

466.1

**ARTICLE 29**

466.2

**STATE-OPERATED SERVICES; CHEMICAL AND MENTAL HEALTH**

466.3 Section 1. Minnesota Statutes 2017 Supplement, section 245.4889, subdivision 1, is  
466.4 amended to read:

466.5 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to  
466.6 make grants from available appropriations to assist:

466.7 (1) counties;

466.8 (2) Indian tribes;

466.9 (3) children's collaboratives under section 124D.23 or 245.493; or

466.10 (4) mental health service providers.

466.11 (b) The following services are eligible for grants under this section:

466.12 (1) services to children with emotional disturbances as defined in section 245.4871,  
466.13 subdivision 15, and their families;

466.14 (2) transition services under section 245.4875, subdivision 8, for young adults under  
466.15 age 21 and their families;

466.16 (3) respite care services for children with severe emotional disturbances who are at risk  
466.17 of out-of-home placement;

466.18 (4) children's mental health crisis services;

466.19 (5) mental health services for people from cultural and ethnic minorities;

466.20 (6) children's mental health screening and follow-up diagnostic assessment and treatment;

103.1

**ARTICLE 3**

103.2

**CHEMICAL AND MENTAL HEALTH**

103.3 Section 1. Minnesota Statutes 2016, section 13.851, is amended by adding a subdivision  
103.4 to read:

103.5 Subd. 11. **Mental health screening.** The treatment of data collected by a sheriff or local  
103.6 corrections agency related to individuals who may have a mental illness is governed by  
103.7 section 641.15, subdivision 3a.

- 466.21 (7) services to promote and develop the capacity of providers to use evidence-based  
466.22 practices in providing children's mental health services;
- 466.23 (8) school-linked mental health services, including transportation for children receiving  
466.24 school-linked mental health services when school is not in session;
- 466.25 (9) building evidence-based mental health intervention capacity for children birth to age  
466.26 five;
- 466.27 (10) suicide prevention and counseling services that use text messaging statewide;
- 466.28 (11) mental health first aid training;
- 467.1 (12) training for parents, collaborative partners, and mental health providers on the  
467.2 impact of adverse childhood experiences and trauma and development of an interactive  
467.3 Web site to share information and strategies to promote resilience and prevent trauma;
- 467.4 (13) transition age services to develop or expand mental health treatment and supports  
467.5 for adolescents and young adults 26 years of age or younger;
- 467.6 (14) early childhood mental health consultation;
- 467.7 (15) evidence-based interventions for youth at risk of developing or experiencing a first  
467.8 episode of psychosis, and a public awareness campaign on the signs and symptoms of  
467.9 psychosis;
- 467.10 (16) psychiatric consultation for primary care practitioners; and
- 467.11 (17) providers to begin operations and meet program requirements when establishing a  
467.12 new children's mental health program. These may be start-up grants.
- 467.13 (c) Services under paragraph (b) must be designed to help each child to function and  
467.14 remain with the child's family in the community and delivered consistent with the child's  
467.15 treatment plan. Transition services to eligible young adults under this paragraph must be  
467.16 designed to foster independent living in the community.
- 467.17 (d) As a condition of receiving grant funds, a grantee must obtain all available third-party  
467.18 reimbursement sources, if applicable.

467.19 Sec. 2. Minnesota Statutes 2016, section 245.4889, is amended by adding a subdivision  
467.20 to read:

467.21 Subd. 1a. **School-linked mental health services grants.** (a) An eligible applicant for  
467.22 school-linked mental health services grants under subdivision 1, paragraph (b), clause (8),  
467.23 is an entity that is:

467.24 (1) certified under Minnesota Rules, parts 9520.0750 to 9520.0870;

467.25 (2) a community mental health center under section 256B.0625, subdivision 5;

467.26 (3) an Indian health service facility or facility owned and operated by a tribe or tribal  
467.27 organization operating under United States Code, title 25, section 5321;

467.28 (4) a provider of children's therapeutic services and supports as defined in section  
467.29 256B.0943; or

467.30 (5) enrolled in medical assistance as a mental health or substance use disorder provider  
467.31 agency and employs at least two full-time equivalent mental health professionals as defined  
468.1 in section 245.4871, subdivision 27, clauses (1) to (6), or two alcohol and drug counselors  
468.2 licensed or exempt from licensure under chapter 148F who are qualified to provide clinical  
468.3 services to children and families.

