's needs to select a home that meets the needs of the child.

21.6 (c) If the court finds the agency has not made reasonable efforts as required under section
21.7 260C.221, ~~and~~ the court shall order the agency to make reasonable efforts. If there is a
21.8 relative who qualifies to be licensed to provide family foster care under chapter 245A, the
21.9 court may order the child placed with the relative consistent with the child's best interests.

21.10 (d) If the agency's reasonable efforts under section 260C.221 are found to be sufficient,
21.11 the court shall order the agency to continue to appropriately engage relatives who responded
21.12 to the notice under section 260C.221 in placement and case planning decisions and to
21.13 appropriately engage relatives who subsequently come to the agency's attention. A court
21.14 finding under this paragraph does not relieve the agency of further relative search,
21.15 engagement, and consideration requirements.

21.16 (e) If the child's birth parent or parents explicitly request that a specific relative or
21.17 important friend not be considered, the court shall honor that request if it is consistent with
21.18 the best interests of the child and consistent with the requirements of section 260C.221. The
21.19 court shall not honor requests to waive relative search, notice, and consideration requirements,
21.20 unless section 260C.139 applies. If the child's birth parent or parents express a preference
21.21 for placing the child in a foster or adoptive home of the same or a similar religious
21.22 background to that of the birth parent or parents, the court shall order placement of the child
21.23 with an individual who meets the birth parent's religious preference.

21.24 (f) Placement of a child cannot be delayed or denied based on race, color, or national
21.25 origin of the foster parent or the child.

21.26 (g) Whenever possible, siblings requiring foster care placement ~~should~~ shall be placed
21.27 together unless it is determined not to be in the best interests of one or more of the siblings
21.28 after weighing the benefits of separate placement against the benefits of sibling connections
21.29 for each sibling. If siblings were not placed together according to section 260C.212,
21.30 subdivision 2, paragraph (d), the responsible social services agency shall report to the court
21.31 the efforts made to place the siblings together and why the efforts were not successful. If
21.32 the court is not satisfied that the agency has made reasonable efforts to place siblings together,
21.33 the court must order the agency to make further reasonable efforts. If siblings are not placed
21.34 together, the court shall order the responsible social services agency to implement the plan

22.1 for visitation among siblings required as part of the out-of-home placement plan under
22.2 section 260C.212.

22.3 (h) This subdivision does not affect the Indian Child Welfare Act, United States Code,
22.4 title 25, sections 1901 to 1923, and the Minnesota Indian Family Preservation Act, sections
22.5 260.751 to 260.835.

22.6 Sec. 9. Minnesota Statutes 2019 Supplement, section 260C.201, subdivision 1, is amended
22.7 to read:

22.8 Subdivision 1. **Dispositions.** (a) If the court finds that the child is in need of protection
22.9 or services or neglected and in foster care, it shall enter an order making any of the following
22.10 dispositions of the case:

22.11 (1) place the child under the protective supervision of the responsible social services
22.12 agency or child-placing agency in the home of a parent of the child under conditions
22.13 prescribed by the court directed to the correction of the child's need for protection or services:

22.14 (i) the court may order the child into the home of a parent who does not otherwise have
22.15 legal custody of the child, however, an order under this section does not confer legal custody
22.16 on that parent;

22.17 (ii) if the court orders the child into the home of a father who is not adjudicated, the
22.18 father must cooperate with paternity establishment proceedings regarding the child in the
22.19 appropriate jurisdiction as one of the conditions prescribed by the court for the child to
22.20 continue in the father's home; and

22.21 (iii) the court may order the child into the home of a noncustodial parent with conditions
22.22 and may also order both the noncustodial and the custodial parent to comply with the
22.23 requirements of a case plan under subdivision 2; or

22.24 (2) transfer legal custody to one of the following:

22.25 (i) a child-placing agency; or

22.26 (ii) the responsible social services agency. In making a foster care placement for a child
22.27 whose custody has been transferred under this subdivision, the agency shall make an
22.28 individualized determination of how the placement is in the child's best interests using the
22.29 placement consideration order for relatives, and the best interest factors in section 260C.212,
22.30 subdivision 2, ~~paragraph (b)~~, and may include a child colocated with a parent in a licensed
22.31 residential family-based substance use disorder treatment program under section 260C.190;
22.32 or

23.1 (3) order a trial home visit without modifying the transfer of legal custody to the
23.2 responsible social services agency under clause (2). Trial home visit means the child is
23.3 returned to the care of the parent or guardian from whom the child was removed for a period
23.4 not to exceed six months. During the period of the trial home visit, the responsible social
23.5 services agency:

23.6 (i) shall continue to have legal custody of the child, which means the agency may see
23.7 the child in the parent's home, at school, in a child care facility, or other setting as the agency
23.8 deems necessary and appropriate;

23.9 (ii) shall continue to have the ability to access information under section 260C.208;

23.10 (iii) shall continue to provide appropriate services to both the parent and the child during
23.11 the period of the trial home visit;

23.12 (iv) without previous court order or authorization, may terminate the trial home visit in
23.13 order to protect the child's health, safety, or welfare and may remove the child to foster care;

23.14 (v) shall advise the court and parties within three days of the termination of the trial
23.15 home visit when a visit is terminated by the responsible social services agency without a
23.16 court order; and

23.17 (vi) shall prepare a report for the court when the trial home visit is terminated whether
23.18 by the agency or court order which describes the child's circumstances during the trial home
23.19 visit and recommends appropriate orders, if any, for the court to enter to provide for the
23.20 child's safety and stability. In the event a trial home visit is terminated by the agency by
23.21 removing the child to foster care without prior court order or authorization, the court shall
23.22 conduct a hearing within ten days of receiving notice of the termination of the trial home
23.23 visit by the agency and shall order disposition under this subdivision or commence
23.24 permanency proceedings under sections 260C.503 to 260C.515. The time period for the
23.25 hearing may be extended by the court for good cause shown and if it is in the best interests
23.26 of the child as long as the total time the child spends in foster care without a permanency
23.27 hearing does not exceed 12 months;

23.28 (4) if the child has been adjudicated as a child in need of protection or services because
23.29 the child is in need of special services or care to treat or ameliorate a physical or mental
23.30 disability or emotional disturbance as defined in section 245.4871, subdivision 15, the court
23.31 may order the child's parent, guardian, or custodian to provide it. The court may order the
23.32 child's health plan company to provide mental health services to the child. Section 62Q.535
23.33 applies to an order for mental health services directed to the child's health plan company.
23.34 If the health plan, parent, guardian, or custodian fails or is unable to provide this treatment

24.1 or care, the court may order it provided. Absent specific written findings by the court that
24.2 the child's disability is the result of abuse or neglect by the child's parent or guardian, the
24.3 court shall not transfer legal custody of the child for the purpose of obtaining special
24.4 treatment or care solely because the parent is unable to provide the treatment or care. If the
24.5 court's order for mental health treatment is based on a diagnosis made by a treatment
24.6 professional, the court may order that the diagnosing professional not provide the treatment
24.7 to the child if it finds that such an order is in the child's best interests; or

24.8 (5) if the court believes that the child has sufficient maturity and judgment and that it is
24.9 in the best interests of the child, the court may order a child 16 years old or older to be
24.10 allowed to live independently, either alone or with others as approved by the court under
24.11 supervision the court considers appropriate, if the county board, after consultation with the
24.12 court, has specifically authorized this dispositional alternative for a child.

24.13 (b) If the child was adjudicated in need of protection or services because the child is a
24.14 runaway or habitual truant, the court may order any of the following dispositions in addition
24.15 to or as alternatives to the dispositions authorized under paragraph (a):

24.16 (1) counsel the child or the child's parents, guardian, or custodian;

24.17 (2) place the child under the supervision of a probation officer or other suitable person
24.18 in the child's own home under conditions prescribed by the court, including reasonable rules
24.19 for the child's conduct and the conduct of the parents, guardian, or custodian, designed for
24.20 the physical, mental, and moral well-being and behavior of the child;

24.21 (3) subject to the court's supervision, transfer legal custody of the child to one of the
24.22 following:

24.23 (i) a reputable person of good moral character. No person may receive custody of two
24.24 or more unrelated children unless licensed to operate a residential program under sections
24.25 245A.01 to 245A.16; or

24.26 (ii) a county probation officer for placement in a group foster home established under
24.27 the direction of the juvenile court and licensed pursuant to section 241.021;

24.28 (4) require the child to pay a fine of up to \$100. The court shall order payment of the
24.29 fine in a manner that will not impose undue financial hardship upon the child;

24.30 (5) require the child to participate in a community service project;

24.31 (6) order the child to undergo a chemical dependency evaluation and, if warranted by
24.32 the evaluation, order participation by the child in a drug awareness program or an inpatient
24.33 or outpatient chemical dependency treatment program;

25.1 (7) if the court believes that it is in the best interests of the child or of public safety that
25.2 the child's driver's license or instruction permit be canceled, the court may order the
25.3 commissioner of public safety to cancel the child's license or permit for any period up to
25.4 the child's 18th birthday. If the child does not have a driver's license or permit, the court
25.5 may order a denial of driving privileges for any period up to the child's 18th birthday. The
25.6 court shall forward an order issued under this clause to the commissioner, who shall cancel
25.7 the license or permit or deny driving privileges without a hearing for the period specified
25.8 by the court. At any time before the expiration of the period of cancellation or denial, the
25.9 court may, for good cause, order the commissioner of public safety to allow the child to
25.10 apply for a license or permit, and the commissioner shall so authorize;

25.11 (8) order that the child's parent or legal guardian deliver the child to school at the
25.12 beginning of each school day for a period of time specified by the court; or

25.13 (9) require the child to perform any other activities or participate in any other treatment
25.14 programs deemed appropriate by the court.

25.15 To the extent practicable, the court shall enter a disposition order the same day it makes
25.16 a finding that a child is in need of protection or services or neglected and in foster care, but
25.17 in no event more than 15 days after the finding unless the court finds that the best interests
25.18 of the child will be served by granting a delay. If the child was under eight years of age at
25.19 the time the petition was filed, the disposition order must be entered within ten days of the
25.20 finding and the court may not grant a delay unless good cause is shown and the court finds
25.21 the best interests of the child will be served by the delay.

25.22 (c) If a child who is 14 years of age or older is adjudicated in need of protection or
25.23 services because the child is a habitual truant and truancy procedures involving the child
25.24 were previously dealt with by a school attendance review board or county attorney mediation
25.25 program under section 260A.06 or 260A.07, the court shall order a cancellation or denial
25.26 of driving privileges under paragraph (b), clause (7), for any period up to the child's 18th
25.27 birthday.

25.28 (d) In the case of a child adjudicated in need of protection or services because the child
25.29 has committed domestic abuse and been ordered excluded from the child's parent's home,
25.30 the court shall dismiss jurisdiction if the court, at any time, finds the parent is able or willing
25.31 to provide an alternative safe living arrangement for the child, as defined in Laws 1997,
25.32 chapter 239, article 10, section 2.

25.33 (e) When a parent has complied with a case plan ordered under subdivision 6 and the
25.34 child is in the care of the parent, the court may order the responsible social services agency

26.1 to monitor the parent's continued ability to maintain the child safely in the home under such
26.2 terms and conditions as the court determines appropriate under the circumstances.

26.3 Sec. 10. Minnesota Statutes 2019 Supplement, section 260C.201, subdivision 2, is amended
26.4 to read:

26.5 Subd. 2. **Written findings.** (a) Any order for a disposition authorized under this section
26.6 shall contain written findings of fact to support the disposition and case plan ordered and
26.7 shall also set forth in writing the following information:

26.8 (1) why the best interests and safety of the child are served by the disposition and case
26.9 plan ordered;

26.10 (2) what alternative dispositions or services under the case plan were considered by the
26.11 court and why such dispositions or services were not appropriate in the instant case;

26.12 (3) when legal custody of the child is transferred, the appropriateness of the particular
26.13 placement made or to be made by the placing agency using the relative and sibling placement
26.14 considerations and best interest factors in section 260C.212, subdivision 2, ~~paragraph (b)~~,
26.15 or the appropriateness of a child colocated with a parent in a licensed residential family-based
26.16 substance use disorder treatment program under section 260C.190;

26.17 (4) whether reasonable efforts to finalize the permanent plan for the child consistent
26.18 with section 260.012 were made including reasonable efforts:

26.19 (i) to prevent the child's placement and to reunify the child with the parent or guardian
26.20 from whom the child was removed at the earliest time consistent with the child's safety.

26.21 The court's findings must include a brief description of what preventive and reunification
26.22 efforts were made and why further efforts could not have prevented or eliminated the
26.23 necessity of removal or that reasonable efforts were not required under section 260.012 or
26.24 260C.178, subdivision 1;

26.25 (ii) to identify and locate any noncustodial or nonresident parent of the child and to
26.26 assess such parent's ability to provide day-to-day care of the child, and, where appropriate,
26.27 provide services necessary to enable the noncustodial or nonresident parent to safely provide
26.28 day-to-day care of the child as required under section 260C.219, unless such services are
26.29 not required under section 260.012 or 260C.178, subdivision 1. The court's findings must
26.30 include a brief description of the agency's efforts under this item, including efforts to engage
26.31 the noncustodial or nonresident parent in assuming care and responsibility of the child;

26.32 (iii) to make the diligent search for relatives and provide the notices required under
26.33 section 260C.221; a finding made pursuant to a hearing under section 260C.202 that the

27.1 agency has made diligent efforts to conduct a relative search and has appropriately engaged
27.2 relatives who responded to the notice under section 260C.221 and other relatives, who came
27.3 to the attention of the agency after notice under section 260C.221 was sent, in placement
27.4 and case planning decisions fulfills the requirement of this item;

27.5 (iv) to identify and make a foster care placement in the home of ~~an unlicensed relative,~~
27.6 ~~according to the requirements of section 245A.035, a licensed relative~~ a relative or important
27.7 friend in consideration of the order specified under section 260C.212, subdivision 2,
27.8 paragraph (a), or other licensed foster care provider, who will commit to being the permanent
27.9 legal parent or custodian for the child in the event reunification cannot occur, but who will
27.10 actively support the reunification plan for the child. If the court finds that the agency has
27.11 not appropriately considered relatives and important friends, the court shall order the agency
27.12 to comply with section 260C.212, subdivision 2, paragraph (a). The court may order the
27.13 agency to continue considering relatives and important friends regardless of the child's
27.14 current placement setting; and

27.15 (v) to place siblings together in the same home or to ensure visitation is occurring when
27.16 siblings are separated in foster care placement and visitation is in the siblings' best interests
27.17 under section 260C.212, subdivision 2, paragraph (d); and

27.18 (5) if the child has been adjudicated as a child in need of protection or services because
27.19 the child is in need of special services or care to treat or ameliorate a mental disability or
27.20 emotional disturbance as defined in section 245.4871, subdivision 15, the written findings
27.21 shall also set forth:

27.22 (i) whether the child has mental health needs that must be addressed by the case plan;

27.23 (ii) what consideration was given to the diagnostic and functional assessments performed
27.24 by the child's mental health professional and to health and mental health care professionals'
27.25 treatment recommendations;

27.26 (iii) what consideration was given to the requests or preferences of the child's parent or
27.27 guardian with regard to the child's interventions, services, or treatment; and

27.28 (iv) what consideration was given to the cultural appropriateness of the child's treatment
27.29 or services.

27.30 (b) If the court finds that the social services agency's preventive or reunification efforts
27.31 have not been reasonable but that further preventive or reunification efforts could not permit
27.32 the child to safely remain at home, the court may nevertheless authorize or continue the
27.33 removal of the child.

28.1 (c) If the child has been identified by the responsible social services agency as the subject
28.2 of concurrent permanency planning, the court shall review the reasonable efforts of the
28.3 agency to develop a permanency plan for the child that includes a primary plan which is
28.4 for reunification with the child's parent or guardian and a secondary plan which is for an
28.5 alternative, legally permanent home for the child in the event reunification cannot be achieved
28.6 in a timely manner.

28.7 Sec. 11. Minnesota Statutes 2018, section 260C.202, is amended to read:

28.8 **260C.202 COURT REVIEW OF FOSTER CARE.**

28.9 (a) If the court orders a child placed in foster care, the court shall review the out-of-home
28.10 placement plan and the child's placement at least every 90 days as required in juvenile court
28.11 rules to determine whether continued out-of-home placement is necessary and appropriate
28.12 or whether the child should be returned home. This review is not required if the court has
28.13 returned the child home, ordered the child permanently placed away from the parent under
28.14 sections 260C.503 to 260C.521, or terminated rights under section 260C.301. Court review
28.15 for a child permanently placed away from a parent, including where the child is under
28.16 guardianship of the commissioner, shall be governed by section 260C.607.

28.17 (b) No later than three months after the child's placement in foster care, the court shall
28.18 review agency efforts to search for and notify relatives pursuant to section 260C.221, and
28.19 order that the efforts begin immediately, or continue, if the agency has failed to perform,
28.20 or not adequately performed, the duties under that section. The court must order the agency
28.21 to continue to appropriately engage relatives who responded to the notice under section
28.22 260C.221 in placement and case planning decisions, and to continue to consider relatives
28.23 for foster care placement unless and until the court has ruled out a specific relative for foster
28.24 care placement. Notwithstanding a court's finding that the agency has made reasonable
28.25 efforts to search for and notify relatives under section 260C.221, the court may order the
28.26 agency to continue making reasonable efforts to search for, notify, engage ~~other~~, and consider
28.27 relatives who came to the agency's attention after the initial notice under section 260C.221
28.28 was sent.

28.29 (c) The court shall review the out-of-home placement plan and may modify the plan as
28.30 provided under section 260C.201, subdivisions 6 and 7.

28.31 (d) When the court orders transfer of custody to a responsible social services agency
28.32 resulting in foster care or protective supervision with a noncustodial parent under subdivision
28.33 1, the court shall notify the parents of the provisions of sections 260C.204 and 260C.503
28.34 to 260C.521, as required under juvenile court rules.

29.1 (e) When a child remains in or returns to foster care pursuant to section 260C.451 and
29.2 the court has jurisdiction pursuant to section 260C.193, subdivision 6, paragraph (c), the
29.3 court shall at least annually conduct the review required under section 260C.203.

29.4 Sec. 12. Minnesota Statutes 2018, section 260C.203, is amended to read:

29.5 **260C.203 ADMINISTRATIVE OR COURT REVIEW OF PLACEMENTS.**

29.6 (a) Unless the court is conducting the reviews required under section 260C.202, there
29.7 shall be an administrative review of the out-of-home placement plan of each child placed
29.8 in foster care no later than 180 days after the initial placement of the child in foster care
29.9 and at least every six months thereafter if the child is not returned to the home of the parent
29.10 or parents within that time. The out-of-home placement plan must be monitored and updated
29.11 at each administrative review. The administrative review shall be conducted by the
29.12 responsible social services agency using a panel of appropriate persons at least one of whom
29.13 is not responsible for the case management of, or the delivery of services to, either the child
29.14 or the parents who are the subject of the review. The administrative review shall be open
29.15 to participation by the parent or guardian of the child and the child, as appropriate.

29.16 (b) As an alternative to the administrative review required in paragraph (a), the court
29.17 may, as part of any hearing required under the Minnesota Rules of Juvenile Protection
29.18 Procedure, conduct a hearing to monitor and update the out-of-home placement plan pursuant
29.19 to the procedure and standard in section 260C.201, subdivision 6, paragraph (d). The party
29.20 requesting review of the out-of-home placement plan shall give parties to the proceeding
29.21 notice of the request to review and update the out-of-home placement plan. A court review
29.22 conducted pursuant to section 260C.141, subdivision 2; 260C.193; 260C.201, subdivision
29.23 1; 260C.202; 260C.204; 260C.317; or 260D.06 shall satisfy the requirement for the review
29.24 so long as the other requirements of this section are met.

