

**SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION**

S.F. No. 324

(SENATE AUTHORS: LIMMER, Marty, Rest and Abeler)

DATE	D-PG	OFFICIAL STATUS
01/17/2023	199	Introduction and first reading Referred to Health and Human Services
01/19/2023	310	Authors added Rest; Abeler

1.1 A bill for an act

1.2 relating to human services; establishing requirement for providing Social Security

1.3 numbers for foster children; amending Minnesota Statutes 2022, section 260C.212,

1.4 subdivision 1.

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

1.6 Section 1. Minnesota Statutes 2022, section 260C.212, subdivision 1, is amended to read:

1.7 Subdivision 1. **Out-of-home placement; plan.** (a) An out-of-home placement plan shall

1.8 be prepared within 30 days after any child is placed in foster care by court order or a

1.9 voluntary placement agreement between the responsible social services agency and the

1.10 child's parent pursuant to section 260C.227 or chapter 260D.

1.11 (b) An out-of-home placement plan means a written document individualized to the

1.12 needs of the child and the child's parents or guardians that is prepared by the responsible

1.13 social services agency jointly with the child's parents or guardians and in consultation with

1.14 the child's guardian ad litem; the child's tribe, if the child is an Indian child; the child's foster

1.15 parent or representative of the foster care facility; and, when appropriate, the child. When

1.16 a child is age 14 or older, the child may include two other individuals on the team preparing

1.17 the child's out-of-home placement plan. The child may select one member of the case

1.18 planning team to be designated as the child's advisor and to advocate with respect to the

1.19 application of the reasonable and prudent parenting standards. The responsible social services

1.20 agency may reject an individual selected by the child if the agency has good cause to believe

1.21 that the individual would not act in the best interest of the child. For a child in voluntary

1.22 foster care for treatment under chapter 260D, preparation of the out-of-home placement

1.23 plan shall additionally include the child's mental health treatment provider. For a child 18

2.1 years of age or older, the responsible social services agency shall involve the child and the
2.2 child's parents as appropriate. As appropriate, the plan shall be:

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

2.4 (2) ordered by the court, either as presented or modified after hearing, under section
2.5 260C.178, subdivision 7, or 260C.201, subdivision 6; and

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

2.9 (c) The out-of-home placement plan shall be explained by the responsible social services
2.10 agency to all persons involved in the plan's implementation, including the child who has
2.11 signed the plan, and shall set forth:

2.12 (1) a description of the foster care home or facility selected, including how the
2.13 out-of-home placement plan is designed to achieve a safe placement for the child in the
2.14 least restrictive, most family-like setting available that is in close proximity to the home of
2.15 the child's parents or guardians when the case plan goal is reunification; and how the
2.16 placement is consistent with the best interests and special needs of the child according to
2.17 the factors under subdivision 2, paragraph (b);

2.18 (2) the specific reasons for the placement of the child in foster care, and when
2.19 reunification is the plan, a description of the problems or conditions in the home of the
2.20 parent or parents that necessitated removal of the child from home and the changes the
2.21 parent or parents must make for the child to safely return home;

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

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

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

2.31 (4) a description of any services or resources that were requested by the child or the
2.32 child's parent, guardian, foster parent, or custodian since the date of the child's placement

3.1 in the residential facility, and whether those services or resources were provided and if not,
3.2 the basis for the denial of the services or resources;

3.3 (5) the visitation plan for the parent or parents or guardian, other relatives as defined in
3.4 section 260C.007, subdivision 26b or 27, and siblings of the child if the siblings are not
3.5 placed together in foster care, and whether visitation is consistent with the best interest of
3.6 the child, during the period the child is in foster care;

3.7 (6) when a child cannot return to or be in the care of either parent, documentation of
3.8 steps to finalize adoption as the permanency plan for the child through reasonable efforts
3.9 to place the child for adoption pursuant to section 260C.605. At a minimum, the
3.10 documentation must include consideration of whether adoption is in the best interests of
3.11 the child and child-specific recruitment efforts such as a relative search, consideration of
3.12 relatives for adoptive placement, and the use of state, regional, and national adoption
3.13 exchanges to facilitate orderly and timely placements in and outside of the state. A copy of
3.14 this documentation shall be provided to the court in the review required under section
3.15 260C.317, subdivision 3, paragraph (b);