468.4 (b) Allowable grant expenses include transportation for children receiving school-linked  
468.5 mental health services when school is not in session, and may be used to purchase equipment,  
468.6 connection charges, on-site coordination, set-up fees, and site fees in order to deliver  
468.7 school-linked mental health services defined in subdivision 1a, via telemedicine consistent  
468.8 with section 256B.0625, subdivision 3b.

103.8 Sec. 2. Minnesota Statutes 2016, section 245A.04, subdivision 7, is amended to read:

103.9 Subd. 7. **Grant of license; license extension.** (a) If the commissioner determines that  
103.10 the program complies with all applicable rules and laws, the commissioner shall issue a  
103.11 license consistent with this section or, if applicable, a temporary change of ownership license  
103.12 under section 245A.043. At minimum, the license shall state:

103.13 (1) the name of the license holder;

103.14 (2) the address of the program;

- 103.15 (3) the effective date and expiration date of the license;
- 103.16 (4) the type of license;
- 103.17 (5) the maximum number and ages of persons that may receive services from the program;
- 103.18 and
- 103.19 (6) any special conditions of licensure.
- 103.20 (b) The commissioner may issue ~~an initial~~ a license for a period not to exceed two years
- 103.21 if:
- 103.22 (1) the commissioner is unable to conduct the evaluation or observation required by
- 103.23 subdivision 4, paragraph (a), clauses (3) and (4), because the program is not yet operational;
- 103.24 (2) certain records and documents are not available because persons are not yet receiving
- 103.25 services from the program; and
- 103.26 (3) the applicant complies with applicable laws and rules in all other respects.
- 103.27 (c) A decision by the commissioner to issue a license does not guarantee that any person
- 103.28 or persons will be placed or cared for in the licensed program. ~~A license shall not be~~
- 103.29 ~~transferable to another individual, corporation, partnership, voluntary association, other~~
- 103.30 ~~organization, or controlling individual or to another location.~~
- 104.1 ~~(d) A license holder must notify the commissioner and obtain the commissioner's approval~~
- 104.2 ~~before making any changes that would alter the license information listed under paragraph~~
- 104.3 ~~(a).~~
- 104.4 ~~(e)~~ (d) Except as provided in paragraphs ~~(e)~~ (f) and ~~(h)~~ (g), the commissioner shall not
- 104.5 issue or reissue a license if the applicant, license holder, or controlling individual has:
- 104.6 (1) been disqualified and the disqualification was not set aside and no variance has been
- 104.7 granted;
- 104.8 (2) been denied a license within the past two years;
- 104.9 (3) had a license issued under this chapter revoked within the past five years;
- 104.10 (4) an outstanding debt related to a license fee, licensing fine, or settlement agreement
- 104.11 for which payment is delinquent; or

104.12 (5) failed to submit the information required of an applicant under subdivision 1,  
104.13 paragraph (f) or (g), after being requested by the commissioner.

104.14 When a license issued under this chapter is revoked under clause (1) or (3), the license  
104.15 holder and controlling individual may not hold any license under chapter 245A or 245D for  
104.16 five years following the revocation, and other licenses held by the applicant, license holder,  
104.17 or controlling individual shall also be revoked.

104.18 ~~(f)~~ (e) The commissioner shall not issue or reissue a license under this chapter if an  
104.19 individual living in the household where the licensed services will be provided as specified  
104.20 under section 245C.03, subdivision 1, has been disqualified and the disqualification has not  
104.21 been set aside and no variance has been granted.