29.25 (c) As appropriate to the stage of the proceedings and relevant court orders, the
29.26 responsible social services agency or the court shall review:

29.27 (1) the safety, permanency needs, and well-being of the child;

29.28 (2) the continuing necessity for and appropriateness of the placement, including whether
29.29 the placement is consistent with the child's best interests and relative and sibling placement
29.30 considerations under section 260C.212, subdivision 2;

29.31 (3) the ~~extent of compliance with~~ appropriateness of the out-of-home placement plan,
29.32 including services and resources that the agency has provided to the parent, services and

30.1 resources that other agencies and individuals have provided to the parent, and whether the
30.2 out-of-home placement plan is individualized to the needs of the parent and child;

30.3 (4) the extent of progress that has been made toward alleviating or mitigating the causes
30.4 necessitating placement in foster care;

30.5 (5) the projected date by which the child may be returned to and safely maintained in
30.6 the home or placed permanently away from the care of the parent or parents or guardian;
30.7 and

30.8 (6) the appropriateness of the services provided to the child.

30.9 (d) When a child is age 14 or older:

30.10 (1) in addition to any administrative review conducted by the responsible social services
30.11 agency, at the in-court review required under section 260C.317, subdivision 3, clause (3),
30.12 or 260C.515, subdivision 5 or 6, the court shall review the independent living plan required
30.13 under section 260C.212, subdivision 1, paragraph (c), clause (12), and the provision of
30.14 services to the child related to the well-being of the child as the child prepares to leave foster
30.15 care. The review shall include the actual plans related to each item in the plan necessary to
30.16 the child's future safety and well-being when the child is no longer in foster care; and

30.17 (2) consistent with the requirements of the independent living plan, the court shall review
30.18 progress toward or accomplishment of the following goals:

30.19 (i) the child has obtained a high school diploma or its equivalent;

30.20 (ii) the child has completed a driver's education course or has demonstrated the ability
30.21 to use public transportation in the child's community;

30.22 (iii) the child is employed or enrolled in postsecondary education;

30.23 (iv) the child has applied for and obtained postsecondary education financial aid for
30.24 which the child is eligible;

30.25 (v) the child has health care coverage and health care providers to meet the child's
30.26 physical and mental health needs;

30.27 (vi) the child has applied for and obtained disability income assistance for which the
30.28 child is eligible;

30.29 (vii) the child has obtained affordable housing with necessary supports, which does not
30.30 include a homeless shelter;

31.1 (viii) the child has saved sufficient funds to pay for the first month's rent and a damage
31.2 deposit;

31.3 (ix) the child has an alternative affordable housing plan, which does not include a
31.4 homeless shelter, if the original housing plan is unworkable;

31.5 (x) the child, if male, has registered for the Selective Service; and

31.6 (xi) the child has a permanent connection to a caring adult.

31.7 Sec. 13. Minnesota Statutes 2018, section 260C.204, is amended to read:

31.8 **260C.204 PERMANENCY PROGRESS REVIEW FOR CHILDREN IN FOSTER**
31.9 **CARE FOR SIX MONTHS.**

31.10 (a) When a child continues in placement out of the home of the parent or guardian from
31.11 whom the child was removed, no later than six months after the child's placement the court
31.12 shall conduct a permanency progress hearing to review:

31.13 (1) the progress of the case, the parent's progress on the case plan or out-of-home
31.14 placement plan, whichever is applicable;

31.15 (2) the agency's reasonable, or in the case of an Indian child, active efforts for
31.16 reunification and its provision of services;

31.17 (3) the agency's reasonable efforts to finalize the permanent plan for the child under
31.18 section 260.012, paragraph (e), and to make a placement as required under section 260C.212,
31.19 subdivision 2, in a home that will commit to being the legally permanent family for the
31.20 child in the event the child cannot return home according to the timelines in this section;
31.21 and

31.22 (4) in the case of an Indian child, active efforts to prevent the breakup of the Indian
31.23 family and to make a placement according to the placement preferences under United States
31.24 Code, title 25, chapter 21, section 1915.

31.25 (b) The court shall ensure that notice of the hearing is sent to any relative who:

31.26 (1) responded to the agency's notice provided under section 260C.221, indicating an
31.27 interest in participating in planning for the child or being a permanency resource for the
31.28 child and who has kept the court apprised of the relative's address; or

31.29 (2) asked to be notified of court proceedings regarding the child as is permitted in section
31.30 260C.152, subdivision 5.

32.1 (c)(1) If the parent or guardian has maintained contact with the child and is complying
32.2 with the court-ordered out-of-home placement plan, and if the child would benefit from
32.3 reunification with the parent, the court may either:

32.4 (i) return the child home, if the conditions which led to the out-of-home placement have
32.5 been sufficiently mitigated that it is safe and in the child's best interests to return home; or

32.6 (ii) continue the matter up to a total of six additional months. If the child has not returned
32.7 home by the end of the additional six months, the court must conduct a hearing according
32.8 to sections 260C.503 to 260C.521.

32.9 (2) If the court determines that the parent or guardian is not ~~complying~~ making progress
32.10 on, or engaging with services in, the out-of-home placement plan, or is not maintaining
32.11 regular contact with the child as outlined in the visitation plan required as part of the
32.12 out-of-home placement plan under section 260C.212, the court may order the responsible
32.13 social services agency:

32.14 (i) to develop a plan for legally permanent placement of the child away from the parent;

32.15 (ii) to consider, identify, recruit, and support one or more permanency resources from
32.16 the child's relatives and foster parent, consistent with section 260C.212, subdivision 2,
32.17 paragraph (a), to be the legally permanent home in the event the child cannot be returned
32.18 to the parent. Any relative or the child's foster parent may ask the court to order the agency
32.19 to consider them for permanent placement of the child in the event the child cannot be
32.20 returned to the parent. A relative or foster parent who wants to be considered under this
32.21 item shall cooperate with the background study required under section 245C.08, if the
32.22 individual has not already done so, and with the home study process required under chapter
32.23 245A for providing child foster care and for adoption under section 259.41. The home study
32.24 referred to in this item shall be a single-home study in the form required by the commissioner
32.25 of human services or similar study required by the individual's state of residence when the
32.26 subject of the study is not a resident of Minnesota. The court may order the responsible
32.27 social services agency to make a referral under the Interstate Compact on the Placement of
32.28 Children when necessary to obtain a home study for an individual who wants to be considered
32.29 for transfer of permanent legal and physical custody or adoption of the child; and

32.30 (iii) to file a petition to support an order for the legally permanent placement plan.

32.31 (d) Following the review under this section:

32.32 (1) if the court has either returned the child home or continued the matter up to a total
32.33 of six additional months, the agency shall continue to provide services to support the child's

33.1 return home or to make reasonable efforts to achieve reunification of the child and the parent
33.2 as ordered by the court under an approved case plan;

33.3 (2) if the court orders the agency to develop a plan for the transfer of permanent legal
33.4 and physical custody of the child to a relative, a petition supporting the plan shall be filed
33.5 in juvenile court within 30 days of the hearing required under this section and a trial on the
33.6 petition held within 60 days of the filing of the pleadings; or

33.7 (3) if the court orders the agency to file a termination of parental rights, unless the county
33.8 attorney can show cause why a termination of parental rights petition should not be filed,
33.9 a petition for termination of parental rights shall be filed in juvenile court within 30 days
33.10 of the hearing required under this section and a trial on the petition held within 60 days of
33.11 the filing of the petition.

33.12 Sec. 14. Minnesota Statutes 2018, section 260C.212, subdivision 1, is amended to read:

33.13 Subdivision 1. **Out-of-home placement; plan.** (a) An out-of-home placement plan shall
33.14 be prepared within 30 days after any child is placed in foster care by court order or a
33.15 voluntary placement agreement between the responsible social services agency and the
33.16 child's parent pursuant to section 260C.227 or chapter 260D.

33.17 (b) An out-of-home placement plan means a written document individualized to the
33.18 needs of the parent or parents or guardian and the child which is prepared by the responsible
33.19 social services agency jointly with the parent or parents or guardian of the child and in
33.20 consultation with the child's guardian ad litem, the child's tribe, if the child is an Indian
33.21 child, the child's foster parent or representative of the foster care facility, and, where
33.22 appropriate, the child. When a child is age 14 or older, the child may include two other
33.23 individuals on the team preparing the child's out-of-home placement plan. The child may
33.24 select one member of the case planning team to be designated as the child's advisor and to
33.25 advocate with respect to the application of the reasonable and prudent parenting standards.
33.26 The responsible social services agency may reject an individual selected by the child if the
33.27 agency has good cause to believe that the individual would not act in the best interest of the
33.28 child. For a child in voluntary foster care for treatment under chapter 260D, preparation of
33.29 the out-of-home placement plan shall additionally include the child's mental health treatment
33.30 provider. For a child 18 years of age or older, the responsible social services agency shall
33.31 involve the child and the child's parents as appropriate. As appropriate, the plan shall be:

33.32 (1) submitted to the court for approval under section 260C.178, subdivision 7;

34.1 (2) ordered by the court, either as presented or modified after hearing, under section
34.2 260C.178, subdivision 7, or 260C.201, subdivision 6; and

34.3 (3) signed by the parent or parents or guardian of the child, the child's guardian ad litem,
34.4 a representative of the child's tribe, the responsible social services agency, and, if possible,
34.5 the child.

34.6 (c) The out-of-home placement plan shall be explained to all persons involved in its
34.7 implementation, including the child who has signed the plan, and shall set forth:

34.8 (1) a description of the foster care home or facility selected, including how the agency
34.9 considered relatives and important friends for placement; how the out-of-home placement
34.10 plan is designed to achieve a safe placement for the child in the least restrictive, most
34.11 family-like, setting available which is in close proximity to the home of the parent or parents
34.12 or guardian of the child when the case plan goal is reunification⁵; and how the placement
34.13 is consistent with the best interests and special needs of the child according to the factors
34.14 under subdivision 2, paragraph (b);

34.15 (2) the specific reasons for the placement of the child in foster care, and when
34.16 reunification is the plan, a description of the problems or conditions in the home of the
34.17 parent or parents which necessitated removal of the child from home and the changes the
34.18 parent or parents must make for the child to safely return home;

34.19 (3) a description of the services offered and provided to prevent removal of the child
34.20 from the home and to reunify the family including:

34.21 (i) the specific actions to be taken by the parent or parents of the child to eliminate or
34.22 correct the problems or conditions identified in clause (2), and the time period during which
34.23 the actions are to be taken; and

34.24 (ii) the reasonable efforts, or in the case of an Indian child, active efforts to be made to
34.25 achieve a safe and stable home for the child including social and other supportive services
34.26 to be provided or offered to the parent or parents or guardian of the child, the child, and the
34.27 residential facility during the period the child is in the residential facility;

34.28 (4) a description of any services or resources that were requested by the child or the
34.29 child's parent, guardian, foster parent, or custodian since the date of the child's placement
34.30 in the residential facility, and whether those services or resources were provided and if not,
34.31 the basis for the denial of the services or resources;

34.32 (5) the visitation plan for the parent or parents or guardian, other relatives as defined in
34.33 section 260C.007, subdivision 26b or 27, and siblings of the child if the siblings are not

35.1 placed together in foster care, and whether visitation is consistent with the best interest of
35.2 the child, during the period the child is in foster care;

35.3 (6) when a child cannot return to or be in the care of either parent, documentation of
35.4 steps to finalize adoption as the permanency plan for the child through reasonable efforts
35.5 to place the child for adoption pursuant to section 260C.605. At a minimum, the
35.6 documentation must include consideration of whether adoption is in the best interests of
35.7 the child, and child-specific recruitment efforts such as a relative search, consideration of
35.8 relatives for adoptive placement, and the use of state, regional, and national adoption
35.9 exchanges to facilitate orderly and timely placements in and outside of the state. A copy of
35.10 this documentation shall be provided to the court in the review required under section
35.11 260C.317, subdivision 3, paragraph (b);

35.12 (7) when a child cannot return to or be in the care of either parent, documentation of
35.13 steps to finalize the transfer of permanent legal and physical custody to a relative as the
35.14 permanency plan for the child. This documentation must support the requirements of the
35.15 kinship placement agreement under section 256N.22 and must include the reasonable efforts
35.16 used to determine that it is not appropriate for the child to return home or be adopted, and
35.17 reasons why permanent placement with a relative through a Northstar kinship assistance
35.18 arrangement is in the child's best interest; how the child meets the eligibility requirements
35.19 for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's
35.20 relative foster parent and reasons why the relative foster parent chose not to pursue adoption,
35.21 if applicable; and agency efforts to discuss with the child's parent or parents the permanent
35.22 transfer of permanent legal and physical custody or the reasons why these efforts were not
35.23 made;

35.24 (8) efforts to ensure the child's educational stability while in foster care for a child who
35.25 attained the minimum age for compulsory school attendance under state law and is enrolled
35.26 full time in elementary or secondary school, or instructed in elementary or secondary
35.27 education at home, or instructed in an independent study elementary or secondary program,
35.28 or incapable of attending school on a full-time basis due to a medical condition that is
35.29 documented and supported by regularly updated information in the child's case plan.
35.30 Educational stability efforts include:

35.31 (i) efforts to ensure that the child remains in the same school in which the child was
35.32 enrolled prior to placement or upon the child's move from one placement to another, including
35.33 efforts to work with the local education authorities to ensure the child's educational stability
35.34 and attendance; or

36.1 (ii) if it is not in the child's best interest to remain in the same school that the child was
36.2 enrolled in prior to placement or move from one placement to another, efforts to ensure
36.3 immediate and appropriate enrollment for the child in a new school;

36.4 (9) the educational records of the child including the most recent information available
36.5 regarding:

36.6 (i) the names and addresses of the child's educational providers;

36.7 (ii) the child's grade level performance;

36.8 (iii) the child's school record;

36.9 (iv) a statement about how the child's placement in foster care takes into account
36.10 proximity to the school in which the child is enrolled at the time of placement; and

36.11 (v) any other relevant educational information;

36.12 (10) the efforts by the responsible social services agency to ensure the oversight and
36.13 continuity of health care services for the foster child, including:

36.14 (i) the plan to schedule the child's initial health screens;

36.15 (ii) how the child's known medical problems and identified needs from the screens,
36.16 including any known communicable diseases, as defined in section 144.4172, subdivision
36.17 2, shall be monitored and treated while the child is in foster care;

36.18 (iii) how the child's medical information shall be updated and shared, including the
36.19 child's immunizations;

36.20 (iv) who is responsible to coordinate and respond to the child's health care needs,
36.21 including the role of the parent, the agency, and the foster parent;

36.22 (v) who is responsible for oversight of the child's prescription medications;

36.23 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
36.24 consulted and involved in assessing the health and well-being of the child and determine
36.25 the appropriate medical treatment for the child; and

36.26 (vii) the responsibility to ensure that the child has access to medical care through either
36.27 medical insurance or medical assistance;

36.28 (11) the health records of the child including information available regarding:

36.29 (i) the names and addresses of the child's health care and dental care providers;

36.30 (ii) a record of the child's immunizations;

37.1 (iii) the child's known medical problems, including any known communicable diseases
37.2 as defined in section 144.4172, subdivision 2;

37.3 (iv) the child's medications; and

37.4 (v) any other relevant health care information such as the child's eligibility for medical
37.5 insurance or medical assistance;

37.6 (12) an independent living plan for a child 14 years of age or older, developed in
37.7 consultation with the child. The child may select one member of the case planning team to
37.8 be designated as the child's advisor and to advocate with respect to the application of the
37.9 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
37.10 not be limited to, the following objectives:

37.11 (i) educational, vocational, or employment planning;

37.12 (ii) health care planning and medical coverage;

37.13 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
37.14 license;

37.15 (iv) money management, including the responsibility of the responsible social services
37.16 agency to ensure that the child annually receives, at no cost to the child, a consumer report
37.17 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
37.18 in the report;

37.19 (v) planning for housing;

37.20 (vi) social and recreational skills;

37.21 (vii) establishing and maintaining connections with the child's family and community;
37.22 and

37.23 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
37.24 activities typical for the child's age group, taking into consideration the capacities of the
37.25 individual child;

37.26 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
37.27 and assessment information, specific services relating to meeting the mental health care
37.28 needs of the child, and treatment outcomes; and

37.29 (14) for a child 14 years of age or older, a signed acknowledgment that describes the
37.30 child's rights regarding education, health care, visitation, safety and protection from
37.31 exploitation, and court participation; receipt of the documents identified in section 260C.452;

38.1 and receipt of an annual credit report. The acknowledgment shall state that the rights were
38.2 explained in an age-appropriate manner to the child.

38.3 (d) The parent or parents or guardian and the child each shall have the right to legal
38.4 counsel in the preparation of the case plan and shall be informed of the right at the time of
38.5 placement of the child. The child shall also have the right to a guardian ad litem. If unable
38.6 to employ counsel from their own resources, the court shall appoint counsel upon the request
38.7 of the parent or parents or the child or the child's legal guardian. The parent or parents may
38.8 also receive assistance from any person or social services agency in preparation of the case
38.9 plan.

38.10 After the plan has been agreed upon by the parties involved or approved or ordered by
38.11 the court, the foster parents shall be fully informed of the provisions of the case plan and
38.12 shall be provided a copy of the plan.

38.13 Upon discharge from foster care, the parent, adoptive parent, or permanent legal and
38.14 physical custodian, as appropriate, and the child, if appropriate, must be provided with a
38.15 current copy of the child's health and education record.

38.16 Sec. 15. Minnesota Statutes 2019 Supplement, section 260C.212, subdivision 2, is amended
38.17 to read:

38.18 Subd. 2. **Placement decisions based on best interests of the child.** (a) The policy of
38.19 the state of Minnesota is to ensure that the child's best interests are met by requiring an
38.20 individualized determination of the needs of the child in consideration of paragraphs (a) to
38.21 (f), and of how the selected placement will serve the current and future needs of the child
38.22 being placed. The authorized child-placing agency shall place a child, released by court
38.23 order or by voluntary release by the parent or parents, in a family foster home selected by
38.24 considering placement with relatives and important friends in the following order:

38.25 (1) with an individual who is related to the child by blood, marriage, or adoption,
38.26 including a legal parent, guardian, or custodian of the child's sibling; or

38.27 (2) with an individual who is an important friend with whom the child has resided or
38.28 had significant contact; or

38.29 (3) with an individual who is an important friend of the child's parent, custodian, or legal
38.30 guardian.

38.31 For an Indian child, the agency shall follow the order of placement preferences in the Indian
38.32 Child Welfare Act of 1978, United States Code, title 25, section 1915.

39.1 (b) Among the factors the agency shall consider in determining the current and future
39.2 needs of the child are the following:

39.3 (1) the child's current functioning and behaviors;

39.4 (2) the medical needs of the child;

39.5 (3) the educational needs of the child;

39.6 (4) the developmental needs of the child;

39.7 (5) the child's history and past experience;

39.8 (6) the child's religious and cultural needs;

39.9 (7) the child's connection with a community, school, and faith community;

39.10 (8) the child's interests and talents;

39.11 (9) the child's ~~relationship to current~~ past, present, and future relationships with caretakers,
39.12 parents, siblings, and relatives;

39.13 (10) the reasonable preference of the child, if the court, or the child-placing agency in
39.14 the case of a voluntary placement, deems the child to be of sufficient age to express
39.15 preferences; and

39.16 (11) for an Indian child, the best interests of an Indian child as defined in section 260.755,
39.17 subdivision 2a.

39.18 When placing a child in foster care or in a permanent placement based on an individualized
39.19 determination of the child's needs, the agency must not use one factor in paragraph (b) to
39.20 the exclusion of all others, and the agency shall consider that the factors in paragraph (b)
39.21 may be interrelated.

39.22 (c) Placement of a child cannot be delayed or denied based on race, color, or national
39.23 origin of the foster parent or the child.