3.16 (7) when a child cannot return to or be in the care of either parent, documentation of
3.17 steps to finalize the transfer of permanent legal and physical custody to a relative as the
3.18 permanency plan for the child. This documentation must support the requirements of the
3.19 kinship placement agreement under section 256N.22 and must include the reasonable efforts
3.20 used to determine that it is not appropriate for the child to return home or be adopted, and
3.21 reasons why permanent placement with a relative through a Northstar kinship assistance
3.22 arrangement is in the child's best interest; how the child meets the eligibility requirements
3.23 for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's
3.24 relative foster parent and reasons why the relative foster parent chose not to pursue adoption,
3.25 if applicable; and agency efforts to discuss with the child's parent or parents the permanent
3.26 transfer of permanent legal and physical custody or the reasons why these efforts were not
3.27 made;

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

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

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

4.8 (9) the educational records of the child including the most recent information available
4.9 regarding:

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

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

4.12 (iii) the child's school record;

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

4.15 (v) any other relevant educational information;

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

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

4.19 (ii) how the child's known medical problems and identified needs from the screens,
4.20 including any known communicable diseases, as defined in section 144.4172, subdivision
4.21 2, shall be monitored and treated while the child is in foster care;

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

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

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

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

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

- 5.1 (11) the health records of the child including information available regarding:
- 5.2 (i) the names and addresses of the child's health care and dental care providers;
- 5.3 (ii) a record of the child's immunizations;
- 5.4 (iii) the child's known medical problems, including any known communicable diseases
- 5.5 as defined in section 144.4172, subdivision 2;
- 5.6 (iv) the child's medications; and
- 5.7 (v) any other relevant health care information such as the child's eligibility for medical
- 5.8 insurance or medical assistance;
- 5.9 (12) an independent living plan for a child 14 years of age or older, developed in
- 5.10 consultation with the child. The child may select one member of the case planning team to
- 5.11 be designated as the child's advisor and to advocate with respect to the application of the
- 5.12 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
- 5.13 not be limited to, the following objectives:
- 5.14 (i) educational, vocational, or employment planning;
- 5.15 (ii) health care planning and medical coverage;
- 5.16 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
- 5.17 license;
- 5.18 (iv) money management, including the responsibility of the responsible social services
- 5.19 agency to ensure that the child annually receives, at no cost to the child, a consumer report
- 5.20 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
- 5.21 in the report;
- 5.22 (v) planning for housing;
- 5.23 (vi) social and recreational skills;
- 5.24 (vii) establishing and maintaining connections with the child's family and community;
- 5.25 and
- 5.26 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
- 5.27 activities typical for the child's age group, taking into consideration the capacities of the
- 5.28 individual child;
- 5.29 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
- 5.30 and assessment information, specific services relating to meeting the mental health care
- 5.31 needs of the child, and treatment outcomes;

6.1 (14) for a child 14 years of age or older, a signed acknowledgment that describes the
6.2 child's rights regarding education, health care, visitation, safety and protection from
6.3 exploitation, and court participation; receipt of the documents identified in section 260C.452;
6.4 and receipt of an annual credit report. The acknowledgment shall state that the rights were
6.5 explained in an age-appropriate manner to the child; and

6.6 (15) for a child placed in a qualified residential treatment program, the plan must include
6.7 the requirements in section 260C.708.

6.8 (d) The parent or parents or guardian and the child each shall have the right to legal
6.9 counsel in the preparation of the case plan and shall be informed of the right at the time of
6.10 placement of the child. The child shall also have the right to a guardian ad litem. If unable
6.11 to employ counsel from their own resources, the court shall appoint counsel upon the request
6.12 of the parent or parents or the child or the child's legal guardian. The parent or parents may
6.13 also receive assistance from any person or social services agency in preparation of the case
6.14 plan.

6.15 (e) After the plan has been agreed upon by the parties involved or approved or ordered
6.16 by the court, the foster parents shall be fully informed of the provisions of the case plan and
6.17 shall be provided a copy of the plan. The out-of-home placement plan provided to the foster
6.18 parents must include the child's Social Security number, if available. The responsible social
6.19 services agency shall request the child's Social Security number from the child's parent or
6.20 guardian. If the child's parent or guardian objects to the disclosure of the child's Social
6.21 Security number, the court may order the disclosure of the child's Social Security number
6.22 pursuant to section 13.46, subdivision 2, paragraph (a).

6.23 (f) Upon the child's discharge from foster care, the responsible social services agency
6.24 must provide the child's parent, adoptive parent, or permanent legal and physical custodian,
6.25 and the child, if the child is 14 years of age or older, with a current copy of the child's health
6.26 and education record. If a child meets the conditions in subdivision 15, paragraph (b), the
6.27 agency must also provide the child with the child's social and medical history. The responsible
6.28 social services agency may give a copy of the child's health and education record and social
6.29 and medical history to a child who is younger than 14 years of age, if it is appropriate and
6.30 if subdivision 15, paragraph (b), applies.