104.22 ~~(g)~~ (f) Pursuant to section 245A.07, subdivision 1, paragraph (b), when a license issued  
104.23 under this chapter has been suspended or revoked and the suspension or revocation is under  
104.24 appeal, the program may continue to operate pending a final order from the commissioner.  
104.25 If the license under suspension or revocation will expire before a final order is issued, a  
104.26 temporary provisional license may be issued provided any applicable license fee is paid  
104.27 before the temporary provisional license is issued.

104.28 ~~(h)~~ (g) Notwithstanding paragraph ~~(g)~~ (f), when a revocation is based on the  
104.29 disqualification of a controlling individual or license holder, and the controlling individual  
104.30 or license holder is ordered under section 245C.17 to be immediately removed from direct  
104.31 contact with persons receiving services or is ordered to be under continuous, direct  
104.32 supervision when providing direct contact services, the program may continue to operate  
104.33 only if the program complies with the order and submits documentation demonstrating  
105.1 compliance with the order. If the disqualified individual fails to submit a timely request for  
105.2 reconsideration, or if the disqualification is not set aside and no variance is granted, the  
105.3 order to immediately remove the individual from direct contact or to be under continuous,  
105.4 direct supervision remains in effect pending the outcome of a hearing and final order from  
105.5 the commissioner.

105.6 ~~(i)~~ (h) For purposes of reimbursement for meals only, under the Child and Adult Care  
105.7 Food Program, Code of Federal Regulations, title 7, subtitle B, chapter II, subchapter A,  
105.8 part 226, relocation within the same county by a licensed family day care provider, shall  
105.9 be considered an extension of the license for a period of no more than 30 calendar days or  
105.10 until the new license is issued, whichever occurs first, provided the county agency has  
105.11 determined the family day care provider meets licensure requirements at the new location.

105.12 ~~(j)~~ (i) Unless otherwise specified by statute, all licenses issued under this chapter expire  
105.13 at 12:01 a.m. on the day after the expiration date stated on the license. A license holder must

- 105.14 apply for and be granted a new license to operate the program or the program must not be  
105.15 operated after the expiration date.
- 105.16 ~~(k)~~ (j) The commissioner shall not issue or reissue a license under this chapter if it has  
105.17 been determined that a tribal licensing authority has established jurisdiction to license the  
105.18 program or service.
- 105.19 Sec. 3. Minnesota Statutes 2016, section 245A.04, is amended by adding a subdivision to  
105.20 read:
- 105.21 Subd. 7a. **Notification required.** (a) A license holder must notify the commissioner and  
105.22 obtain the commissioner's approval before making any change that would alter the license  
105.23 information listed under subdivision 7, paragraph (a).
- 105.24 (b) At least 30 days before the effective date of a change, the license holder must notify  
105.25 the commissioner in writing of any change:
- 105.26 (1) to the license holder's controlling individual as defined in section 245A.02, subdivision  
105.27 5a;
- 105.28 (2) to license holder information on file with the secretary of state;
- 105.29 (3) in the location of the program or service licensed under this chapter; and
- 105.30 (4) in the federal or state tax identification number associated with the license holder.
- 105.31 (c) When a license holder notifies the commissioner of a change to the business structure  
105.32 governing the licensed program or services but is not selling the business, the license holder  
106.1 must provide amended articles of incorporation and other documentation of the change and  
106.2 any other information requested by the commissioner.
- 106.3 **EFFECTIVE DATE.** This section is effective August 1, 2018.
- 106.4 Sec. 4. **[245A.043] LICENSE APPLICATION AFTER CHANGE OF OWNERSHIP.**
- 106.5 Subdivision 1. **Transfer prohibited.** A license issued under this chapter is only valid  
106.6 for a premises and individual, organization, or government entity identified by the  
106.7 commissioner on the license. A license is not transferable or assignable.