39.24 (d) Siblings should be placed together for foster care and adoption at the earliest possible
39.25 time unless it is documented that a joint placement would be contrary to the safety or
39.26 well-being of any of the siblings or unless it is not possible after reasonable efforts by the
39.27 responsible social services agency. In cases where siblings cannot be placed together, the
39.28 agency is required to provide frequent visitation or other ongoing interaction between
39.29 siblings unless the agency documents that the interaction would be contrary to the safety
39.30 or well-being of any of the siblings.

40.1 (e) Except for emergency placement as provided for in section 245A.035, the following
 40.2 requirements must be satisfied before the approval of a foster or adoptive placement in a
 40.3 related or unrelated home: (1) a completed background study under section 245C.08; and
 40.4 (2) a completed review of the written home study required under section 260C.215,
 40.5 subdivision 4, clause (5), or 260C.611, to assess the capacity of the prospective foster or
 40.6 adoptive parent to ensure the placement will meet the needs of the individual child.

40.7 (f) The agency must determine whether colocation with a parent who is receiving services
 40.8 in a licensed residential family-based substance use disorder treatment program is in the
 40.9 child's best interests according to paragraph (b) and include that determination in the child's
 40.10 case plan. The agency may consider additional factors not identified in paragraph (b). The
 40.11 agency's determination must be documented in the child's case plan before the child is
 40.12 colocated with a parent.

40.13 Sec. 16. Minnesota Statutes 2018, section 260C.221, is amended to read:

40.14 **260C.221 RELATIVE SEARCH AND ENGAGEMENT; PLACEMENT**
 40.15 **CONSIDERATION.**

40.16 Subdivision 1. Relative search requirements. (a) The responsible social services agency
 40.17 shall exercise due diligence to identify and notify adult relatives and current caregivers of
 40.18 a child's sibling, prior to placement or within 30 days after the child's removal from the
 40.19 parent, notwithstanding placement of a child in the home of a relative, as required under
 40.20 subdivision 2. ~~The county agency shall consider placement with a relative under this section~~
 40.21 ~~without delay and whenever the child must move from or be returned to foster care.~~ The
 40.22 relative search required by this section shall be comprehensive in scope. ~~After a finding~~
 40.23 ~~that the agency has made reasonable efforts to conduct the relative search under this~~
 40.24 ~~paragraph, the agency has the continuing responsibility to appropriately involve relatives,~~
 40.25 ~~who have responded to the notice required under this paragraph, in planning for the child~~
 40.26 ~~and to continue to consider relatives according to the requirements of section 260C.212,~~
 40.27 ~~subdivision 2.~~ ~~At any time during the course of juvenile protection proceedings, the court~~
 40.28 ~~may order the agency to reopen its search for relatives when it is in the child's best interest~~
 40.29 ~~to do so.~~

40.30 (b) The relative search required by this section shall include both maternal and paternal
 40.31 adult relatives of the child; all adult grandparents; all legal parents, guardians, or custodians
 40.32 of the child's siblings; and any other adult relatives suggested by the child's parents, subject
 40.33 to the exceptions due to family violence in subdivision 5, paragraph (e) (b). The search shall
 40.34 also include getting information from the child in an age-appropriate manner about who the

41.1 child considers to be family members and important friends with whom the child has resided
 41.2 or had significant contact. The relative search required under this section must fulfill the
 41.3 agency's duties under the Indian Child Welfare Act regarding active efforts to prevent the
 41.4 breakup of the Indian family under United States Code, title 25, section 1912(d), and to
 41.5 meet placement preferences under United States Code, title 25, section 1915.

41.6 (c) The responsible social services agency has a continuing responsibility to search for
 41.7 and identify relatives of a child and send the required notice under subdivision 2, unless the
 41.8 court has relieved the agency of this duty under subdivision 5, paragraph (e).

41.9 Subd. 2. Relative notice requirements. The (a) Relatives must be notified:

41.10 (1) of the need for a foster home for the child, the option to become a placement resource
 41.11 for the child, the order of placement consideration under section 260C.212, subdivision 2,
 41.12 paragraph (a), and the possibility of the need for a permanent placement for the child;

41.13 (2) of their responsibility to keep the responsible social services agency and the court
 41.14 informed of their current address in order to receive notice in the event that a permanent
 41.15 placement is sought for the child and to receive notice of the permanency progress review
 41.16 hearing under section 260C.204. A relative who fails to provide a current address to the
 41.17 responsible social services agency and the court ~~forfeits~~ may forfeit the right to receive
 41.18 notice of the possibility of permanent placement and of the permanency progress review
 41.19 hearing under section 260C.204. A decision by a relative not to be identified as a potential
 41.20 permanent placement resource or participate in planning for the child at the beginning of
 41.21 the case shall not affect whether the relative is considered for placement of, or as a
 41.22 permanency resource for, the child with that relative later, and shall not be a basis for the
 41.23 court to rule out that relative as a placement or permanency resource;

41.24 (3) that the relative may participate in the care and planning for the child, as specified
 41.25 in subdivision 3, including that the opportunity for such participation may be lost by failing
 41.26 to respond to the notice sent under this subdivision. ~~"Participate in the care and planning"~~
 41.27 ~~includes, but is not limited to, participation in case planning for the parent and child,~~
 41.28 ~~identifying the strengths and needs of the parent and child, supervising visits, providing~~
 41.29 ~~respite and vacation visits for the child, providing transportation to appointments, suggesting~~
 41.30 ~~other relatives who might be able to help support the case plan, and to the extent possible,~~
 41.31 ~~helping to maintain the child's familiar and regular activities and contact with friends and~~
 41.32 ~~relatives;~~

41.33 (4) of the family foster care licensing and adoption home study requirements, including
 41.34 how to complete an application and how to request a variance from licensing standards that

42.1 do not present a safety or health risk to the child in the home under section 245A.04 and
42.2 supports that are available for relatives and children who reside in a family foster home;
42.3 ~~and~~

42.4 (5) of the relatives' right to ask to be notified of any court proceedings regarding the
42.5 child, to attend the hearings, and of a relative's right or opportunity to be heard by the court
42.6 as required under section 260C.152, subdivision 5; and

42.7 (6) that regardless of the relative's response to the notice sent under this subdivision, the
42.8 agency is required to establish permanency for a child, including planning for alternative
42.9 permanency options should reunification efforts fail or not be required.

42.10 (b) Subject to the exceptions due to family violence under subdivision 5, paragraph (b),
42.11 the responsible social services agency shall send the notice required under paragraph (a) to
42.12 relatives who become known to the responsible social services agency, notwithstanding a
42.13 finding by the court that the agency has made reasonable efforts to conduct a relative search.
42.14 Relatives who become known to the responsible social services agency after an adoption
42.15 placement agreement has been fully executed according to section 260C.613, subdivision
42.16 1, shall be notified of their options under section 260C.607, subdivision 6.

42.17 Subd. 3. **Relative engagement requirements.** (a) Relatives who respond to the notice
42.18 under subdivision 2 have the right to participate in the care and planning for a child. This
42.19 includes but is not limited to the following:

42.20 (1) participation in case planning for the parent and child, including helping to identify
42.21 services and resources that meet the individualized needs of each parent, as applicable, and
42.22 the child. Participation in case planning may be in person or via phone call or other electronic
42.23 means, and shall not be limited based on prior inconsistent or nonexistent participation;

42.24 (2) identifying the strengths and needs of the parent and child;

42.25 (3) asking the responsible social services agency to consider the relative for placement
42.26 according to subdivision 4;

42.27 (4) acting as a support person for the parent or parents, the child, or the child's current
42.28 caregiver, or any combination of these individuals;

42.29 (5) supervising visits;

42.30 (6) providing respite and vacation visits for the child;

42.31 (7) providing transportation to appointments;

43.1 (8) suggesting other relatives who might be able to help support the case plan or be
43.2 considered for placement. The agency shall send notice to relatives identified in this way
43.3 according to subdivision 2, paragraph (b); and

43.4 (9) helping to maintain the child's familiar and regular activities and contact with friends
43.5 and relatives.

43.6 (b) The responsible social services agency shall make reasonable efforts to engage
43.7 relatives as required under this section. The court may conduct a review of the agency's
43.8 reasonable efforts to engage relatives upon request by a relative or other party to the
43.9 proceeding. If the court finds the agency did not make reasonable efforts to engage relatives,
43.10 the court may order the agency to make such efforts.

43.11 Subd. 4. **Placement considerations.** (a) The responsible social services agency shall
43.12 consider placement with a relative under this section without delay and whenever the child
43.13 enters foster care, must change foster care placement, is to be placed permanently away
43.14 from the child's parent, or is returned to foster care after permanency has been achieved.
43.15 Relatives shall be considered in the order specified in section 260C.212, subdivision 2,
43.16 paragraph (a).

43.17 (b) Relatives who request to be a placement option for a child in foster care have the
43.18 right to be considered for placement according to section 260C.212, subdivision 2, paragraph
43.19 (a), subject to the exceptions due to family violence under subdivision 5, paragraph (b).

43.20 (c) When adoption is the permanency goal, the responsible social services agency shall
43.21 consider adoptive placement with a relative in the order specified under section 260C.212,
43.22 subdivision 2, paragraph (a).

43.23 Subd. 5. **Data disclosure; court review.** (a) A responsible social services agency
43.24 may disclose private data, as defined in sections 13.02 and 626.556, to relatives of the child
43.25 for the purpose of locating and assessing a suitable placement and may use any reasonable
43.26 means of identifying and locating relatives including the Internet or other electronic means
43.27 of conducting a search. The agency shall disclose data that is necessary to facilitate possible
43.28 placement with relatives and to ensure that the relative is informed of the needs of the child
43.29 so the relative can participate in planning for the child and be supportive of services to the
43.30 child and family.

43.31 (b) If the child's parent refuses to give the responsible social services agency information
43.32 sufficient to identify the maternal and paternal relatives of the child, the agency shall ask
43.33 the juvenile court to order the parent to provide the necessary information and shall use
43.34 other resources to identify the child's maternal and paternal relatives. If a parent makes an

44.1 explicit request that a specific relative not be contacted or considered for placement due to
 44.2 safety reasons including past family or domestic violence, the agency shall bring the parent's
 44.3 request to the attention of the court to determine whether the parent's request is consistent
 44.4 with the best interests of the child and the agency shall not contact the specific relative when
 44.5 the juvenile court finds that contacting the specific relative would endanger the parent,
 44.6 guardian, child, sibling, or any family member. A parent may not request, and a court shall
 44.7 not order, a waiver of the relative search, notification, engagement, and consideration
 44.8 requirements under this section, unless section 260C.139 applies.

44.9 (c) Notwithstanding chapter 13, the agency shall disclose data about particular relatives
 44.10 identified, searched for, contacted, and considered for placement for the purposes of the
 44.11 court's review of the agency's due diligence.

44.12 (d) At a regularly scheduled hearing not later than three months after the child's placement
 44.13 in foster care and as required in section 260C.202, the agency shall report to the court:

44.14 (1) its efforts to identify maternal and paternal relatives of the child and to engage the
 44.15 relatives in providing support for the child and family, and document that the relatives have
 44.16 been provided the notice required under paragraph (a); and

44.17 (2) its decision regarding placing the child with a relative as required under section
 44.18 260C.212, subdivision 2, ~~and to ask.~~ If it is not possible or appropriate to place the child
 44.19 with a relative, the agency shall report this information to the court, including why placing
 44.20 the child with a relative is not possible or appropriate and whether the agency asked and
 44.21 engaged relatives to visit or maintain contact with the child in order to support family
 44.22 connections for the child, when placement with a relative is not possible or appropriate.

44.23 ~~(e) Notwithstanding chapter 13, the agency shall disclose data about particular relatives~~
 44.24 ~~identified, searched for, and contacted for the purposes of the court's review of the agency's~~
 44.25 ~~due diligence.~~

44.26 ~~(f)~~ (e) When the court is satisfied that the agency has exercised due diligence to identify
 44.27 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may find
 44.28 that reasonable efforts have been made to conduct a relative search to identify and provide
 44.29 notice to adult relatives as required under section 260.012, paragraph (e), clause (3). A
 44.30 finding under this paragraph does not relieve the agency of ongoing relative engagement
 44.31 and consideration requirements under this section. The agency has the continuing
 44.32 responsibility to involve relatives who have responded to the notice required under
 44.33 subdivision 2 in planning for the child, and to continue to consider relatives for placement
 44.34 and permanency according to the requirements of section 260C.212, subdivision 2. At any

45.1 time during the course of juvenile protection proceedings, the court may order the agency
 45.2 to reopen its search for relatives when it is in the child's best interests. The court may not
 45.3 use a finding made under this paragraph as a basis for the court to rule out any or all relatives
 45.4 for foster care or permanent placement.

45.5 (f) If the court is not satisfied that the agency has exercised due diligence to identify
 45.6 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may order
 45.7 the agency to continue its search and notice efforts and to report back to the court.

45.8 ~~(g) When the placing agency determines that permanent placement proceedings are~~
 45.9 ~~necessary because there is a likelihood that the child will not return to a parent's care, the~~
 45.10 ~~agency must send the notice provided in paragraph (h), may ask the court to modify the~~
 45.11 ~~duty of the agency to send the notice required in paragraph (h), or may ask the court to~~
 45.12 ~~completely relieve the agency of the requirements of paragraph (h). The relative notification~~
 45.13 ~~requirements of paragraph (h) do not apply when the child is placed with an appropriate~~
 45.14 ~~relative or a foster home that has committed to adopting the child or taking permanent legal~~
 45.15 ~~and physical custody of the child and the agency approves of that foster home for permanent~~
 45.16 ~~placement of the child. The actions ordered by the court under this section must be consistent~~
 45.17 ~~with the best interests, safety, permanency, and welfare of the child.~~

45.18 ~~(h)~~ (g) Unless required under the Indian Child Welfare Act ~~or relieved of this duty by~~
 45.19 ~~the court under paragraph (f)~~, when the agency determines that it is necessary to prepare
 45.20 for permanent placement determination proceedings, or in anticipation of filing a termination
 45.21 of parental rights petition, the agency shall send notice to ~~the~~ relatives, any adult with whom
 45.22 the child is currently residing, any adult with whom the child has resided for one year or
 45.23 longer in the past, and any adults who have maintained a relationship or exercised visitation
 45.24 with the child as identified in the agency case plan. The notice must state that a permanent
 45.25 home is sought for the child and that the individuals receiving the notice may indicate to
 45.26 the agency their interest in providing a permanent home. The notice must state that within
 45.27 30 days of receipt of the notice an individual receiving the notice must indicate to the agency
 45.28 the individual's interest in providing a permanent home for the child ~~or that the individual~~
 45.29 ~~may lose the opportunity to be considered for a permanent placement.~~ Failure to respond
 45.30 to the notice is not a basis for ruling out an individual for permanent placement of the child.

45.31 Sec. 17. Minnesota Statutes 2018, section 260C.605, subdivision 1, is amended to read:

45.32 Subdivision 1. **Requirements.** (a) Reasonable efforts to finalize the adoption of a child
 45.33 under the guardianship of the commissioner shall be made by the responsible social services
 45.34 agency responsible for permanency planning for the child.

46.1 (b) Reasonable efforts to make a placement in a home according to the placement
46.2 considerations under section 260C.212, subdivision 2, with a relative or foster parent who
46.3 will commit to being the permanent resource for the child in the event the child cannot be
46.4 reunified with a parent are required under section 260.012 and may be made concurrently
46.5 with reasonable, or if the child is an Indian child, active efforts to reunify the child with the
46.6 parent.

46.7 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the
46.8 child is in foster care under this chapter, but not later than the hearing required under section
46.9 260C.204.

46.10 (d) Reasonable efforts to finalize the adoption of the child include:

46.11 (1) using age-appropriate engagement strategies to plan for adoption with the child,
46.12 including considering the child's preference for an adoptive family;

46.13 (2) identifying an appropriate prospective adoptive parent for the child by updating the
46.14 child's identified needs using the factors in section 260C.212, subdivision 2;

46.15 (3) making an adoptive placement that meets the child's needs by:

46.16 (i) completing or updating the relative search required under section 260C.221 and giving
46.17 notice of the need for an adoptive home for the child to:

46.18 (A) relatives who have kept the agency or the court apprised of their whereabouts ~~and~~
46.19 ~~who have indicated an interest in adopting the child;~~ or

46.20 (B) relatives of the child who are located in an updated search;

46.21 (ii) an updated search is required whenever:

46.22 (A) there is no identified prospective adoptive placement for the child notwithstanding
46.23 a finding by the court that the agency made diligent efforts under section 260C.221, in a
46.24 hearing required under section 260C.202;

46.25 (B) the child is removed from the home of an adopting parent; or

46.26 (C) the court determines a relative search by the agency is in the best interests of the
46.27 child;

46.28 (iii) engaging the child's relatives or current and former foster parent and the child's
46.29 relatives identified as an adoptive resource during the search conducted under section
46.30 260C.221, parents to commit to being the prospective adoptive parent of the child, and
46.31 considering relatives and important friends for adoptive placement in the order specified
46.32 under section 260C.212, subdivision 2, paragraph (a); or

- 47.1 (iv) when there is no identified prospective adoptive parent:
- 47.2 (A) registering the child on the state adoption exchange as required in section 259.75
- 47.3 unless the agency documents to the court an exception to placing the child on the state
- 47.4 adoption exchange reported to the commissioner;
- 47.5 (B) reviewing all families with approved adoption home studies associated with the
- 47.6 responsible social services agency;
- 47.7 (C) presenting the child to adoption agencies and adoption personnel who may assist
- 47.8 with finding an adoptive home for the child;
- 47.9 (D) using newspapers and other media to promote the particular child;
- 47.10 (E) using a private agency under grant contract with the commissioner to provide adoption
- 47.11 services for intensive child-specific recruitment efforts; and
- 47.12 (F) making any other efforts or using any other resources reasonably calculated to identify
- 47.13 a prospective adoption parent for the child;
- 47.14 (4) updating and completing the social and medical history required under sections
- 47.15 259.43 and 260C.609;
- 47.16 (5) making, and keeping updated, appropriate referrals required by section 260.851, the
- 47.17 Interstate Compact on the Placement of Children;
- 47.18 (6) giving notice regarding the responsibilities of an adoptive parent to any prospective
- 47.19 adoptive parent as required under section 259.35;
- 47.20 (7) offering the adopting parent the opportunity to apply for or decline adoption assistance
- 47.21 under chapter 259A;
- 47.22 (8) certifying the child for adoption assistance, assessing the amount of adoption
- 47.23 assistance, and ascertaining the status of the commissioner's decision on the level of payment
- 47.24 if the adopting parent has applied for adoption assistance;
- 47.25 (9) placing the child with siblings. If the child is not placed with siblings, the agency
- 47.26 must document reasonable efforts to place the siblings together, as well as the reason for
- 47.27 separation. The agency may not cease reasonable efforts to place siblings together for final
- 47.28 adoption until the court finds further reasonable efforts would be futile or that placement
- 47.29 together for purposes of adoption is not in the best interests of one of the siblings; and
- 47.30 (10) working with the adopting parent to file a petition to adopt the child and with the
- 47.31 court administrator to obtain a timely hearing to finalize the adoption.

48.1 Sec. 18. Minnesota Statutes 2018, section 260C.607, subdivision 2, is amended to read:

48.2 Subd. 2. **Notice.** Notice of review hearings shall be given by the court to:

48.3 (1) the responsible social services agency;

48.4 (2) the child, if the child is age ten and older;

48.5 (3) the child's guardian ad litem;

48.6 (4) counsel appointed for the child pursuant to section 260C.163, subdivision 3;

48.7 (5) relatives of the child who have kept the court informed of their whereabouts as
48.8 required in section 260C.221 and who have responded to the agency's notice under section
48.9 260C.221, ~~indicating a willingness to provide an adoptive home for the child~~ unless the
48.10 relative has been previously ruled out by the court as a suitable ~~foster parent or~~ permanency
48.11 resource for the child;

48.12 (6) the current foster or adopting parent of the child;

48.13 (7) any foster or adopting parents of siblings of the child; and

48.14 (8) the Indian child's tribe.