- 106.8 Subd. 2. **Change of ownership.** If the commissioner determines that there will be a  
106.9 change of ownership, the commissioner shall require submission of a new license application.  
106.10 A change of ownership occurs when:
- 106.11 (1) the license holder sells or transfers 100 percent of the property, stock, or assets;
- 106.12 (2) the license holder merges with another organization;
- 106.13 (3) the license holder consolidates with two or more organizations, resulting in the  
106.14 creation of a new organization;
- 106.15 (4) there is a change in the federal tax identification number associated with the license  
106.16 holder; or
- 106.17 (5) there is a turnover of each controlling individual associated with the license within  
106.18 a 12-month period. A change to the license holder's controlling individuals, including a  
106.19 change due to a transfer of stock, is not a change of ownership if at least one controlling  
106.20 individual who was listed on the license for at least 12 consecutive months continues to be  
106.21 a controlling individual after the reported change.
- 106.22 Subd. 3. **Change of ownership requirements.** (a) A license holder who intends to  
106.23 change the ownership of the program or service under subdivision 2 to a party that intends  
106.24 to assume operation without an interruption in service longer than 60 days after acquiring  
106.25 the program or service must provide the commissioner with written notice of the proposed  
106.26 sale or change, on a form provided by the commissioner, at least 60 days before the  
106.27 anticipated date of the change in ownership. For purposes of this subdivision and subdivision  
106.28 4, "party" means the party that intends to operate the service or program.
- 106.29 (b) The party must submit a license application under this chapter on a form and in the  
106.30 manner prescribed by the commissioner at least 30 days before the change of ownership is  
106.31 complete and must include documentation to support the upcoming change. The form and  
106.32 manner of the application prescribed by the commissioner shall require only information  
107.1 which is specifically required by statute or rule. The party must comply with background  
107.2 study requirements under chapter 245C and shall pay the application fee required in section  
107.3 245A.10. A party that intends to assume operation without an interruption in service longer  
107.4 than 60 days after acquiring the program or service is exempt from the requirements of  
107.5 Minnesota Rules, part 9530.6800.
- 107.6 (c) The commissioner may develop streamlined application procedures when the party  
107.7 is an existing license holder under this chapter and is acquiring a program licensed under  
107.8 this chapter or service in the same service class as one or more licensed programs or services  
107.9 the party operates and those licenses are in substantial compliance according to the licensing

- 107.10 standards in this chapter and applicable rules. For purposes of this subdivision, "substantial  
107.11 compliance" means within the past 12 months the commissioner did not: (i) issue a sanction  
107.12 under section 245A.07 against a license held by the party or (ii) make a license held by the  
107.13 party conditional according to section 245A.06.
- 107.14 (d) Except when a temporary change of ownership license is issued pursuant to  
107.15 subdivision 4, the existing license holder is solely responsible for operating the program  
107.16 according to applicable rules and statutes until a license under this chapter is issued to the  
107.17 party.
- 107.18 (e) If a licensing inspection of the program or service was conducted within the previous  
107.19 12 months and the existing license holder's license record demonstrates substantial  
107.20 compliance with the applicable licensing requirements, the commissioner may waive the  
107.21 party's inspection required by section 245A.04, subdivision 4. The party must submit to the  
107.22 commissioner proof that the premises was inspected by a fire marshal or that the fire marshal  
107.23 deemed that an inspection was not warranted and proof that the premises was inspected for  
107.24 compliance with the building code or that no inspection was deemed warranted.
- 107.25 (f) If the party is seeking a license for a program or service that has an outstanding  
107.26 correction order, the party must submit a letter with the license application identifying how  
107.27 and within what length of time the party shall resolve the outstanding correction order and  
107.28 come into full compliance with the licensing requirements.
- 107.29 (g) Any action taken under section 245A.06 or 245A.07 against the existing license  
107.30 holder's license at the time the party is applying for a license, including when the existing  
107.31 license holder is operating under a conditional license or is subject to a revocation, shall  
107.32 remain in effect until the commissioner determines that the grounds for the action are  
107.33 corrected or no longer exist.
- 108.1 (h) The commissioner shall evaluate the application of the party according to section  
108.2 245A.04, subdivision 6. Pursuant to section 245A.04, subdivision 7, if the commissioner  
108.3 determines that the party complies with applicable laws and rules, the commissioner may  
108.4 issue a license or a temporary change of ownership license.
- 108.5 (i) The commissioner may deny an application as provided in section 245A.05. An  
108.6 applicant whose application was denied by the commissioner may appeal the denial according  
108.7 to section 245A.05.
- 108.8 (j) This subdivision does not apply to a licensed program or service located in a home  
108.9 where the license holder resides.



108.10 Subd. 4. **Temporary change of ownership license.** (a) After receiving the party's  
108.11 application and upon the written request of the existing license holder and the party, the  
108.12 commissioner may issue a temporary change of ownership license to the party while the  
108.13 commissioner evaluates the party's application. Until a decision is made to grant or deny a  
108.14 license under this chapter, the existing license holder and the party shall both be responsible  
108.15 for operating the program or service according to applicable laws and rules, and the sale or  
108.16 transfer of the license holder's ownership interest in the licensed program or service does  
108.17 not terminate the existing license.

108.18 (b) The commissioner may establish criteria to issue a temporary change of ownership  
108.19 license, if a license holder's death, divorce, or other event affects the ownership of the  
108.20 program, when an applicant seeks to assume operation of the program or service to ensure  
108.21 continuity of the program or service while a license application is evaluated. This subdivision  
108.22 applies to any program or service licensed under this chapter.

108.23 **EFFECTIVE DATE.** This section is effective August 1, 2018.

108.24 Sec. 5. Minnesota Statutes 2016, section 245C.22, subdivision 4, is amended to read:

108.25 Subd. 4. **Risk of harm; set aside.** (a) The commissioner may set aside the disqualification  
108.26 if the commissioner finds that the individual has submitted sufficient information to  
108.27 demonstrate that the individual does not pose a risk of harm to any person served by the  
108.28 applicant, license holder, or other entities as provided in this chapter.

108.29 (b) In determining whether the individual has met the burden of proof by demonstrating  
108.30 the individual does not pose a risk of harm, the commissioner shall consider:

108.31 (1) the nature, severity, and consequences of the event or events that led to the  
108.32 disqualification;

109.1 (2) whether there is more than one disqualifying event;

109.2 (3) the age and vulnerability of the victim at the time of the event;

109.3 (4) the harm suffered by the victim;

109.4 (5) vulnerability of persons served by the program;

109.5 (6) the similarity between the victim and persons served by the program;

109.6 (7) the time elapsed without a repeat of the same or similar event;

- 109.7 (8) documentation of successful completion by the individual studied of training or  
109.8 rehabilitation pertinent to the event; and
- 109.9 (9) any other information relevant to reconsideration.
- 109.10 (c) If the individual requested reconsideration on the basis that the information relied  
109.11 upon to disqualify the individual was incorrect or inaccurate and the commissioner determines  
109.12 that the information relied upon to disqualify the individual is correct, the commissioner  
109.13 must also determine if the individual poses a risk of harm to persons receiving services in  
109.14 accordance with paragraph (b).
- 109.15 (d) For an individual in the chemical dependency field, the commissioner must set aside  
109.16 the disqualification if the following criteria are met:
- 109.17 (1) the individual submits sufficient documentation to demonstrate that the individual  
109.18 is a nonviolent controlled substance offender under section 244.0513, subdivision 2, clauses  
109.19 (1), (2), and (6);
- 109.20 (2) the individual is disqualified exclusively for one or more offenses listed under section  
109.21 152.021, subdivision 2 or 2a; 152.022, subdivision 2; 152.023, subdivision 2; 152.024; or  
109.22 152.025;
- 109.23 (3) the individual provided documentation of successful completion of treatment, at least  
109.24 one year prior to the date of the request for reconsideration, at a program licensed under  
109.25 chapter 245G;
- 109.26 (4) the individual provided documentation demonstrating abstinence from controlled  
109.27 substances, as defined in section 152.01, subdivision 4, for the period one year prior to the  
109.28 date of the request for reconsideration; and
- 109.29 (5) the individual is seeking employment in the chemical dependency field.
- 110.1 Sec. 6. Minnesota Statutes 2017 Supplement, section 245C.22, subdivision 5, is amended  
110.2 to read:
- 110.3 Subd. 5. **Scope of set-aside.** (a) If the commissioner sets aside a disqualification under  
110.4 this section, the disqualified individual remains disqualified, but may hold a license and  
110.5 have direct contact with or access to persons receiving services. Except as provided in  
110.6 paragraph (b), the commissioner's set-aside of a disqualification is limited solely to the  
110.7 licensed program, applicant, or agency specified in the set aside notice under section 245C.23.  
110.8 For personal care provider organizations, the commissioner's set-aside may further be limited  
110.9 to a specific individual who is receiving services. For new background studies required