48.15 Sec. 19. Minnesota Statutes 2018, section 260C.607, subdivision 5, is amended to read:

48.16 Subd. 5. **Required placement by responsible social services agency.** (a) No petition
48.17 for adoption shall be filed for a child under the guardianship of the commissioner unless
48.18 the child sought to be adopted has been placed for adoption with the adopting parent by the
48.19 responsible social services agency as required under section 260C.613, subdivision 1. The
48.20 court may order the agency to make an adoptive placement using standards and procedures
48.21 under subdivision 6.

48.22 (b) Any relative or the child's foster parent who believes the responsible agency has not
48.23 reasonably considered the relative's or foster parent's request to be considered for adoptive
48.24 placement as required under section 260C.212, subdivision 2, and who wants to be considered
48.25 for adoptive placement of the child shall bring a request for consideration to the attention
48.26 of the court during a review required under this section. The child's guardian ad litem and
48.27 the child may also bring a request for a relative or the child's foster parent to be considered
48.28 for adoptive placement. After hearing from the agency, the court may order the agency to
48.29 take appropriate action regarding the relative's or foster parent's request for consideration
48.30 under section 260C.212, subdivision 2, paragraph (b).

49.1 Sec. 20. Minnesota Statutes 2018, section 260C.607, subdivision 6, is amended to read:

49.2 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the
49.3 district court orders the child under the guardianship of the commissioner of human services,
49.4 but not later than 30 days after receiving notice required under section 260C.613, subdivision
49.5 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's
49.6 foster parent may file a motion for an order for adoptive placement of a child who is under
49.7 the guardianship of the commissioner if the relative or the child's foster parent:

49.8 (1) has, or is in the process of obtaining, an adoption home study under section 260C.611
49.9 or 259.41 approving the relative or foster parent for adoption and has been a resident of
49.10 Minnesota for at least six months before filing the motion; the court may waive the residency
49.11 requirement for the moving party if there is a reasonable basis to do so; or

49.12 (2) is not a resident of Minnesota, but has, or is in the process of obtaining, an approved
49.13 adoption home study by an agency licensed or approved to complete an adoption home
49.14 study in the state of the individual's residence ~~and~~; if there is an approved adoption home
49.15 study in place, the study is must be filed with the motion for adoptive placement.

49.16 (b) The motion shall be filed with the court conducting reviews of the child's progress
49.17 toward adoption under this section. The motion and supporting documents must make a
49.18 prima facie showing that the agency has been unreasonable in failing to make the requested
49.19 adoptive placement. The motion must be served according to the requirements for motions
49.20 under the Minnesota Rules of Juvenile Protection Procedure and shall be made on all
49.21 individuals and entities listed in subdivision 2.

49.22 (c) If the motion and supporting documents do not make a prima facie showing for the
49.23 court to determine whether the agency has been unreasonable in failing to make the requested
49.24 adoptive placement, the court shall dismiss the motion. If the court determines a prima facie
49.25 basis is made, the court shall set the matter for evidentiary hearing.

49.26 (d) At the evidentiary hearing, the responsible social services agency shall proceed first
49.27 with evidence about the reason for not making the adoptive placement proposed by the
49.28 moving party. The agency shall address how it considered relatives and important friends
49.29 in the order specified under section 260C.212, subdivision 2, for foster care and adoptive
49.30 placement and, if applicable, how the agency determined adoptive placement with an
49.31 individual who was not a relative or important friend was in the child's best interests. When
49.32 the child's current relationship to the identified adoptive placement resource is part of the
49.33 evidence presented by the agency, the court shall consider the agency's efforts to support
49.34 the child's relationship with the moving party. The moving party then has the burden of

50.1 proving by a preponderance of the evidence that the agency has been unreasonable in failing
50.2 to make the adoptive placement.

50.3 (e) When determining whether the agency was unreasonable in failing to make the
50.4 adoptive placement, the court shall consider placement decision factors under section
50.5 260C.212, subdivision 2, and adoptive placement decision factors according to section
50.6 260C.613, subdivision 1, paragraph (b).

50.7 ~~(e)~~ (f) At the conclusion of the evidentiary hearing, if the court finds that the agency has
50.8 been unreasonable in failing to make the adoptive placement and that the ~~relative or the~~
50.9 ~~child's foster parent~~ moving party is the most suitable adoptive home to meet the child's
50.10 needs using the factors in section 260C.212, subdivision 2, paragraph (b), the court may:

50.11 (1) order the responsible social services agency to make an adoptive placement in the
50.12 home of the ~~relative or the child's foster parent.~~ moving party, if the moving party has an
50.13 approved adoption home study; or

50.14 (2) order the responsible social services agency to place the child in the home of the
50.15 moving party upon approval of an adoption home study. The agency shall promote and
50.16 support ongoing visitation and contact with the moving party until the child is placed in the
50.17 moving party's home. The agency shall provide an update to the court after 90 days, including
50.18 progress and any barriers that the agency encountered. If the moving party does not obtain
50.19 an approved adoption home study within 180 days, the moving party and the agency shall
50.20 inform the court of any barriers to obtaining the approved adoption home study during a
50.21 review hearing under this section. If the court finds that the moving party cannot obtain an
50.22 approved adoption home study as a result of these barriers, the court shall dismiss the order
50.23 for adoptive placement under this subdivision and order the agency to continue making
50.24 reasonable efforts to finalize the adoption of the child as required under section 260C.605.

50.25 ~~(f)~~ (g) If, in order to ensure that a timely adoption may occur, the court orders the
50.26 responsible social services agency to make an adoptive placement under this subdivision,
50.27 the agency shall:

50.28 (1) make reasonable efforts to obtain a fully executed adoption placement agreement,
50.29 including providing assistance as needed in obtaining an approved adoption home study;

50.30 (2) work with the moving party regarding eligibility for adoption assistance as required
50.31 under chapter 259A; and

50.32 (3) if the moving party is not a resident of Minnesota, timely refer the matter for approval
50.33 of the adoptive placement through the Interstate Compact on the Placement of Children.

51.1 ~~(g)~~ (h) Denial or granting of a motion for an order for adoptive placement after an
51.2 evidentiary hearing is an order which may be appealed by the responsible social services
51.3 agency, the moving party, the child, when age ten or over, the child's guardian ad litem,
51.4 and any individual who had a fully executed adoption placement agreement regarding the
51.5 child at the time the motion was filed if the court's order has the effect of terminating the
51.6 adoption placement agreement. An appeal shall be conducted according to the requirements
51.7 of the Rules of Juvenile Protection Procedure.

51.8 Sec. 21. Minnesota Statutes 2018, section 260C.613, subdivision 1, is amended to read:

51.9 Subdivision 1. **Adoptive placement decisions.** (a) The responsible social services agency
51.10 has exclusive authority to make an adoptive placement of a child under the guardianship of
51.11 the commissioner. The child shall be considered placed for adoption when the adopting
51.12 parent, the agency, and the commissioner have fully executed an adoption placement
51.13 agreement on the form prescribed by the commissioner.

51.14 (b) The responsible social services agency shall use an individualized determination of
51.15 the child's current and future needs, pursuant to section 260C.212, subdivision 2, paragraph
51.16 (b), to determine the most suitable adopting parent for the child in the child's best interests.
51.17 The responsible social services agency shall consider adoptive placement with relatives and
51.18 important friends in the order specified under section 260C.212, subdivision 2, paragraph
51.19 (a).

51.20 (c) The responsible social services agency shall notify the court and parties entitled to
51.21 notice under section 260C.607, subdivision 2, when there is a fully executed adoption
51.22 placement agreement for the child.

51.23 (d) In the event an adoption placement agreement terminates, the responsible social
51.24 services agency shall notify the court, the parties entitled to notice under section 260C.607,
51.25 subdivision 2, and the commissioner that the agreement and the adoptive placement have
51.26 terminated.

51.27 Sec. 22. Minnesota Statutes 2018, section 260C.613, subdivision 5, is amended to read:

51.28 Subd. 5. **Required record keeping.** The responsible social services agency shall
51.29 document, in the records required to be kept under section 259.79, the reasons for the
51.30 adoptive placement decision regarding the child, including the individualized determination
51.31 of the child's needs based on the factors in section 260C.212, subdivision 2, paragraph (b);
51.32 the agency's consideration of relatives and important friends in the order specified in section
51.33 260C.212, subdivision 2, paragraph (a); and the assessment of how the selected adoptive

52.1 placement meets the identified needs of the child. The responsible social services agency
52.2 shall retain in the records required to be kept under section 259.79, copies of all out-of-home
52.3 placement plans made since the child was ordered under guardianship of the commissioner
52.4 and all court orders from reviews conducted pursuant to section 260C.607.

52.5 Sec. 23. Minnesota Statutes 2019 Supplement, section 626.556, subdivision 2, is amended
52.6 to read:

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

52.9 (a) "Accidental" means a sudden, not reasonably foreseeable, and unexpected occurrence
52.10 or event which:

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

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

52.15 (b) "Commissioner" means the commissioner of human services.

52.16 (c) "Facility" means:

52.17 (1) a licensed or unlicensed day care facility, certified license-exempt child care center,
52.18 residential facility, agency, hospital, sanitarium, or other facility or institution required to
52.19 be licensed under sections 144.50 to 144.58, 241.021, or 245A.01 to 245A.16, or chapter
52.20 144H, 245D, or 245H;

52.21 (2) a school as defined in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E;
52.22 or

52.23 (3) a nonlicensed personal care provider organization as defined in section 256B.0625,
52.24 subdivision 19a.

52.25 (d) "Family assessment" means a comprehensive assessment of child safety, risk of
52.26 subsequent child maltreatment, and family strengths and needs that is applied to a child
52.27 maltreatment report that does not allege sexual abuse or substantial child endangerment.
52.28 Family assessment does not include a determination as to whether child maltreatment
52.29 occurred but does determine the need for services to address the safety of family members
52.30 and the risk of subsequent maltreatment.

52.31 (e) "Investigation" means fact gathering related to the current safety of a child and the
52.32 risk of subsequent maltreatment that determines whether child maltreatment occurred and

53.1 whether child protective services are needed. An investigation must be used when reports
53.2 involve sexual abuse or substantial child endangerment, and for reports of maltreatment in
53.3 facilities required to be licensed or certified under chapter 245A, 245D, or 245H; under
53.4 sections 144.50 to 144.58 and 241.021; in a school as defined in section 120A.05,
53.5 subdivisions 9, 11, and 13, and chapter 124E; or in a nonlicensed personal care provider
53.6 association as defined in section 256B.0625, subdivision 19a.

53.7 (f) "Mental injury" means an injury to the psychological capacity or emotional stability
53.8 of a child as evidenced by an observable or substantial impairment in the child's ability to
53.9 function within a normal range of performance and behavior with due regard to the child's
53.10 culture.

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

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

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

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

53.24 (4) failure to ensure that the child is educated as defined in sections 120A.22 and
53.25 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's
53.26 child with sympathomimetic medications, consistent with section 125A.091, subdivision
53.27 5;

53.28 (5) nothing in this section shall be construed to mean that a child is neglected solely
53.29 because the child's parent, guardian, or other person responsible for the child's care in good
53.30 faith selects and depends upon spiritual means or prayer for treatment or care of disease or
53.31 remedial care of the child in lieu of medical care; except that a parent, guardian, or caretaker,
53.32 or a person mandated to report pursuant to subdivision 3, has a duty to report if a lack of
53.33 medical care may cause serious danger to the child's health. This section does not impose

54.1 upon persons, not otherwise legally responsible for providing a child with necessary food,
54.2 clothing, shelter, education, or medical care, a duty to provide that care;

54.3 (6) prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision
54.4 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in
54.5 the child at birth, results of a toxicology test performed on the mother at delivery or the
54.6 child at birth, medical effects or developmental delays during the child's first year of life
54.7 that medically indicate prenatal exposure to a controlled substance, or the presence of a
54.8 fetal alcohol spectrum disorder;

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

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

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

54.17 (h) "Nonmaltreatment mistake" means:

54.18 (1) at the time of the incident, the individual was performing duties identified in the
54.19 center's child care program plan required under Minnesota Rules, part 9503.0045;

54.20 (2) the individual has not been determined responsible for a similar incident that resulted
54.21 in a finding of maltreatment for at least seven years;

54.22 (3) the individual has not been determined to have committed a similar nonmaltreatment
54.23 mistake under this paragraph for at least four years;

54.24 (4) any injury to a child resulting from the incident, if treated, is treated only with
54.25 remedies that are available over the counter, whether ordered by a medical professional or
54.26 not; and

54.27 (5) except for the period when the incident occurred, the facility and the individual
54.28 providing services were both in compliance with all licensing requirements relevant to the
54.29 incident.

54.30 This definition only applies to child care centers licensed under Minnesota Rules, chapter
54.31 9503. If clauses (1) to (5) apply, rather than making a determination of substantiated

55.1 maltreatment by the individual, the commissioner of human services shall determine that a
55.2 nonmaltreatment mistake was made by the individual.

55.3 (i) "Operator" means an operator or agency as defined in section 245A.02.

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

55.11 (k) "Physical abuse" means any physical injury, mental injury, or threatened injury,
55.12 inflicted by a person responsible for the child's care on a child other than by accidental
55.13 means, or any physical or mental injury that cannot reasonably be explained by the child's
55.14 history of injuries, or any aversive or deprivation procedures, or regulated interventions,
55.15 that have not been authorized under section 125A.0942 or 245.825.

55.16 Abuse does not include reasonable and moderate physical discipline of a child
55.17 administered by a parent or legal guardian which does not result in an injury. Abuse does
55.18 not include the use of reasonable force by a teacher, principal, or school employee as allowed
55.19 by section 121A.582. Actions which are not reasonable and moderate include, but are not
55.20 limited to, any of the following:

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

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

55.23 (3) shaking a child under age three;

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

55.26 (5) unreasonable interference with a child's breathing;

55.27 (6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;

55.28 (7) striking a child under age one on the face or head;

55.29 (8) striking a child who is at least age one but under age four on the face or head, which
55.30 results in an injury;

55.31 (9) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled
55.32 substances which were not prescribed for the child by a practitioner, in order to control or

56.1 punish the child; or other substances that substantially affect the child's behavior, motor
 56.2 coordination, or judgment or that results in sickness or internal injury, or subjects the child
 56.3 to medical procedures that would be unnecessary if the child were not exposed to the
 56.4 substances;

56.5 (10) unreasonable physical confinement or restraint not permitted under section 609.379,
 56.6 including but not limited to tying, caging, or chaining; or

56.7 (11) in a school facility or school zone, an act by a person responsible for the child's
 56.8 care that is a violation under section 121A.58.

56.9 (l) "Practice of social services," for the purposes of subdivision 3, includes but is not
 56.10 limited to employee assistance counseling and the provision of guardian ad litem and
 56.11 parenting time expeditor services.

56.12 (m) "Report" means any communication received by the local welfare agency, police
 56.13 department, county sheriff, or agency responsible for child protection pursuant to this section
 56.14 that describes neglect or physical or sexual abuse of a child and contains sufficient content
 56.15 to identify the child and any person believed to be responsible for the neglect or abuse, if
 56.16 known.

56.17 (n) "Safety plan" means any written or oral plan that the agency makes with the child's
 56.18 parent, guardian, or legal custodian; the child, if age- or developmentally appropriate;
 56.19 relatives and important friends of the child or the child's parent, guardian, or legal custodian,
 56.20 as appropriate; or that the court orders, which sets out the conditions necessary to keep the
 56.21 child safe. The agency develops a safety plan, when required, after the agency conducts a
 56.22 safety assessment. The plan may be part of a child protective services plan, out-of-home
 56.23 placement plan, or reunification plan when the child leaves foster care.

56.24 ~~(n)~~ (o) "Sexual abuse" means the subjection of a child by a person responsible for the
 56.25 child's care, by a person who has a significant relationship to the child, as defined in section
 56.26 609.341, or by a person in a current or recent position of authority, as defined in section
 56.27 609.341, subdivision 10, to any act which constitutes a violation of section 609.342 (criminal
 56.28 sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree),
 56.29 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in
 56.30 the fourth degree), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352
 56.31 (solicitation of children to engage in sexual conduct; communication of sexually explicit
 56.32 materials to children). Sexual abuse also includes any act which involves a minor which
 56.33 constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246.
 56.34 Sexual abuse includes all reports of known or suspected child sex trafficking involving a

57.1 child who is identified as a victim of sex trafficking. Sexual abuse includes child sex
 57.2 trafficking as defined in section 609.321, subdivisions 7a and 7b. Sexual abuse includes
 57.3 threatened sexual abuse which includes the status of a parent or household member who
 57.4 has committed a violation which requires registration as an offender under section 243.166,
 57.5 subdivision 1b, paragraph (a) or (b), or required registration under section 243.166,
 57.6 subdivision 1b, paragraph (a) or (b).

57.7 ~~(p)~~ (p) "Substantial child endangerment" means a person responsible for a child's care,
 57.8 by act or omission, commits or attempts to commit an act against a child under their care
 57.9 that constitutes any of the following:

57.10 (1) egregious harm as defined in section 260C.007, subdivision 14;

57.11 (2) abandonment under section 260C.301, subdivision 2;

57.12 (3) neglect as defined in paragraph (g), clause (2), that substantially endangers the child's
 57.13 physical or mental health, including a growth delay, which may be referred to as failure to
 57.14 thrive, that has been diagnosed by a physician and is due to parental neglect;

57.15 (4) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;

57.16 (5) manslaughter in the first or second degree under section 609.20 or 609.205;

57.17 (6) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;

57.18 (7) solicitation, inducement, and promotion of prostitution under section 609.322;

57.19 (8) criminal sexual conduct under sections 609.342 to 609.3451;

57.20 (9) solicitation of children to engage in sexual conduct under section 609.352;

57.21 (10) malicious punishment or neglect or endangerment of a child under section 609.377
 57.22 or 609.378;

57.23 (11) use of a minor in sexual performance under section 617.246; or

57.24 (12) parental behavior, status, or condition which mandates that the county attorney file
 57.25 a termination of parental rights petition under section 260C.503, subdivision 2.

57.26 ~~(p)~~ (q) "Threatened injury" means a statement, overt act, condition, or status that
 57.27 represents a substantial risk of physical or sexual abuse or mental injury. Threatened injury
 57.28 includes, but is not limited to, exposing a child to a person responsible for the child's care,
 57.29 as defined in paragraph (j), clause (1), who has:

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

58.4 (2) been found to be palpably unfit under section 260C.301, subdivision 1, paragraph
58.5 (b), clause (4), or a similar law of another jurisdiction;

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

58.8 (4) committed an act that has resulted in the involuntary transfer of permanent legal and
58.9 physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201,
58.10 subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law
58.11 of another jurisdiction.

58.12 A child is the subject of a report of threatened injury when the responsible social services
58.13 agency receives birth match data under paragraph (q) from the Department of Human
58.14 Services.

58.15 ~~(q)~~ (r) Upon receiving data under section 144.225, subdivision 2b, contained in a birth
58.16 record or recognition of parentage identifying a child who is subject to threatened injury
58.17 under paragraph (p), the Department of Human Services shall send the data to the responsible
58.18 social services agency. The data is known as "birth match" data. Unless the responsible
58.19 social services agency has already begun an investigation or assessment of the report due
58.20 to the birth of the child or execution of the recognition of parentage and the parent's previous
58.21 history with child protection, the agency shall accept the birth match data as a report under
58.22 this section. The agency may use either a family assessment or investigation to determine
58.23 whether the child is safe. All of the provisions of this section apply. If the child is determined
58.24 to be safe, the agency shall consult with the county attorney to determine the appropriateness
58.25 of filing a petition alleging the child is in need of protection or services under section
58.26 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is
58.27 determined not to be safe, the agency and the county attorney shall take appropriate action
58.28 as required under section 260C.503, subdivision 2.