110.10 under section 245C.04, subdivision 1, paragraph (h), if an individual's disqualification was  
110.11 previously set aside for the license holder's program and the new background study results  
110.12 in no new information that indicates the individual may pose a risk of harm to persons  
110.13 receiving services from the license holder, the previous set-aside shall remain in effect.

110.14 (b) If the commissioner has previously set aside an individual's disqualification for one  
110.15 or more programs or agencies, and the individual is the subject of a subsequent background  
110.16 study for a different program or agency, the commissioner shall determine whether the  
110.17 disqualification is set aside for the program or agency that initiated the subsequent  
110.18 background study. A notice of a set-aside under paragraph (c) shall be issued within 15  
110.19 working days if all of the following criteria are met:

110.20 (1) the subsequent background study was initiated in connection with a program licensed  
110.21 or regulated under the same provisions of law and rule for at least one program for which  
110.22 the individual's disqualification was previously set aside by the commissioner;

110.23 (2) the individual is not disqualified for an offense specified in section 245C.15,  
110.24 subdivision 1 ~~or 2~~;

110.25 (3) the individual is not disqualified for an offense specified in section 245C.15,  
110.26 subdivision 2, unless the individual is employed in the chemical dependency field;

110.27 (4) the commissioner has received no new information to indicate that the individual  
110.28 may pose a risk of harm to any person served by the program; and

110.29 ~~(4)~~ (5) the previous set-aside was not limited to a specific person receiving services.

110.30 (c) When a disqualification is set aside under paragraph (b), the notice of background  
110.31 study results issued under section 245C.17, in addition to the requirements under section  
110.32 245C.17, shall state that the disqualification is set aside for the program or agency that  
110.33 initiated the subsequent background study. The notice must inform the individual that the  
111.1 individual may request reconsideration of the disqualification under section 245C.21 on the  
111.2 basis that the information used to disqualify the individual is incorrect.

111.3 Sec. 7. Minnesota Statutes 2017 Supplement, section 245G.03, subdivision 1, is amended  
111.4 to read:

111.5 Subdivision 1. **License requirements.** (a) An applicant for a license to provide substance  
111.6 use disorder treatment must comply with the general requirements in chapters 245A and  
111.7 245C, sections 626.556 and 626.557, and Minnesota Rules, chapter 9544.

468.9 Sec. 3. **[246.0415] PLACEMENT OF CLIENTS WHO EXHIBIT ASSAULTIVE OR**  
468.10 **VIOLENT BEHAVIOR.**

468.11 Clients who exhibit assaultive or violent behavior, have severe behavior issues, or are  
468.12 involved with or are at risk of being involved with the criminal justice system must be placed  
468.13 in or moved to a setting that meets the client's needs and ensures the safety of the public.  
468.14 The commissioner shall balance the needs of the client to live in the most integrated setting  
468.15 with public safety. The commissioner shall provide an appropriate placement for clients  
468.16 who have a medium or high risk for committing violent acts, and clients must not be placed  
468.17 in a residential setting that jeopardizes the safety of others until the commissioner determines  
468.18 that the client is low risk for committing violent acts.

111.8 (b) The assessment of need process under Minnesota Rules, parts 9530.6800 and  
111.9 9530.6810, is not applicable to programs licensed under this chapter. However, the  
111.10 commissioner may deny issuance of a license to an applicant if the commissioner determines  
111.11 that the services currently available in the local area are sufficient to meet local need and  
111.12 the addition of new services would be detrimental to individuals seeking these services.