58.29 ~~(r)~~ (s) Persons who conduct assessments or investigations under this section shall take
58.30 into account accepted child-rearing practices of the culture in which a child participates and
58.31 accepted teacher discipline practices, which are not injurious to the child's health, welfare,
58.32 and safety.

59.1 Sec. 24. Minnesota Statutes 2018, section 626.556, subdivision 3, is amended to read:

59.2 Subd. 3. **Persons mandated to report; persons voluntarily reporting.** (a) A person
59.3 who knows or has reason to believe a child is being neglected or physically or sexually
59.4 abused, as defined in subdivision 2, or has been neglected or physically or sexually abused
59.5 within the preceding three years, shall immediately report the information to the local welfare
59.6 agency, agency responsible for assessing or investigating the report, police department,
59.7 county sheriff, tribal social services agency, or tribal police department if the person is:

59.8 (1) a professional or professional's delegate ~~who is~~ while engaged in the practice of the
59.9 healing arts, social services, hospital administration, psychological or psychiatric treatment,
59.10 child care, education, correctional supervision, probation and correctional services, or law
59.11 enforcement; or

59.12 (2) employed as a member of the clergy and received the information while engaged in
59.13 ministerial duties, provided that a member of the clergy is not required by this subdivision
59.14 to report information that is otherwise privileged under section 595.02, subdivision 1,
59.15 paragraph (c).

59.16 (b) Any person may voluntarily report to the local welfare agency, agency responsible
59.17 for assessing or investigating the report, police department, county sheriff, tribal social
59.18 services agency, or tribal police department if the person knows, has reason to believe, or
59.19 suspects a child is being or has been neglected or subjected to physical or sexual abuse.

59.20 (c) A person mandated to report physical or sexual child abuse or neglect occurring
59.21 within a licensed facility shall report the information to the agency responsible for licensing
59.22 or certifying the facility under sections 144.50 to 144.58; 241.021; 245A.01 to 245A.16;
59.23 or chapter 144H, 245D, or 245H; or a nonlicensed personal care provider organization as
59.24 defined in section 256B.0625, subdivision 19a. A health or corrections agency receiving a
59.25 report may request the local welfare agency to provide assistance pursuant to subdivisions
59.26 10, 10a, and 10b. A board or other entity whose licensees perform work within a school
59.27 facility, upon receiving a complaint of alleged maltreatment, shall provide information about
59.28 the circumstances of the alleged maltreatment to the commissioner of education. Section
59.29 13.03, subdivision 4, applies to data received by the commissioner of education from a
59.30 licensing entity.

59.31 (d) Notification requirements under subdivision 10 apply to all reports received under
59.32 this section.

59.33 (e) For purposes of this section, "immediately" means as soon as possible but in no event
59.34 longer than 24 hours.

ARTICLE 4

DEPARTMENT OF HEALTH POLICY

Section 1. Minnesota Statutes 2018, section 13.461, subdivision 16, is amended to read:

Subd. 16. State infant and child safety action and child mortality review panel panels. (a) Data practices of the commissioner of human services as part of the ~~child mortality review~~ state child safety action panel are governed by section 256.01, subdivision 12.

(b) For American Indian tribes with established child mortality review panels, access to data in section 256.01, subdivision 12, is governed by section 256.01, subdivision 14b, paragraph (g).

Sec. 2. Minnesota Statutes 2019 Supplement, section 62U.04, subdivision 4, is amended to read:

Subd. 4. **Encounter data.** (a) ~~Beginning July 1, 2009, and every six months thereafter,~~ All health plan companies and third-party administrators shall submit encounter data, including for dental encounters, on a monthly basis to a private entity designated by the commissioner of health. The data shall be submitted in a form and manner specified by the commissioner subject to the following requirements:

(1) the data must be de-identified data as described under the Code of Federal Regulations, title 45, section 164.514;

(2) the data for each encounter must include an identifier for the patient's health care home if the patient has selected a health care home and, for claims incurred on or after January 1, 2019, data deemed necessary by the commissioner to uniquely identify claims in the individual health insurance market; ~~and~~

(3) except for the identifier described in clause (2), the data must not include information that is not included in a health care claim or equivalent encounter information transaction that is required under section 62J.536-; and

(4) beginning with encounters on or after January 1, 2021, the commissioner may collect data on dental services.

(b) The commissioner or the commissioner's designee shall only use the data submitted under paragraph (a) to carry out the commissioner's responsibilities in this section, including supplying the data to providers so they can verify their results of the peer grouping process consistent with the recommendations developed pursuant to subdivision 3c, paragraph (d),

61.1 and adopted by the commissioner and, if necessary, submit comments to the commissioner
61.2 or initiate an appeal.

61.3 (c) Data on providers collected under this subdivision are private data on individuals or
61.4 nonpublic data, as defined in section 13.02. Notwithstanding the definition of summary data
61.5 in section 13.02, subdivision 19, summary data prepared under this subdivision may be
61.6 derived from nonpublic data. The commissioner or the commissioner's designee shall
61.7 establish procedures and safeguards to protect the integrity and confidentiality of any data
61.8 that it maintains.

61.9 (d) The commissioner or the commissioner's designee shall not publish analyses or
61.10 reports that identify, or could potentially identify, individual patients.

61.11 (e) The commissioner shall compile summary information on the data submitted under
61.12 this subdivision. The commissioner shall work with its vendors to assess the data submitted
61.13 in terms of compliance with the data submission requirements and the completeness of the
61.14 data submitted by comparing the data with summary information compiled by the
61.15 commissioner and with established and emerging data quality standards to ensure data
61.16 quality.

61.17 Sec. 3. Minnesota Statutes 2018, section 62U.04, subdivision 5, is amended to read:

61.18 Subd. 5. **Pricing data.** (a) ~~Beginning July 1, 2009, and annually on January 1 thereafter,~~
61.19 All health plan companies and third-party administrators shall submit data on their contracted
61.20 prices with health care providers on a monthly basis to a private entity designated by the
61.21 commissioner of health for the purposes of performing the analyses required under this
61.22 subdivision. The data shall be submitted in the form and manner specified by the
61.23 commissioner of health.

61.24 (b) The commissioner or the commissioner's designee shall only use the data submitted
61.25 under this subdivision to carry out the commissioner's responsibilities under this section,
61.26 including supplying the data to providers so they can verify their results of the peer grouping
61.27 process consistent with the recommendations developed pursuant to subdivision 3c, paragraph
61.28 (d), and adopted by the commissioner and, if necessary, submit comments to the
61.29 commissioner or initiate an appeal.

61.30 (c) Data collected under this subdivision are nonpublic data as defined in section 13.02.
61.31 Notwithstanding the definition of summary data in section 13.02, subdivision 19, summary
61.32 data prepared under this section may be derived from nonpublic data. The commissioner

62.1 shall establish procedures and safeguards to protect the integrity and confidentiality of any
62.2 data that it maintains.

62.3 Sec. 4. Minnesota Statutes 2018, section 62U.04, subdivision 11, is amended to read:

62.4 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision
62.5 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's
62.6 designee shall only use the data submitted under subdivisions 4 and 5 for the following
62.7 purposes:

62.8 (1) to evaluate the performance of the health care home program as authorized under
62.9 sections 256B.0751, subdivision 6, and 256B.0752, subdivision 2;

62.10 (2) to study, in collaboration with the reducing avoidable readmissions effectively
62.11 (RARE) campaign, hospital readmission trends and rates;

62.12 (3) to analyze variations in health care costs, quality, utilization, and illness burden based
62.13 on geographical areas or populations;

62.14 (4) to evaluate the state innovation model (SIM) testing grant received by the Departments
62.15 of Health and Human Services, including the analysis of health care cost, quality, and
62.16 utilization baseline and trend information for targeted populations and communities; and

62.17 (5) to compile one or more public use files of summary data or tables that must:

62.18 (i) be available to the public for no or minimal cost by March 1, 2016, and available by
62.19 web-based electronic data download by June 30, 2019;

62.20 (ii) not identify individual patients, payers, or providers;

62.21 (iii) be updated by the commissioner, at least annually, with the most current data
62.22 available;

62.23 (iv) contain clear and conspicuous explanations of the characteristics of the data, such
62.24 as the dates of the data contained in the files, the absence of costs of care for uninsured
62.25 patients or nonresidents, and other disclaimers that provide appropriate context; and

62.26 (v) not lead to the collection of additional data elements beyond what is authorized under
62.27 this section as of June 30, 2015.

62.28 (b) The commissioner may publish the results of the authorized uses identified in
62.29 paragraph (a) so long as the data released publicly do not contain information or descriptions
62.30 in which the identity of individual hospitals, clinics, or other providers may be discerned.

63.1 (c) Nothing in this subdivision shall be construed to prohibit the commissioner from
63.2 using the data collected under subdivision 4 to complete the state-based risk adjustment
63.3 system assessment due to the legislature on October 1, 2015.

63.4 (d) The commissioner or the commissioner's designee may use the data submitted under
63.5 subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,
63.6 2023.

63.7 (e) The commissioner shall consult with the all-payer claims database work group
63.8 established under subdivision 12 regarding the technical considerations necessary to create
63.9 the public use files of summary data described in paragraph (a), clause (5).

63.10 (f) In addition to other stakeholders, the commissioner shall consult with Minnesota's
63.11 Tribal Nations and other communities affected by health inequities about how to ensure
63.12 that the data collected in subdivisions 4 and 5 can be an effective tool to help address health
63.13 care challenges relevant to those communities.

63.14 Sec. 5. Minnesota Statutes 2018, section 62U.04, is amended by adding a subdivision to
63.15 read:

63.16 Subd. 13. **Access to data.** (a) Notwithstanding subdivision 11, the commissioner may
63.17 grant access to the data submitted under subdivisions 4 and 5 to qualified users who
63.18 demonstrate that a research proposal has the potential to improve health, health care, or
63.19 public health outcomes for Minnesota residents.

63.20 (b) To implement paragraph (a), the commissioner must:

63.21 (1) develop guidance about the application process for potential new data users and
63.22 communicate it publicly;

63.23 (2) establish an application and selection process and determine information that will
63.24 be available to potential data users;

63.25 (3) develop policies for accessing data, including limits concerning the detail of data
63.26 available to data users, requirements for accessing the data securely, appropriate oversight
63.27 practices and procedures, and requirements to ensure that results of research proposals
63.28 approved under this section are made available to the public;

63.29 (4) establish requirements for data users to publicly release findings from the user's work
63.30 in a manner established by the commissioner;

63.31 (5) execute data use agreements with selected data users that: (i) ensure compliance with
63.32 the provisions in subdivisions 4, paragraph (c), and 5, paragraph (c); (ii) define the terms

64.1 and conditions of data access; and (iii) articulate requirements, formats, and review processes
 64.2 for releasing findings from authorized research projects; and

64.3 (6) consult with the data access advisory group established in subdivision 14 regarding
 64.4 the submission, evaluation, and selection of applicants.

64.5 Sec. 6. Minnesota Statutes 2018, section 62U.04, is amended by adding a subdivision to
 64.6 read:

64.7 Subd. 14. **Minnesota all-payer claims database data access advisory group.** (a) The
 64.8 commissioner of health shall convene a data access advisory group to assist with
 64.9 implementing the provisions in subdivision 13, including:

64.10 (1) developing criteria for granting access to data and a submission process;

64.11 (2) reviewing proposals;

64.12 (3) advising on the selection of potential data users based on priorities, available
 64.13 resources, and the potential to improve health care or public health outcomes;

64.14 (4) informing the level of detail at which the data shall be available to data users; and

64.15 (5) reviewing draft and final materials for publication in order to assess if the release of
 64.16 information is consistent with the statutory purpose and research best practices.

64.17 (b) The commissioner shall appoint members to the advisory group who have knowledge
 64.18 and demonstrated expertise in health care economics, health services research, health care
 64.19 financing, health insurance, disease epidemiology, public health, claims data analysis,
 64.20 clinical care, or other relevant topics.

64.21 Sec. 7. [115.742] **ADVISORY COUNCIL ON WATER SUPPLY SYSTEMS AND**
 64.22 **WASTEWATER TREATMENT FACILITIES.**

64.23 Subdivision 1. **Purpose; membership.** The Advisory Council on Water Supply Systems
 64.24 and Wastewater Treatment Facilities advises the commissioners of health and the Pollution
 64.25 Control Agency regarding classification of water supply systems and wastewater treatment
 64.26 facilities; qualifications and competency evaluation of water supply system operators and
 64.27 wastewater treatment facility operators; and additional laws, rules, and procedures that may
 64.28 be desirable for regulating the operation of water supply systems and wastewater treatment
 64.29 facilities. The advisory council is composed of 11 voting members, of whom:

64.30 (1) one member must be from the Department of Health, Division of Environmental
 64.31 Health, appointed by the commissioner of health;

65.1 (2) one member must be from the Pollution Control Agency, appointed by the
 65.2 commissioner of the Pollution Control Agency;

65.3 (3) three members must be certified water supply system operators, appointed by the
 65.4 commissioner of health, one of whom must represent a nonmunicipal community water
 65.5 system or a nontransient noncommunity water system;

65.6 (4) three members must be certified wastewater treatment facility operators, appointed
 65.7 by the commissioner of the Pollution Control Agency;

65.8 (5) one member must be a representative from an organization representing municipalities,
 65.9 appointed by the commissioner of health with the concurrence of the commissioner of the
 65.10 Pollution Control Agency; and

65.11 (6) two members must be members of the public who are not associated with water
 65.12 supply systems or wastewater treatment facilities, one appointed by the commissioner of
 65.13 health and one appointed by the commissioner of the Pollution Control Agency.
 65.14 Consideration should be given to one of these members being a representative of academia
 65.15 knowledgeable in water or wastewater matters.

65.16 Subd. 2. **Members; geographic representation.** At least one of the water supply system
 65.17 operators and at least one of the wastewater treatment facility operators must be from outside
 65.18 the seven-county metropolitan area and one wastewater operator must come from the
 65.19 Metropolitan Council.

65.20 Subd. 3. **Terms; compensation.** The terms of the appointed members and the
 65.21 compensation and removal of all members are governed by section 15.059.

65.22 Subd. 4. **Officers.** When new members are appointed to the council, a chair must be
 65.23 elected at the next council meeting. The Department of Health representative serves as
 65.24 secretary of the council.

65.25 Sec. 8. Minnesota Statutes 2018, section 145.901, is amended to read:

65.26 **145.901 FETAL, INFANT, CHILD, AND MATERNAL DEATH STUDIES.**

65.27 Subdivision 1. **Purpose.** The commissioner of health may conduct fetal, infant, child,
 65.28 and maternal death studies to assist the planning, implementation, and evaluation of medical,
 65.29 health, and welfare service systems and to reduce the numbers of preventable fetal, infant,
 65.30 child, and maternal deaths in Minnesota.

65.31 Subd. 2. **Access to data.** (a) The commissioner of health has access to medical data as
 65.32 defined in section 13.384, subdivision 1, paragraph (b), medical examiner data as defined

66.1 in section 13.83, subdivision 1, and health records created, maintained, or stored by providers
66.2 as defined in section 144.291, subdivision 2, paragraph ~~(h)~~ (c), without the consent of the
66.3 subject of the data, and without the consent of the parent, spouse, other guardian, or legal
66.4 representative of the subject of the data, when the subject of the data is:

66.5 (1) a live-born infant who died within the first year of life;

66.6 (2) a child who dies of causes unrelated to child maltreatment before the age of 18;

66.7 (3) a fetal death that meets the reporting criteria required in section 144.222;

66.8 (4) a woman who died during a pregnancy or within 12 months of a fetal death, a live
66.9 birth, or other termination of a pregnancy; or

66.10 (5) the biological mother of a fetus or infant or child as described in clause (1) or (2).

66.11 The commissioner has access only to medical data and health records related to fetal, infant,
66.12 child, or maternal deaths that occur on or after July 1, 2000, including the names of the
66.13 providers and health care entities or clinics where care was received before, during, or
66.14 relating to the pregnancy or death of the woman or infant. The commissioner has access to
66.15 records maintained by the medical examiner, coroner, or hospitals for the purpose of
66.16 providing the name and location of any prepregnancy, prenatal, postpartum, or pediatric
66.17 care received by the subject of the data.

66.18 (b) The provider or responsible authority that creates, maintains, or stores the data shall
66.19 furnish the data upon the request of the commissioner. The provider or responsible authority
66.20 may charge a fee for providing the data, not to exceed the actual cost of retrieving and
66.21 duplicating the data.

66.22 (c) The commissioner shall make a good faith reasonable effort to notify the parent,
66.23 spouse, other guardian, or legal representative of the subject of the data before collecting
66.24 data on the subject. For purposes of this paragraph, "reasonable effort" means one notice
66.25 is sent by certified mail to the last known address of the parent, spouse, guardian, or legal
66.26 representative informing the recipient of the data collection and offering a public health
66.27 nurse support visit if desired.

66.28 (d) The commissioner does not have access to coroner or medical examiner data that
66.29 are part of an active investigation as described in section 13.83.

66.30 (e) The commissioner may request and receive from the coroner or medical examiner
66.31 the name of the health care provider who provided prenatal, postpartum, pediatric, or other
66.32 health services to the woman or infant.

67.1 (f) The commissioner shall have access to Department of Human Services data to identify
67.2 sources of care and services to assist with evaluating welfare systems to reduce preventable
67.3 deaths.

67.4 Subd. 3. **Management of records.** After the commissioner has collected all data about
67.5 a subject of a fetal, infant, child, or maternal death study needed to perform the study, the
67.6 data from source records obtained under subdivision 2, other than data identifying the
67.7 subject, must be transferred to separate records to be maintained by the commissioner.
67.8 Notwithstanding section 138.17, after the data have been transferred, all source records
67.9 obtained under subdivision 2 possessed by the commissioner must be destroyed.

67.10 Subd. 4. **Classification of data.** (a) Data provided to the commissioner from source
67.11 records under subdivision 2, including identifying information on individual providers, data
67.12 subjects, or their children, and data derived by the commissioner under subdivision 3 for
67.13 the purpose of carrying out maternal death studies, are classified as confidential data on
67.14 individuals or confidential data on decedents, as defined in sections 13.02, subdivision 3,
67.15 and 13.10, subdivision 1, paragraph (a).

67.16 (b) Information classified under paragraph (a) shall not be subject to discovery or
67.17 introduction into evidence in any administrative, civil, or criminal proceeding. Such
67.18 information otherwise available from an original source shall not be immune from discovery
67.19 or barred from introduction into evidence merely because it was utilized by the commissioner
67.20 in carrying out maternal death studies.

67.21 (c) Summary data on fetal, infant, child, and maternal death studies created by the
67.22 commissioner, which does not identify individual data subjects or individual providers,
67.23 shall be public in accordance with section 13.05, subdivision 7.

67.24 (d) Data shared between the commissioner of health and the commissioner of human
67.25 services retains its original classification.

67.26 Subd. 5. **Fetal, infant, and child mortality reviews.** The commissioner of health must
67.27 convene case review teams to conduct death study reviews, make recommendations, and
67.28 publicly share summary information, especially for racial and ethnic groups, including
67.29 American Indians, that experience significantly disparate rates of fetal and infant mortality.
67.30 The case review teams must include subject matter experts, appropriate state agencies, and
67.31 individuals from the communities with disparate rates. The case review teams will review
67.32 data from source records obtained under subdivision 2, other than data identifying the subject
67.33 or the provider. Every three years beginning December 1, 2021, the case review teams will
67.34 provide findings to the Maternal and Child Health Task Force and the commissioner from

68.1 review of fetal, infant, and child deaths and provide specific recommendations designed to
68.2 reduce disparities in fetal, infant, and child deaths.

68.3 **Sec. 9. [145.9295] COMMUNITY-BASED OPIOID AND OTHER DRUG ABUSE**
68.4 **PREVENTION GRANT PROGRAMS.**

68.5 **Subdivision 1. Community pilot prevention projects.** The commissioner shall establish
68.6 a grant program to fund community opioid abuse prevention pilot grants to reduce health
68.7 care provider visits resulting from opioid use and the rates of opioid addiction in the
68.8 community through the following means:

68.9 (1) establishing multidisciplinary controlled substance care teams that may consist of
68.10 physicians, pharmacists, social workers, nurse care coordinators, and mental health
68.11 professionals;

68.12 (2) delivering, through the controlled substance care teams of clause (1), health care
68.13 services and care coordination to reduce inappropriate use of opioids by patients and rates
68.14 of opioid addiction;

68.15 (3) addressing unmet social service needs that create barriers to managing pain effectively
68.16 and obtaining optimal health outcomes;

68.17 (4) providing prescriber and dispenser education and assistance to reduce inappropriate
68.18 prescribing and dispensing of opioids;

68.19 (5) promoting the adoption of best practices related to opioid disposal and reducing
68.20 opportunities for illegal access to opioids; and

68.21 (6) engaging partners outside of the health care system, including, but not limited to,
68.22 schools, law enforcement, and social services, to address root causes of opioid abuse and
68.23 addiction at the community level.

68.24 **Subd. 2. Culture as health; preventing disparities.** The commissioner shall establish
68.25 a grant program to fund organizations working directly with urban American Indians,
68.26 including the homeless, African Americans, and Minnesota's 11 Tribal Nations. Tribal
68.27 governments must determine how to best use allocated funds to address and prevent substance
68.28 use disorder and overdoses within their communities.

69.1 Sec. 10. Minnesota Statutes 2018, section 152.25, is amended by adding a subdivision to
69.2 read:

69.3 Subd. 5. **Cannabis seed-to-sale tracking system.** (a) The commissioner shall establish
69.4 and maintain a seed-to-sale electronic database to monitor manufacturers' medical cannabis
69.5 from the manufacturer's seed source through its cultivation, processing, testing, and
69.6 distribution. The commissioner may contract with a separate entity to establish and maintain
69.7 all or any part of the seed-to-sale database.

69.8 (b) The seed-to-sale database shall allow for information regarding medical cannabis to
69.9 be updated instantaneously. A manufacturer or third-party laboratory licensed under this
69.10 chapter shall submit to the commissioner any information the commissioner determines is
69.11 necessary for maintaining the seed-to-sale database.

69.12 Sec. 11. Minnesota Statutes 2019 Supplement, section 152.29, subdivision 1, is amended
69.13 to read:

69.14 Subdivision 1. **Manufacturer; requirements.** (a) A manufacturer shall operate eight
69.15 distribution facilities, which may include the manufacturer's single location for cultivation,
69.16 harvesting, manufacturing, packaging, and processing but is not required to include that
69.17 location. The commissioner shall designate the geographical service areas to be served by
69.18 each manufacturer based on geographical need throughout the state to improve patient
69.19 access. A manufacturer shall not have more than two distribution facilities in each
69.20 geographical service area assigned to the manufacturer by the commissioner. A manufacturer
69.21 shall operate only one location where all cultivation, harvesting, manufacturing, packaging,
69.22 and processing of medical cannabis shall be conducted. This location may be one of the
69.23 manufacturer's distribution facility sites. The additional distribution facilities may dispense
69.24 medical cannabis and medical cannabis products but may not contain any medical cannabis
69.25 in a form other than those forms allowed under section 152.22, subdivision 6, and the
69.26 manufacturer shall not conduct any cultivation, harvesting, manufacturing, packaging, or
69.27 processing at the other distribution facility sites. Any distribution facility operated by the
69.28 manufacturer is subject to all of the requirements applying to the manufacturer under sections
69.29 152.22 to 152.37, including, but not limited to, security and distribution requirements.

69.30 (b) A manufacturer may acquire hemp grown in this state from a hemp grower. A
69.31 manufacturer may manufacture or process hemp into an allowable form of medical cannabis
69.32 under section 152.22, subdivision 6. Hemp acquired by a manufacturer under this paragraph
69.33 is subject to the same quality control program, security and testing requirements, and other

70.1 requirements that apply to medical cannabis under sections 152.22 to 152.37 and Minnesota
70.2 Rules, chapter 4770.

70.3 (c) A medical cannabis manufacturer shall contract with a laboratory approved by the
70.4 commissioner, subject to any additional requirements set by the commissioner, for purposes
70.5 of testing medical cannabis manufactured or hemp acquired by the medical cannabis
70.6 manufacturer as to content, contamination, and consistency to verify the medical cannabis
70.7 meets the requirements of section 152.22, subdivision 6. The laboratory must send its final
70.8 testing results directly to the seed-to-sale electronic database established in section 152.25,
70.9 subdivision 5. The cost of laboratory testing shall be paid by the manufacturer.

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

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

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

70.16 (3) procedures for the delivery and transportation of hemp between hemp growers and
70.17 manufacturers.

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

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

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

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

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

70.29 (j) A medical cannabis manufacturer may not employ any person who is under 21 years
70.30 of age or who has been convicted of a disqualifying felony offense. An employee of a
70.31 medical cannabis manufacturer must submit a completed criminal history records check
70.32 consent form, a full set of classifiable fingerprints, and the required fees for submission to

71.1 the Bureau of Criminal Apprehension before an employee may begin working with the
 71.2 manufacturer. The bureau must conduct a Minnesota criminal history records check and
 71.3 the superintendent is authorized to exchange the fingerprints with the Federal Bureau of
 71.4 Investigation to obtain the applicant's national criminal history record information. The
 71.5 bureau shall return the results of the Minnesota and federal criminal history records checks
 71.6 to the commissioner.

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

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

71.13 (m) Before a manufacturer acquires hemp from a hemp grower, the manufacturer must
 71.14 verify that the hemp grower has a valid license issued by the commissioner of agriculture
 71.15 under chapter 18K.

71.16 (n) A manufacturer must use the seed-to-sale electronic database established in section
 71.17 152.25, subdivision 5, to trace all data relating to plant, extract formulation, medical cannabis,
 71.18 laboratory testing results, and distribution records in the manufacturer's inventory and all
 71.19 distribution of medical cannabis to registered patients or the patients' caregivers. In addition
 71.20 to other inventory reconciliation requirements in law, a manufacturer shall reconcile its
 71.21 physical medical cannabis inventory with the records in the centralized database at least
 71.22 once every 30 calendar days. If a manufacturer finds a discrepancy between its physical
 71.23 inventory and the seed-to-sale database, the manufacturer must notify the commissioner
 71.24 immediately, conduct an audit, and report the findings to the commissioner within two
 71.25 business days of finding the discrepancy.

71.26 Sec. 12. Minnesota Statutes 2018, section 152.35, is amended to read:

71.27 **152.35 FEES; DEPOSIT OF REVENUE.**

71.28 (a) The commissioner shall collect an enrollment fee of \$200 from patients enrolled
 71.29 under this section. If the patient ~~attests to~~ provides evidence of receiving Social Security
 71.30 disability insurance (SSDI), Supplemental Security Insurance Income (SSI), veterans
 71.31 disability or railroad disability payments, or being enrolled in medical assistance or
 71.32 MinnesotaCare, then the fee shall be \$50. For the purposes of this section, a person is
 71.33 considered to receive SSDI if the person was receiving SSDI at the time the person was

72.1 transitioned to retirement benefits by the United States Social Security Administration. The
 72.2 fees shall be payable annually and are due on the anniversary date of the patient's enrollment.
 72.3 The fee amount shall be deposited in the state treasury and credited to the state government
 72.4 special revenue fund.

72.5 (b) The commissioner shall collect an application fee of \$20,000 from each entity
 72.6 submitting an application for registration as a medical cannabis manufacturer. Revenue
 72.7 from the fee shall be deposited in the state treasury and credited to the state government
 72.8 special revenue fund.

72.9 (c) The commissioner shall establish and collect an annual fee from a medical cannabis
 72.10 manufacturer equal to the cost of regulating and inspecting the manufacturer in that year.
 72.11 Revenue from the fee amount shall be deposited in the state treasury and credited to the
 72.12 state government special revenue fund.

72.13 (d) A medical cannabis manufacturer may charge patients enrolled in the registry program
 72.14 a reasonable fee for costs associated with the operations of the manufacturer. The
 72.15 manufacturer may establish a sliding scale of patient fees based upon a patient's household
 72.16 income and may accept private donations to reduce patient fees.

72.17 Sec. 13. Minnesota Statutes 2018, section 256.01, subdivision 12, is amended to read:

72.18 Subd. 12. **Child mortality review and infant safety action panel.** (a) The commissioner
 72.19 shall establish a ~~child mortality review~~ state child and infant safety action panel to review
 72.20 ~~deaths of children~~ fetal, infant, stillborn infant, and child deaths in Minnesota, ~~including~~
 72.21 ~~deaths~~ attributed to maltreatment or in which maltreatment may be a contributing cause and
 72.22 to review near fatalities as defined in section 626.556, subdivision 11d. ~~The commissioners~~
 72.23 ~~of health, education, and public safety and the attorney general shall each designate a~~
 72.24 ~~representative to the child mortality review panel. Other panel members shall be appointed~~
 72.25 ~~by the commissioner, including a board-certified pathologist and a physician who is a coroner~~
 72.26 ~~or a medical examiner. The purpose of the panel shall be to make recommendations to the~~
 72.27 ~~state and to county agencies for improving the child protection system, including~~
 72.28 ~~modifications in statute, rule, policy, and procedure.~~

72.29 (b) The commissioner may ~~require a county agency to establish a local child mortality~~
 72.30 ~~review panel. The commissioner may~~ establish procedures that allow for conducting a local
 72.31 agency to conduct local infant and child mortality reviews and may require that all
 72.32 professionals with knowledge of a an infant or child mortality case participate in the local
 72.33 review. In this section, "professional" means a person licensed to perform or a person
 72.34 performing a specific service in the child protective service system. "Professional" includes

73.1 law enforcement personnel, social service agency attorneys, educators, and social service,
73.2 public health, health care, and mental health care providers.

73.3 (c) If the commissioner of human services has reason to believe that a child's death was
73.4 caused by maltreatment or that maltreatment was a contributing cause, the commissioner
73.5 has access to not public data under chapter 13 maintained by state agencies, statewide
73.6 systems, or political subdivisions that are related to the child's death or circumstances
73.7 surrounding the care of the child. The commissioner shall also have access to records of
73.8 private hospitals as necessary to carry out the duties prescribed by this section. Access to
73.9 data under this paragraph is limited to police investigative data; autopsy records and coroner
73.10 or medical examiner investigative data; hospital, public health, or other medical records of
73.11 the child; hospital and other medical records of the child's parent that relate to prenatal care;
73.12 and records created by social service agencies that provided services to the child or family
73.13 within three years preceding the child's death. A state agency, statewide system, or political
73.14 subdivision shall provide the data upon request of the commissioner. Not public data may
73.15 be shared with members of the state child and infant safety action panel or local child
73.16 mortality review panel in connection with an individual case.

73.17 (d) Notwithstanding the data's classification in the possession of any other agency, data
73.18 acquired by the state child and infant safety action panel or a local ~~or state~~ child mortality
73.19 review panel in the exercise of its duties is protected nonpublic or confidential data as
73.20 defined in section 13.02, but may be disclosed as necessary to carry out the purposes of the
73.21 review panel. The data ~~is~~ are not subject to subpoena or discovery in administrative, civil,
73.22 or criminal proceedings. The commissioner may disclose conclusions of the action or review
73.23 panel, but shall not disclose data that was classified as confidential or private data on
73.24 decedents, under section 13.10, or private, confidential, or protected nonpublic data in the
73.25 disseminating agency, except that the commissioner may disclose local social service agency
73.26 data as provided in section 626.556, subdivision 11d, on individual cases involving a fatality
73.27 or near fatality of a person served by the local social service agency prior to the date of
73.28 death.

73.29 (e) A person attending a state child and infant safety action panel or local child mortality
73.30 review panel meeting shall not disclose what transpired at the meeting, except to carry out
73.31 the purposes of the ~~mortality review~~ panel. The proceedings and records of the state child
73.32 and infant safety action and mortality review panel panels are protected nonpublic or
73.33 confidential data as defined in section 13.02, subdivision 13, and are not subject to subpoena
73.34 or discovery in administrative, civil, or criminal proceedings or introduction into evidence
73.35 in a an administrative, civil, or criminal action against a professional, the state or a county

74.1 agency, arising out of the matters the ~~panel is~~ panels are reviewing. Information, documents,
 74.2 and records otherwise available from other sources are not immune from discovery or use
 74.3 in a an administrative, civil, or criminal action solely because they were presented during
 74.4 proceedings of the action or review panel. A person who presented information before the
 74.5 review panel or who is a member of the panel shall not be prevented from testifying about
 74.6 matters within the person's knowledge. However, in a an administrative, civil, or criminal
 74.7 proceeding a person shall not be questioned about the person's presentation of information
 74.8 to the action or review panel or opinions formed by the person as a result of the review
 74.9 meetings.

74.10 Sec. 14. Minnesota Statutes 2018, section 256.01, subdivision 12a, is amended to read:

74.11 Subd. 12a. **Department of Human Services child fatality and near fatality review**
 74.12 **team.** (a) The commissioner shall establish a Department of Human Services child fatality
 74.13 and near fatality review team to review child fatalities and near fatalities due to child
 74.14 maltreatment and child fatalities and near fatalities that occur in licensed facilities ~~and,~~ are
 74.15 not due to natural causes, and occur when the child is in out-of-home placement in a child
 74.16 care facility, including foster care, or under the care and responsibility of the local social
 74.17 services agency. The review team shall assess the entire child protection services process
 74.18 from the point of a mandated reporter reporting the alleged maltreatment through the ongoing
 74.19 case management process. Department staff shall lead and conduct on-site local reviews
 74.20 and utilize supervisors from local county and tribal child welfare agencies as peer reviewers.
 74.21 The review process must focus on critical elements of the case and on the involvement of
 74.22 the child and family with the county or tribal child welfare agency. The review team shall
 74.23 identify necessary program improvement planning to address any practice issues identified
 74.24 and training and technical assistance needs of the local agency. Summary reports of each
 74.25 review shall be provided to the state child mortality review panel when completed.

74.26 (b) A member of the child fatality and near fatality review team shall not disclose what
 74.27 transpired during the review, except to carry out the duties of the child fatality and near
 74.28 fatality review team. The proceedings and records of the child fatality and near fatality
 74.29 review team are protected nonpublic or confidential data as defined in section 13.02,
 74.30 subdivision 13, and are not subject to subpoena or discovery in administrative, civil, or
 74.31 criminal proceedings or introduction into evidence in a an administrative, civil, or criminal
 74.32 action against a professional, the state, or a county agency arising out of the matters the
 74.33 team is reviewing. Information, documents, and records otherwise available from other
 74.34 sources are not immune from discovery or use in a an administrative, civil, or criminal
 74.35 action solely because they were assessed or presented during proceedings of the review

75.1 team. A person who presented information before the review team or who is a member of
75.2 the team shall not be prevented from testifying about matters within the person's knowledge.
75.3 In ~~a~~ an administrative, civil, or criminal proceeding a person shall not be questioned about
75.4 the person's presentation of information to the review team or opinions formed by the person
75.5 as a result of the review.

75.6 Sec. 15. Minnesota Statutes 2018, section 626.556, subdivision 11d, is amended to read:

75.7 Subd. 11d. **Disclosure in infant and child fatality or near-fatality cases.** (a) The
75.8 definitions in this paragraph apply to this section.

75.9 (1) "Child fatality" means the death of a child from child abuse or neglect. "Child" means
75.10 from birth to 18 years of age.

75.11 (2) "Near fatality" means a case in which a physician, advanced practice registered nurse,
75.12 or physician assistant determines that a child is in serious or critical condition as the result
75.13 of sickness or injury caused by child abuse or neglect.

75.14 (3) "Findings and information" means a written summary described in paragraph (c) of
75.15 actions taken or services rendered by a local social services agency following receipt of a
75.16 report.

75.17 (b) Notwithstanding any other provision of law and subject to this subdivision, a public
75.18 agency shall disclose to the public, upon request, the findings and information related to a
75.19 child fatality or near fatality if:

75.20 (1) a person is criminally charged with having caused the child fatality or near fatality;

75.21 (2) a county attorney certifies that a person would have been charged with having caused
75.22 the child fatality or near fatality but for that person's death; or

75.23 (3) a child protection investigation resulted in a determination of child abuse or neglect.

75.24 (c) Findings and information disclosed under this subdivision consist of a written
75.25 summary that includes any of the following information the agency is able to provide:

75.26 (1) the cause and circumstances regarding the child fatality or near fatality;

75.27 (2) the age and gender of the child;

75.28 (3) information on any previous reports of child abuse or neglect that are pertinent to
75.29 the abuse or neglect that led to the child fatality or near fatality;

75.30 (4) information on any previous investigations that are pertinent to the abuse or neglect
75.31 that led to the child fatality or near fatality;

76.1 (5) the results of any investigations described in clause (4);

76.2 (6) actions of and services provided by the local social services agency on behalf of a
76.3 child that are pertinent to the child abuse or neglect that led to the child fatality or near
76.4 fatality; and

76.5 (7) the results of any review of the state child ~~mortality review~~ and infant safety action
76.6 panel, a local child mortality review panel, a local community child protection team, or any
76.7 public agency.

76.8 (d) Nothing in this subdivision authorizes access to the private data in the custody of a
76.9 local social services agency, or the disclosure to the public of the records or content of any
76.10 psychiatric, psychological, or therapeutic evaluations, or the disclosure of information that
76.11 would reveal the identities of persons who provided information related to abuse or neglect
76.12 of the child.

76.13 (e) A person whose request is denied may apply to the appropriate court for an order
76.14 compelling disclosure of all or part of the findings and information of the public agency.
76.15 The application must set forth, with reasonable particularity, factors supporting the
76.16 application. The court has jurisdiction to issue these orders. Actions under this section must
76.17 be set down for immediate hearing, and subsequent proceedings in those actions must be
76.18 given priority by the appellate courts.

76.19 (f) A public agency or its employees acting in good faith in disclosing or declining to
76.20 disclose information under this section are immune from criminal or civil liability that might
76.21 otherwise be incurred or imposed for that action.

76.22 Sec. 16. **REVISOR INSTRUCTION.**

76.23 The revisor of statutes shall correct any internal cross-references to sections 214.17 to
76.24 214.25 that occur as a result of the repealed language and may make changes necessary to
76.25 correct punctuation, grammar, or structure of the remaining text and preserve its meaning.