111.13 (c) The commissioner may grant variances to the requirements in this chapter that do  
111.14 not affect the client's health or safety if the conditions in section 245A.04, subdivision 9,  
111.15 are met.

111.16 Sec. 8. Minnesota Statutes 2017 Supplement, section 254A.03, subdivision 3, is amended  
111.17 to read:

111.18 Subd. 3. **Rules for substance use disorder care.** (a) The commissioner of human  
111.19 services shall establish by rule criteria to be used in determining the appropriate level of  
111.20 chemical dependency care for each recipient of public assistance seeking treatment for  
111.21 substance misuse or substance use disorder. Upon federal approval of a comprehensive  
111.22 assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding  
111.23 the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, an eligible vendor of  
111.24 comprehensive assessments under section 254B.05 may determine and approve the  
111.25 appropriate level of substance use disorder treatment for a recipient of public assistance.  
111.26 The process for determining an individual's financial eligibility for the consolidated chemical  
111.27 dependency treatment fund or determining an individual's enrollment in or eligibility for a  
111.28 publicly subsidized health plan is not affected by the individual's choice to access a  
111.29 comprehensive assessment for placement.

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

468.19 Sec. 4. Minnesota Statutes 2016, section 254B.02, subdivision 1, is amended to read:

468.20 Subdivision 1. **Chemical dependency treatment allocation.** The chemical dependency  
468.21 treatment appropriation shall be placed in a special revenue account. ~~The commissioner~~  
468.22 ~~shall annually transfer funds from the chemical dependency fund to pay for operation of~~  
468.23 ~~the drug and alcohol abuse normative evaluation system and to pay for all costs incurred~~  
468.24 ~~by adding two positions for licensing of chemical dependency treatment and rehabilitation~~  
468.25 ~~programs located in hospitals for which funds are not otherwise appropriated. The remainder~~  
468.26 ~~of the money in the special revenue account must be used according to the requirements in~~  
468.27 ~~this chapter.~~

468.28 **EFFECTIVE DATE.** This section is effective July 1, 2018.

112.1 (c) A structured assessment for alcohol or substance use disorder that is provided to a  
112.2 recipient of public assistance by a primary care clinic, hospital, or other medical setting  
112.3 establishes medical necessity and approval for an initial set of substance use disorder services  
112.4 identified in section 254B.05, subdivision 5, when the screen result is positive for alcohol  
112.5 or substance misuse. The initial set of services approved for a recipient whose screen result  
112.6 is positive shall include four hours of individual or group substance use disorder treatment,  
112.7 two hours of substance use disorder care coordination, and two hours of substance use  
112.8 disorder peer support services. A recipient must obtain an assessment pursuant to paragraph  
112.9 (a) to be approved for additional treatment services.

112.10 **EFFECTIVE DATE.** This section is effective July 1, 2018, contingent on federal  
112.11 approval. The commissioner of human services shall notify the revisor of statutes when  
112.12 federal approval is obtained or denied.

112.13 Sec. 9. Minnesota Statutes 2016, section 254B.02, subdivision 1, is amended to read:

112.14 Subdivision 1. **Chemical dependency treatment allocation.** The chemical dependency  
112.15 treatment appropriation shall be placed in a special revenue account. ~~The commissioner~~  
112.16 ~~shall annually transfer funds from the chemical dependency fund to pay for operation of~~  
112.17 ~~the drug and alcohol abuse normative evaluation system and to pay for all costs incurred~~  
112.18 ~~by adding two positions for licensing of chemical dependency treatment and rehabilitation~~  
112.19 ~~programs located in hospitals for which funds are not otherwise appropriated. The remainder~~  
112.20 ~~of the money in the special revenue account must be used according to the requirements in~~  
112.21 ~~this chapter.~~