76.26 **ARTICLE 5**
76.27 **HEALTH BOARDS**

76.28 Section 1. Minnesota Statutes 2019 Supplement, section 144A.291, subdivision 2, is
76.29 amended to read:

76.30 Subd. 2. **Amounts.** (a) Fees may not exceed the following amounts but may be adjusted
76.31 lower by board direction and are for the exclusive use of the board as required to sustain
76.32 board operations. The maximum amounts of fees are:

- 77.1 (1) application for licensure, \$200;
- 77.2 (2) for a prospective applicant for a review of education and experience advisory to the
77.3 license application, \$100, to be applied to the fee for application for licensure if the latter
77.4 is submitted within one year of the request for review of education and experience;
- 77.5 (3) state examination, \$125;
- 77.6 (4) initial license, \$250 if issued between July 1 and December 31, \$100 if issued between
77.7 January 1 and June 30;
- 77.8 (5) acting ~~administrator~~ permit, \$400;
- 77.9 (6) renewal license, \$250;
- 77.10 (7) duplicate license, \$50;
- 77.11 (8) reinstatement fee, \$250;
- 77.12 ~~(9) health services executive initial license, \$200;~~
- 77.13 ~~(10) health services executive renewal license, \$200;~~
- 77.14 ~~(11)~~ (9) reciprocity verification fee, \$50;
- 77.15 ~~(12)~~ (10) second shared ~~administrator~~ assignment, \$250;
- 77.16 ~~(13)~~ (11) continuing education fees:
- 77.17 (i) greater than six hours, \$50; and
- 77.18 (ii) seven hours or more, \$75;
- 77.19 ~~(14)~~ (12) education review, \$100;
- 77.20 ~~(15)~~ (13) fee to a sponsor for review of individual continuing education seminars,
77.21 institutes, workshops, or home study courses:
- 77.22 (i) for less than seven clock hours, \$30; and
- 77.23 (ii) for seven or more clock hours, \$50;
- 77.24 ~~(16)~~ (14) fee to a licensee for review of continuing education seminars, institutes,
77.25 workshops, or home study courses not previously approved for a sponsor and submitted
77.26 with an application for license renewal:
- 77.27 (i) for less than seven clock hours total, \$30; and
- 77.28 (ii) for seven or more clock hours total, \$50;
- 77.29 ~~(17)~~ (15) late renewal fee, \$75;

78.1 ~~(18)~~ (16) fee to a licensee for verification of licensure status and examination scores,
78.2 \$30;

78.3 ~~(19)~~ (17) registration as a registered continuing education sponsor, \$1,000; and
78.4 ~~(20)~~ (18) mail labels, \$75.

78.5 (b) The revenue generated from the fees must be deposited in an account in the state
78.6 government special revenue fund.

78.7 ARTICLE 6

78.8 HEALTH AND HUMAN SERVICES FORECAST CONFORMITY

78.9 Section 1. Minnesota Statutes 2018, section 245F.02, subdivision 26, is amended to read:

78.10 Subd. 26. **Withdrawal management program.** "Withdrawal management program"
78.11 means a licensed program that provides short-term medical services on a 24-hour basis for
78.12 the purpose of stabilizing intoxicated patients, managing their withdrawal, and facilitating
78.13 access to substance use disorder treatment as indicated by a comprehensive assessment.
78.14 Authorization for withdrawal management services licensed under this chapter is determined
78.15 when the client presents and the need for services is established under section 245F.05,
78.16 subdivisions 1 and 2. Any additional assessment will follow the process and time frames
78.17 established in section 245F.06. If need for withdrawal management services is identified
78.18 while the client is a resident of a substance use disorder treatment facility, the provisions
78.19 of section 256G.02, subdivision 4, paragraphs (c) and (d), apply.

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

78.21 Sec. 2. Minnesota Statutes 2018, section 245F.03, is amended to read:

78.22 245F.03 APPLICATION.

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

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

78.29 (c) Minnesota Rules, parts 9530.6600 to 9530.6655, are not applicable to withdrawal
78.30 management programs licensed under this chapter.

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

79.1 Sec. 3. Minnesota Statutes 2018, section 254A.02, subdivision 8a, is amended to read:

79.2 Subd. 8a. **Placing authority.** "Placing authority" means a county, prepaid health plan,
79.3 or tribal governing board governed by Minnesota Rules, parts 9530.6600 to 9530.6655.
79.4 Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, an individual may choose
79.5 to obtain a comprehensive assessment pursuant to section 245G.05. Individuals obtaining
79.6 a comprehensive assessment may access any enrolled provider that is licensed to provide
79.7 the level of service authorized as specified in section 254A.19, subdivision 3, paragraph
79.8 (d). If an individual is enrolled in a prepaid health plan, the individual must comply with
79.9 any provider network requirements or limitations. This subdivision expires July 1, 2022.

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

79.11 Sec. 4. Minnesota Statutes 2018, section 254B.01, subdivision 5, is amended to read:

79.12 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of
79.13 county commissioners, a local social services agency, or a human services board to make
79.14 placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to
79.15 20. Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, an individual may
79.16 choose to obtain a comprehensive assessment pursuant to section 245G.05. Individuals
79.17 obtaining a comprehensive assessment may access any enrolled provider that is licensed to
79.18 provide the level of service authorized as specified in section 254A.19, subdivision 3,
79.19 paragraph (d). If an individual is enrolled in a prepaid health plan, the individual must
79.20 comply with any provider network requirements or limitations. Effective July 1, 2022, local
79.21 agencies may not make placement determinations of location.

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

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

79.25 Subd. 3. **Provider standards.** (a) The commissioner shall establish requirements for
79.26 participating providers that are consistent with the federal requirements of the demonstration
79.27 project.

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

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

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

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

80.6 (c) A participating outpatient provider must obtain applicable licensure under chapter
80.7 245G or other applicable standards for the services provided and must:

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

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

80.12 (d) If the provider standards under chapter 245G or other applicable standards conflict
80.13 or are duplicative, the commissioner may grant variances to the standards if the variances
80.14 do not conflict with federal requirements. The commissioner shall publish service
80.15 components, service standards, and staffing requirements for participating providers that
80.16 are consistent with ASAM standards and federal requirements by October 1, 2020.

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

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

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

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

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

81.1 (d) Effective January 1, 2021, and contingent on annual federal approval, managed care
 81.2 plans and county-based purchasing plans must reimburse providers of the substance use
 81.3 disorder services meeting the criteria described in paragraph (a) who are employed by or
 81.4 under contract with the plan an amount that is at least equal to the fee-for-service base rate
 81.5 payment for the substance use disorder services described in paragraphs (b) and (c). The
 81.6 commissioner shall monitor the effect of this requirement on the rate of access to substance
 81.7 use disorder services and residential substance use disorder rates. If, for any contract year,
 81.8 federal approval is not received due to the provisions of this paragraph, the commissioner
 81.9 must adjust the capitation rates paid to managed care plans and county-based purchasing
 81.10 plans for that contract year to reflect the removal of this provision. Contracts between
 81.11 managed care plans and county-based purchasing plans and providers to whom this paragraph
 81.12 applies must allow recovery of payments from those providers if capitation rates are adjusted
 81.13 in accordance with this paragraph. Payment recoveries must not exceed the amount equal
 81.14 to any increase in rates that results from this provision. This paragraph expires if federal
 81.15 approval is not received at any time due to the provisions of this paragraph.

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

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

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

81.20 **(a) Nonfederal Expenditures.** The
 81.21 commissioner shall ensure that sufficient
 81.22 qualified nonfederal expenditures are made
 81.23 each year to meet the state's maintenance of
 81.24 effort (MOE) requirements of the TANF block
 81.25 grant specified under Code of Federal
 81.26 Regulations, title 45, section 263.1. In order
 81.27 to meet these basic TANF/MOE requirements,
 81.28 the commissioner may report as TANF/MOE
 81.29 expenditures only nonfederal money expended
 81.30 for allowable activities listed in the following
 81.31 clauses:

81.32 (1) MFIP cash, diversionary work program,
 81.33 and food assistance benefits under Minnesota
 81.34 Statutes, chapter 256J;

- 82.1 (2) the child care assistance programs under
 82.2 Minnesota Statutes, sections 119B.03 and
 82.3 119B.05, and county child care administrative
 82.4 costs under Minnesota Statutes, section
 82.5 119B.15;
- 82.6 (3) state and county MFIP administrative costs
 82.7 under Minnesota Statutes, chapters 256J and
 82.8 256K;
- 82.9 (4) state, county, and tribal MFIP employment
 82.10 services under Minnesota Statutes, chapters
 82.11 256J and 256K;
- 82.12 (5) expenditures made on behalf of legal
 82.13 noncitizen MFIP recipients who qualify for
 82.14 the MinnesotaCare program under Minnesota
 82.15 Statutes, chapter 256L;
- 82.16 (6) qualifying working family credit
 82.17 expenditures under Minnesota Statutes, section
 82.18 290.0671;
- 82.19 ~~(6)~~ (7) qualifying Minnesota education credit
 82.20 expenditures under Minnesota Statutes, section
 82.21 290.0674; and
- 82.22 ~~(7)~~ (8) qualifying Head Start expenditures
 82.23 under Minnesota Statutes, section 119A.50.
- 82.24 **(b) Nonfederal Expenditures; Reporting.**
 82.25 For the activities listed in paragraph (a),
 82.26 clauses (2) to ~~(7)~~ (8), the commissioner may
 82.27 report only expenditures that are excluded
 82.28 from the definition of assistance under Code
 82.29 of Federal Regulations, title 45, section
 82.30 260.31.
- 82.31 **(c) Certain Expenditures Required.** The
 82.32 commissioner shall ensure that the MOE used
 82.33 by the commissioner of management and

83.1 budget for the February and November
83.2 forecasts required under Minnesota Statutes,
83.3 section 16A.103, contains expenditures under
83.4 paragraph (a), clause (1), equal to at least 16
83.5 percent of the total required under Code of
83.6 Federal Regulations, title 45, section 263.1.

83.7 **(d) Limitation; Exceptions.** The
83.8 commissioner must not claim an amount of
83.9 TANF/MOE in excess of the 75 percent
83.10 standard in Code of Federal Regulations, title
83.11 45, section 263.1(a)(2), except:

83.12 (1) to the extent necessary to meet the 80
83.13 percent standard under Code of Federal
83.14 Regulations, title 45, section 263.1(a)(1), if it
83.15 is determined by the commissioner that the
83.16 state will not meet the TANF work
83.17 participation target rate for the current year;

83.18 (2) to provide any additional amounts under
83.19 Code of Federal Regulations, title 45, section
83.20 264.5, that relate to replacement of TANF
83.21 funds due to the operation of TANF penalties;
83.22 and

83.23 (3) to provide any additional amounts that may
83.24 contribute to avoiding or reducing TANF work
83.25 participation penalties through the operation
83.26 of the excess MOE provisions of Code of
83.27 Federal Regulations, title 45, section 261.43
83.28 (a)(2).

83.29 **(e) Supplemental Expenditures.** For the
83.30 purposes of paragraph (d), the commissioner
83.31 may supplement the MOE claim with other
83.32 qualified expenditures to the extent such
83.33 expenditures are otherwise available after

84.1 considering the expenditures allowed in this
84.2 subdivision.

84.3 **(f) Reduction of Appropriations; Exception.**

84.4 The requirement in Minnesota Statutes, section
84.5 256.011, subdivision 3, that federal grants or
84.6 aids secured or obtained under that subdivision
84.7 be used to reduce any direct appropriations
84.8 provided by law, does not apply if the grants
84.9 or aids are federal TANF funds.

84.10 **(g) IT Appropriations Generally.** This

84.11 appropriation includes funds for information
84.12 technology projects, services, and support.
84.13 Notwithstanding Minnesota Statutes, section
84.14 16E.0466, funding for information technology
84.15 project costs shall be incorporated into the
84.16 service level agreement and paid to the Office
84.17 of MN.IT Services by the Department of
84.18 Human Services under the rates and
84.19 mechanism specified in that agreement.

84.20 **(h) Receipts for Systems Project.**

84.21 Appropriations and federal receipts for
84.22 information systems projects for MAXIS,
84.23 PRISM, MMIS, ISDS, METS, and SSIS must
84.24 be deposited in the state systems account
84.25 authorized in Minnesota Statutes, section
84.26 256.014. Money appropriated for computer
84.27 projects approved by the commissioner of the
84.28 Office of MN.IT Services, funded by the
84.29 legislature, and approved by the commissioner
84.30 of management and budget may be transferred
84.31 from one project to another and from
84.32 development to operations as the
84.33 commissioner of human services considers
84.34 necessary. Any unexpended balance in the
84.35 appropriation for these projects does not

85.1 cancel and is available for ongoing
 85.2 development and operations.

85.3 **(i) Federal SNAP Education and Training**
 85.4 **Grants.** Federal funds available during fiscal
 85.5 years 2020 and 2021 for Supplemental
 85.6 Nutrition Assistance Program Education and
 85.7 Training and SNAP Quality Control
 85.8 Performance Bonus grants are appropriated
 85.9 to the commissioner of human services for the
 85.10 purposes allowable under the terms of the
 85.11 federal award. This paragraph is effective the
 85.12 day following final enactment.

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

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

85.16 Subd. 3a. **Working Family Credit as TANF/MOE**

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

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

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

85.23 **Subd. 24. Grant Programs; Children and**
 85.24 **Economic Support Grants**

| | | |
|--|------------|------------|
| | 24,315,000 | 24,315,000 |
|--|------------|------------|

85.25 **(a) Minnesota Food Assistance Program.**
 85.26 Unexpended funds for the Minnesota food
 85.27 assistance program for fiscal year 2020 do not
 85.28 cancel but are available for this purpose in
 85.29 fiscal year 2021.

85.30 **(b) Shelter-Linked Youth Mental Health**
 85.31 **Grants.** \$250,000 in fiscal year 2020 and
 85.32 \$250,000 in fiscal year 2021 are from the

86.1 general fund for shelter-linked youth mental
 86.2 health grants under Minnesota Statutes, section
 86.3 256K.46.

86.4 (c) Emergency Services Grants. \$1,500,000
 86.5 in fiscal year 2020 and \$1,500,000 in fiscal
 86.6 year 2021 are from the general fund to provide
 86.7 emergency services grants under Minnesota
 86.8 Statutes, section 256E.36. This is a onetime
 86.9 appropriation.

86.10 ~~(e)~~ (d) **Base Level Adjustment.** The general
 86.11 fund base is \$22,815,000 in fiscal year 2022
 86.12 and \$22,815,000 in fiscal year 2023.

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

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

| | | | |
|-------|--|-----------|------------|
| 86.16 | Subd. 30. Grant Programs; Housing Support | | |
| 86.17 | Grants | 9,264,000 | 10,364,000 |

86.18 ~~**Emergency Services Grants. \$1,500,000 in**~~
 86.19 ~~fiscal year 2020 and \$1,500,000 in fiscal year~~
 86.20 ~~2021 are to provide emergency services grants~~
 86.21 ~~under Minnesota Statutes, section 256E.36.~~
 86.22 ~~This is a onetime appropriation.~~

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

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

| | | | |
|-------|--|------------|------------|
| 86.26 | Subd. 31. Grant Programs; Adult Mental Health | | |
| 86.27 | Grants | 82,302,000 | 79,877,000 |

86.28 **(a) Certified Community Behavioral Health**
 86.29 **Center (CCBHC) Expansion. \$100,000 in**
 86.30 **fiscal year 2020 and \$200,000 in fiscal year**
 86.31 **2021** ~~is~~ are from the general fund for grants
 86.32 for planning, staff training, and other quality
 86.33 improvements that are required to comply with

87.1 federal CCBHC criteria for three expansion
87.2 sites.

87.3 **(b) Mobile Mental Health Crisis Response**

87.4 **Team Funding.** \$1,250,000 in fiscal year
87.5 2020 and \$1,250,000 in fiscal year 2021 are
87.6 for adult mental health grants under Minnesota
87.7 Statutes, section 245.4661, subdivision 9,
87.8 paragraph (a), clause (1), to fund regional
87.9 mobile mental health crisis response teams
87.10 throughout the state. The base for this
87.11 appropriation is \$4,896,000 in fiscal year 2022
87.12 and \$4,897,000 in fiscal year 2023.

87.13 **(c) Specialized Mental Health Community**

87.14 **Supervision Pilot Project.** \$400,000 in fiscal
87.15 year 2020 is for a grant to Anoka County for
87.16 establishment of a specialized mental health
87.17 community supervision caseload pilot project.
87.18 This is a onetime appropriation.

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

87.20 base is \$83,323,000 in fiscal year 2022 and
87.21 \$83,324,000 in fiscal year 2023.

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

87.23 **Sec. 12. REVIVAL AND REENACTMENT.**

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

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

87.27 **Sec. 13. REPEALER.**

87.28 (a) Minnesota Statutes 2019 Supplement, section 254B.03, subdivision 4a, is repealed
87.29 effective July 1, 2020.

87.30 (b) Minnesota Rules, parts 9530.6600, subparts 1 and 3; 9530.6605, subparts 1, 2, 3, 4,
87.31 5, 8, 9, 10, 11, 12, 13, 14, 21a, 21b, 24a, 25, 25a, and 26; 9530.6610, subparts 1, 2, 3, and
87.32 5; 9530.6615; 9530.6620; 9530.6622; and 9530.6655, are repealed effective July 1, 2022.

89.1 (g) MinnesotaCare 1,900,000 (73,313,000)

89.2 These appropriations are from the health care
89.3 access fund.

89.4 (h) Medical Assistance

| | | | |
|------|-------------------------------|---------------------|---------------------|
| 89.5 | <u>Appropriations by Fund</u> | | |
| 89.6 | <u>General Fund</u> | <u>(78,267,000)</u> | <u>(11,477,000)</u> |
| 89.7 | <u>Health Care Access</u> | | |
| 89.8 | <u>Fund</u> | <u>-0-</u> | <u>-0-</u> |

89.9 (i) Alternative Care Program -0- -0-

89.10 (j) CCDTF Entitlements (10,971,000) (7,820,000)

89.11 Subd. 3. Technical Activities -0- -0-

89.12 These appropriations are from the federal
89.13 TANF fund.

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

89.15 **ARTICLE 8**
89.16 **HEALTH AND HUMAN SERVICES APPROPRIATIONS**

89.17 Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

89.18 The sums shown in the columns marked "Appropriations" are added to or, if shown in
89.19 parentheses, subtracted from the appropriations in Laws 2019, First Special Session chapter
89.20 9, article 14, to the agencies and for the purposes specified in this article. The appropriations
89.21 are from the general fund and are available for the fiscal years indicated for each purpose.
89.22 The figures "2020" and "2021" used in this article mean that the addition to or subtraction
89.23 from the appropriation listed under them is available for the fiscal year ending June 30,
89.24 2020, or June 30, 2021, respectively. Base adjustments mean the addition to or subtraction
89.25 from the base level adjustment set in Laws 2019, First Special Session chapter 9, article 14,
89.26 as amended. Supplemental appropriations and reductions to appropriations for the fiscal
89.27 year ending June 30, 2020, are effective the day following final enactment unless a different
89.28 effective date is explicit.

89.29 **APPROPRIATIONS**

89.30 **Available for the Year**

| | | | | |
|-------|--|--------------------|---------------------------|--|
| 90.1 | | | | <u>Ending June 30</u> |
| 90.2 | | | | <u>2020</u> <u>2021</u> |
| 90.3 | <u>Sec. 2. COMMISSIONER OF HUMAN</u> | | | |
| 90.4 | <u>SERVICES</u> | | | |
| 90.5 | <u>Subdivision 1. Total Appropriation</u> | | <u>\$</u> | <u>-0-</u> <u>\$</u> <u>108,255,000</u> |
| 90.6 | <u>Appropriations by Fund</u> | | | |
| 90.7 | | <u>2020</u> | <u>2021</u> | |
| 90.8 | <u>General</u> | <u>-0-</u> | <u>108,255,000</u> | |
| 90.9 | <u>Subd. 2. Central Office; Operations</u> | | | |
| 90.10 | <u>Appropriations by Fund</u> | | | |
| 90.11 | | <u>2020</u> | <u>2021</u> | |
| 90.12 | <u>General</u> | <u>-0-</u> | <u>234,000</u> | |
| 90.13 | <u>Base Adjustment.</u> The general fund base is | | | |
| 90.14 | increased \$132,000 in fiscal year 2022 and | | | |
| 90.15 | \$27,000 in fiscal year 2023. | | | |
| 90.16 | <u>Subd. 3. Central Office; Children and Families</u> | | | |
| 90.17 | <u>Appropriations by Fund</u> | | | |
| 90.18 | <u>General</u> | <u>-0-</u> | <u>377,000</u> | |
| 90.19 | <u>(a) State-funded Food Assistance</u> | | | |
| 90.20 | <u>Operations.</u> \$118,000 in fiscal year 2021 is | | | |
| 90.21 | for staff to operate the state-funded nutrition | | | |
| 90.22 | program. Funds are available until June 30, | | | |
| 90.23 | <u>2022.</u> | | | |
| 90.24 | <u>(b) Base Adjustment.</u> The general fund base | | | |
| 90.25 | is increased \$245,000 in fiscal year 2022 and | | | |
| 90.26 | \$245,000 in fiscal year 2023. | | | |
| 90.27 | <u>Subd. 4. Forecasted Programs; Medical</u> | | | |
| 90.28 | <u>Assistance</u> | | <u>-0-</u> | <u>28,909,000</u> |
| 90.29 | <u>Self-Administered Medication-Assisted</u> | | | |
| 90.30 | <u>Treatment.</u> \$28,909,000 in fiscal year 2021 | | | |
| 90.31 | is for repayment to the federal Centers for | | | |
| 90.32 | Medicare and Medicaid Services for the | | | |
| 90.33 | federal share of identified overpayments to | | | |

91.1 the Leech Lake Band of Ojibwe and the White
 91.2 Earth Band of Ojibwe for self-administered
 91.3 medication-assisted treatment from the
 91.4 beginning of fiscal year 2014 through the end
 91.5 of fiscal year 2019. If the Leech Lake Band
 91.6 of Ojibwe and the White Earth Band of
 91.7 Ojibwe are required by law to repay the
 91.8 overpayments, the commissioner of human
 91.9 services may pay up to \$14,666,000 to the
 91.10 Leech Lake Band of Ojibwe and up to
 91.11 \$14,242,000 to the White Earth Band of
 91.12 Ojibwe for each to comply with repayment
 91.13 requirements. This is a onetime appropriation.

91.14 **Subd. 5. Forecasted Programs; Chemical**
 91.15 **Dependency Treatment Fund**

-0-

8,812,000

91.16 **Institutions for Mental Disease Payments.**
 91.17 \$8,812,000 in fiscal year 2021 is for the
 91.18 commissioner of human services to reimburse
 91.19 counties for the value of the commissioner's
 91.20 estimate of the statewide county share of costs
 91.21 for which federal funds were claimed, but
 91.22 were not eligible for federal funding for
 91.23 substance use disorder services provided in
 91.24 institutions for mental disease, for claims paid
 91.25 between January 1, 2014, and June 30, 2019.
 91.26 The commissioner of human services shall
 91.27 allocate this appropriation between counties
 91.28 in proportion to each county's estimated
 91.29 county share versus the estimated statewide
 91.30 county share. Prior to payment of the allocated
 91.31 amount to a county, the county must pay in
 91.32 full any unpaid consolidated chemical
 91.33 dependency treatment fund invoiced county
 91.34 share. This is a onetime appropriation.

91.35 **Subd. 6. Grant Programs; Basic Sliding Fee**
 91.36 **Child Care Assistance Grants**

-0-

-0-

92.1 **(a) Increase for Maximum Rates.**
 92.2 Notwithstanding Minnesota Statutes, section
 92.3 119B.03, subdivisions 6, 6a, and 6b, the
 92.4 commissioner must allocate the additional
 92.5 basic sliding fee child care funds for calendar
 92.6 year 2021 to counties for updated maximum
 92.7 rates based on relative need to cover maximum
 92.8 rate increases. In distributing the additional
 92.9 funds, the commissioner shall consider the
 92.10 following factors by county: (1) number of
 92.11 children; (2) provider type; (3) age of children;
 92.12 and (4) amount of increase in maximum rates.

92.13 **(b) Base Adjustment.** The general fund base
 92.14 is increased \$15,032,000 in fiscal year 2022
 92.15 and \$22,716,000 in fiscal year 2023.

| | | | |
|-------|--|-----|------------------|
| 92.16 | <u>Subd. 7. Grant Programs; Children's Services</u> | | |
| 92.17 | <u>Grants</u> | -0- | <u>4,412,000</u> |

92.18 **(a) Addressing African American Child**
 92.19 **Welfare Overrepresentation.** \$4,000,000 in
 92.20 fiscal year 2021 is for Hennepin, Ramsey, and
 92.21 St. Louis Counties for grants to
 92.22 community-based agencies who primarily
 92.23 serve African American children and families
 92.24 to provide community-specified services for
 92.25 family preservation, family and relative
 92.26 engagement, and reunification services. The
 92.27 base for this appropriation is \$8,000,000 in
 92.28 fiscal year 2022 and \$8,000,000 in fiscal year
 92.29 2023.

92.30 **(b) Homeless Youth Pilot Grant.** \$412,000
 92.31 in fiscal year 2021 is for the Homeless Youth
 92.32 Pilot Grant to provide resource and navigator
 92.33 services to homeless youth. The base for this
 92.34 appropriation is \$600,000 in fiscal year 2022
 92.35 and \$600,000 in fiscal year 2023.

93.1 (c) Base Adjustment. The general fund base
 93.2 is increased \$8,600,000 in fiscal year 2022
 93.3 and \$8,600,000 in fiscal year 2023.

| | | | |
|------|--|------------|-------------------|
| 93.4 | <u>Subd. 8. Grant Programs; Children and</u> | | |
| 93.5 | <u>Economic Support Grants</u> | <u>-0-</u> | <u>27,026,000</u> |

93.6 (a) Emergency Services Renovation Grants.
 93.7 \$7,000,000 in fiscal year 2021 is for grants to
 93.8 tribal nations, local governments, and
 93.9 nonprofit organizations to provide safe,
 93.10 sanitary, and suitable overnight emergency
 93.11 shelter for individuals and families
 93.12 experiencing homelessness in accordance with
 93.13 Minnesota Statutes, section 256E.36. Eligible
 93.14 uses of grant funds include predesign, design,
 93.15 renovation, construction, furnishing, and
 93.16 equipping facilities. A grant must not be used
 93.17 for general operating expenses or staffing.
 93.18 Projects must meet all applicable local
 93.19 building codes at the time of project
 93.20 completion. Grants awarded under this
 93.21 paragraph cancel on June 30, 2025. This is a
 93.22 onetime appropriation.

93.23 (b) Base Adjustment. The general fund base
 93.24 is increased \$1,947,000 in fiscal year 2022
 93.25 and \$2,018,000 in fiscal year 2023.

93.26 (c) State-funded Food Assistance.
 93.27 \$18,080,000 in fiscal year 2021 is for a
 93.28 temporary state-funded food assistance
 93.29 program for adults without children impacted
 93.30 by the federal rule change to the Supplemental
 93.31 Nutrition Assistance Program that will go into
 93.32 effect April 1, 2020. The commissioner shall
 93.33 establish procedures to operate the program.
 93.34 Funds are available until June 30, 2022. This
 93.35 is a onetime appropriation.

94.1 **Subd. 9. Grant Programs; Child Mental Health**
 94.2 **Grants**

94.3 Appropriations by Fund

94.4 General -0- 375,000

94.5 **(a) Mental Health Pilot for Mandated**

94.6 **Reporters.** \$375,000 in fiscal year 2021 is for

94.7 a pilot project to provide mental health rapid

94.8 consultation and coaching for school personnel

94.9 to ensure reports of child maltreatment are

94.10 made based on statutory requirements.

94.11 **(b) Base Adjustment.** The general fund base

94.12 is increased \$750,000 in fiscal year 2022 and

94.13 \$750,000 in fiscal year 2023.

94.14 **Subd. 10. Direct Care and Treatment; Mental**
 94.15 **Health and Substance Abuse Treatment**
 94.16 **Services**

-0- 5,742,000

94.17 **Operating Adjustment.** \$547,000 in fiscal

94.18 year 2021 from the general fund is for the

94.19 Community Addiction Recovery Enterprise

94.20 program. The commissioner must transfer

94.21 \$547,000 in fiscal year 2021 to the enterprise

94.22 fund for the Community Addiction Recovery

94.23 Enterprise program. This is a onetime

94.24 appropriation.

94.25 **Subd. 11. Direct Care and Treatment;**
 94.26 **Community-Based Services**

-0- 21,066,000

94.27 **Operating Adjustment.** \$20,582,000 in fiscal

94.28 year 2021 from the general fund is for the

94.29 Minnesota State Operated Community

94.30 Services program. The commissioner must

94.31 transfer \$20,582,000 in fiscal year 2021 from

94.32 the general fund to the enterprise fund for

94.33 Minnesota State Operated Community

94.34 Services. This is a onetime appropriation.

94.35 **Subd. 12. Direct Care and Treatment; Forensic**
 94.36 **Services**

-0- 6,124,000

| | | | | | |
|-------|---|-------------|------------------|-------------------|-----------------------------|
| 95.1 | <u>Subd. 13. Direct Care and Treatment; Sex</u> | | | | |
| 95.2 | <u>Offender Program</u> | | | <u>-0-</u> | <u>4,715,000</u> |
| 95.3 | <u>Subd. 14. Direct Care and Treatment;</u> | | | | |
| 95.4 | <u>Operations</u> | | | <u>-0-</u> | <u>463,000</u> |
| 95.5 | <u>Sec. 3. COMMISSIONER OF HEALTH</u> | | | | |
| 95.6 | <u>Subdivision 1. Total Appropriation</u> | | \$ | <u>-0-</u> | <u>\$ 11,125,000</u> |
| 95.7 | <u>Appropriations by Fund</u> | | | | |
| 95.8 | | <u>2020</u> | <u>2021</u> | | |
| 95.9 | <u>General</u> | <u>-0-</u> | <u>8,356,000</u> | | |
| 95.10 | <u>State Government</u> | | | | |
| 95.11 | <u>Special Revenue</u> | <u>-0-</u> | <u>1,868,000</u> | | |
| 95.12 | <u>Health Care Access</u> | | | | |
| 95.13 | <u>Fund</u> | <u>-0-</u> | <u>901,000</u> | | |
| 95.14 | <u>Subd. 2. Health Improvement</u> | | | | |
| 95.15 | <u>Appropriations by Fund</u> | | | | |
| 95.16 | <u>General</u> | <u>-0-</u> | <u>8,356,000</u> | | |
| 95.17 | <u>State Government</u> | | | | |
| 95.18 | <u>Special Revenue</u> | <u>-0-</u> | <u>1,868,000</u> | | |
| 95.19 | <u>Health Care Access</u> | | | | |
| 95.20 | <u>Fund</u> | <u>-0-</u> | <u>901,000</u> | | |
| 95.21 | <u>(a) Tobacco Use Prevention. \$7,697,000 in</u> | | | | |
| 95.22 | <u>fiscal year 2021 is from the general fund to</u> | | | | |
| 95.23 | <u>prevent youth from using tobacco and from</u> | | | | |
| 95.24 | <u>vaping.</u> | | | | |
| 95.25 | <u>(b) Fetal, Infant, and Child Mortality</u> | | | | |
| 95.26 | <u>Review. \$659,000 in fiscal year 2021 is from</u> | | | | |
| 95.27 | <u>the general fund to conduct fetal, infant, and</u> | | | | |
| 95.28 | <u>child mortality reviews per Minnesota</u> | | | | |
| 95.29 | <u>Statutes, section 145.901.</u> | | | | |
| 95.30 | <u>(c) Medical Cannabis Seed-to-Sale System.</u> | | | | |
| 95.31 | <u>\$1,153,000 in fiscal year 2021 is from the state</u> | | | | |
| 95.32 | <u>government special revenue fund to establish</u> | | | | |
| 95.33 | <u>and implement a seed-to-sale electronic</u> | | | | |
| 95.34 | <u>database to monitor medical cannabis</u> | | | | |
| 95.35 | <u>inventories. The fiscal year 2021 appropriation</u> | | | | |
| 95.36 | <u>is available until June 30, 2023.</u> | | | | |

97.1 (b) **Commissioner of human services; administration.** \$309,000 in fiscal year 2020
97.2 is appropriated from the general fund and ~~\$60,000~~ \$120,000 in fiscal year 2021 is
97.3 appropriated from the opiate epidemic response account to the commissioner of human
97.4 services for the provision of administrative services to the Opiate Epidemic Response
97.5 Advisory Council and for the administration of the grants awarded under paragraphs (f),
97.6 (g), and (h). The opiate epidemic response account base for this appropriation is ~~\$60,000~~
97.7 \$120,000 in fiscal year 2022, ~~\$60,000~~ \$120,000 in fiscal year 2023, ~~\$60,000~~ \$120,000 in
97.8 fiscal year 2024, and \$0 in fiscal year 2025.

97.9 (c) **Board of Pharmacy; administration.** \$126,000 in fiscal year 2020 is appropriated
97.10 from the general fund to the Board of Pharmacy for the collection of the registration fees
97.11 under section 151.066.

97.12 (d) **Commissioner of public safety; enforcement activities.** \$672,000 in fiscal year
97.13 2020 is appropriated from the general fund to the commissioner of public safety for the
97.14 Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab
97.15 supplies and \$288,000 is for special agent positions focused on drug interdiction and drug
97.16 trafficking.

97.17 (e) **Commissioner of management and budget; evaluation activities.** \$300,000 in
97.18 fiscal year 2020 is appropriated from the general fund and \$300,000 in fiscal year 2021 is
97.19 appropriated from the opiate epidemic response account to the commissioner of management
97.20 and budget for evaluation activities under Minnesota Statutes, section 256.042, subdivision
97.21 1, paragraph (c). The opiate epidemic response account base for this appropriation is \$300,000
97.22 in fiscal year 2022, \$300,000 in fiscal year 2023, \$300,000 in fiscal year 2024, and \$0 in
97.23 fiscal year 2025.

97.24 (f) **Commissioner of human services; grants for Project ECHO.** \$400,000 in fiscal
97.25 year 2020 is appropriated from the general fund and \$400,000 in fiscal year 2021 is
97.26 appropriated from the opiate epidemic response account to the commissioner of human
97.27 services for grants of \$200,000 to CHI St. Gabriel's Health Family Medical Center for the
97.28 opioid-focused Project ECHO program and \$200,000 to Hennepin Health Care for the
97.29 opioid-focused Project ECHO program. The opiate epidemic response account base for this
97.30 appropriation is \$400,000 in fiscal year 2022, \$400,000 in fiscal year 2023, \$400,000 in
97.31 fiscal year 2024, and \$0 in fiscal year 2025.

97.32 (g) **Commissioner of human services; opioid overdose prevention grant.** \$100,000
97.33 in fiscal year 2020 is appropriated from the general fund and \$100,000 in fiscal year 2021
97.34 is appropriated from the opiate epidemic response account to the commissioner of human

98.1 services for a grant to a nonprofit organization that has provided overdose prevention
98.2 programs to the public in at least 60 counties within the state, for at least three years, has
98.3 received federal funding before January 1, 2019, and is dedicated to addressing the opioid
98.4 epidemic. The grant must be used for opioid overdose prevention, community asset mapping,
98.5 education, and overdose antagonist distribution. The opiate epidemic response account base
98.6 for this appropriation is \$100,000 in fiscal year 2022, \$100,000 in fiscal year 2023, \$100,000
98.7 in fiscal year 2024, and \$0 in fiscal year 2025.

98.8 (h) **Commissioner of human services; traditional healing.** \$2,000,000 in fiscal year
98.9 2020 is appropriated from the general fund and \$2,000,000 in fiscal year 2021 is appropriated
98.10 from the opiate epidemic response account to the commissioner of human services to award
98.11 grants to tribal nations and five urban Indian communities for traditional healing practices
98.12 to American Indians and to increase the capacity of culturally specific providers in the
98.13 behavioral health workforce. The opiate epidemic response account base for this appropriation
98.14 is \$2,000,000 in fiscal year 2022, \$2,000,000 in fiscal year 2023, \$2,000,000 in fiscal year
98.15 2024, and \$0 in fiscal year 2025.

98.16 (i) **Board of Dentistry; continuing education.** \$11,000 in fiscal year 2020 is
98.17 appropriated from the state government special revenue fund to the Board of Dentistry to
98.18 implement the continuing education requirements under Minnesota Statutes, section 214.12,
98.19 subdivision 6.

98.20 (j) **Board of Medical Practice; continuing education.** \$17,000 in fiscal year 2020 is
98.21 appropriated from the state government special revenue fund to the Board of Medical Practice
98.22 to implement the continuing education requirements under Minnesota Statutes, section
98.23 214.12, subdivision 6.

98.24 (k) **Board of Nursing; continuing education.** \$17,000 in fiscal year 2020 is appropriated
98.25 from the state government special revenue fund to the Board of Nursing to implement the
98.26 continuing education requirements under Minnesota Statutes, section 214.12, subdivision
98.27 6.

98.28 (l) **Board of Optometry; continuing education.** \$5,000 in fiscal year 2020 is
98.29 appropriated from the state government special revenue fund to the Board of Optometry to
98.30 implement the continuing education requirements under Minnesota Statutes, section 214.12,
98.31 subdivision 6.

98.32 (m) **Board of Podiatric Medicine; continuing education.** \$5,000 in fiscal year 2020
98.33 is appropriated from the state government special revenue fund to the Board of Podiatric

99.1 Medicine to implement the continuing education requirements under Minnesota Statutes,
99.2 section 214.12, subdivision 6.

99.3 (n) **Commissioner of health; nonnarcotic pain management and wellness.** \$1,250,000
99.4 is appropriated in fiscal year 2020 from the general fund to the commissioner of health, to
99.5 provide funding for:

99.6 (1) statewide mapping and assessment of community-based nonnarcotic pain management
99.7 and wellness resources; and

99.8 (2) up to five demonstration projects in different geographic areas of the state to provide
99.9 community-based nonnarcotic pain management and wellness resources to patients and
99.10 consumers.

99.11 The demonstration projects must include an evaluation component and scalability analysis.
99.12 The commissioner shall award the grant for the statewide mapping and assessment, and the
99.13 demonstration project grants, through a competitive request for proposal process. Grants
99.14 for statewide mapping and assessment and demonstration projects may be awarded
99.15 simultaneously. In awarding demonstration project grants, the commissioner shall give
99.16 preference to proposals that incorporate innovative community partnerships, are informed
99.17 and led by people in the community where the project is taking place, and are culturally
99.18 relevant and delivered by culturally competent providers. This is a onetime appropriation.

99.19 (o) **Commissioner of health; administration.** \$38,000 in fiscal year 2020 is appropriated
99.20 from the general fund to the commissioner of health for the administration of the grants
99.21 awarded in paragraph (n).

APPENDIX
Repealed Minnesota Statutes: 20-8063

119B.125 PROVIDER REQUIREMENTS.

Subd. 5. **Provisional payment.** After a county receives a completed application from a provider, the county may issue provisional authorization and payment to the provider during the time needed to determine whether to give final authorization to the provider.

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.

APPENDIX
Repealed Minnesota Rules: 20-8063

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

APPENDIX
Repealed Minnesota Rules: 20-8063

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

APPENDIX
Repealed Minnesota Rules: 20-8063

| | |
|--|---|
| 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 |

APPENDIX
Repealed Minnesota Rules: 20-8063

| | |
|--|--|
| <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> |
|--|--|

| | |
|---|--|
| <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> |
|---|--|

| | |
|---|--|
| <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> |
|---|--|

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> |
|--|---|

| | |
|--|--|
| <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> |
|--|--|

| | |
|--|--|
| <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> |
|--|--|

| | |
|--|--|
| <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> |
|--|--|

| | |
|-------------------------|--|
| <p>4 The client is:</p> | <p>4 The placing authority must authorize treatment services that include:</p> |
|-------------------------|--|

APPENDIX
Repealed Minnesota Rules: 20-8063

(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

APPENDIX
Repealed Minnesota Rules: 20-8063

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.