112.22 Sec. 10. Minnesota Statutes 2017 Supplement, section 254B.03, subdivision 2, is amended  
112.23 to read:

112.24 Subd. 2. **Chemical dependency fund payment.** (a) Payment from the chemical  
112.25 dependency fund is limited to payments for services other than detoxification licensed under  
112.26 Minnesota Rules, parts 9530.6510 to 9530.6590, that, if located outside of federally  
112.27 recognized tribal lands, would be required to be licensed by the commissioner as a chemical  
112.28 dependency treatment or rehabilitation program under sections 245A.01 to 245A.16, and  
112.29 services other than detoxification provided in another state that would be required to be  
112.30 licensed as a chemical dependency program if the program were in the state. Out of state  
112.31 vendors must also provide the commissioner with assurances that the program complies  
112.32 substantially with state licensing requirements and possesses all licenses and certifications  
112.33 required by the host state to provide chemical dependency treatment. Vendors receiving  
113.1 payments from the chemical dependency fund must not require co-payment from a recipient  
113.2 of benefits for services provided under this subdivision. The vendor is prohibited from using

113.3 the client's public benefits to offset the cost of services paid under this section. The vendor  
113.4 shall not require the client to use public benefits for room or board costs. This includes but  
113.5 is not limited to cash assistance benefits under chapters 119B, 256D, and 256J, or SNAP  
113.6 benefits. Retention of SNAP benefits is a right of a client receiving services through the  
113.7 consolidated chemical dependency treatment fund or through state contracted managed care  
113.8 entities. Payment from the chemical dependency fund shall be made for necessary room  
113.9 and board costs provided by vendors certified according to section 254B.05, or in a  
113.10 community hospital licensed by the commissioner of health according to sections 144.50  
113.11 to 144.56 to a client who is:

113.12 (1) determined to meet the criteria for placement in a residential chemical dependency  
113.13 treatment program according to rules adopted under section 254A.03, subdivision 3; and

113.14 (2) concurrently receiving a chemical dependency treatment service in a program licensed  
113.15 by the commissioner and reimbursed by the chemical dependency fund.

113.16 (b) A county may, from its own resources, provide chemical dependency services for  
113.17 which state payments are not made. A county may elect to use the same invoice procedures  
113.18 and obtain the same state payment services as are used for chemical dependency services  
113.19 for which state payments are made under this section if county payments are made to the  
113.20 state in advance of state payments to vendors. When a county uses the state system for  
113.21 payment, the commissioner shall make monthly billings to the county using the most recent  
113.22 available information to determine the anticipated services for which payments will be made  
113.23 in the coming month. Adjustment of any overestimate or underestimate based on actual  
113.24 expenditures shall be made by the state agency by adjusting the estimate for any succeeding  
113.25 month.

113.26 (c) The commissioner shall coordinate chemical dependency services and determine  
113.27 whether there is a need for any proposed expansion of chemical dependency treatment  
113.28 services. ~~The commissioner shall deny vendor certification to any provider that has not~~  
113.29 ~~received prior approval from the commissioner for the creation of new programs or the~~  
113.30 ~~expansion of existing program capacity. The commissioner shall consider the provider's~~  
113.31 ~~capacity to obtain clients from outside the state based on plans, agreements, and previous~~  
113.32 ~~utilization history, when determining the need for new treatment services~~ The commissioner  
113.33 may deny vendor certification to a provider if the commissioner determines that the services  
113.34 currently available in the local area are sufficient to meet local need and that the addition  
113.35 of new services would be detrimental to individuals seeking these services.

468.29 Sec. 5. Minnesota Statutes 2016, section 254B.06, subdivision 1, is amended to read:

468.30 Subdivision 1. **State collections.** The commissioner is responsible for all collections  
468.31 from persons determined to be partially responsible for the cost of care of an eligible person  
468.32 receiving services under Laws 1986, chapter 394, sections 8 to 20. The commissioner may

469.1 initiate, or request the attorney general to initiate, necessary civil action to recover the unpaid  
469.2 cost of care. The commissioner may collect all third-party payments for chemical dependency  
469.3 services provided under Laws 1986, chapter 394, sections 8 to 20, including private insurance  
469.4 and federal Medicaid and Medicare financial participation. ~~The commissioner shall deposit~~  
469.5 ~~in a dedicated account a percentage of collections to pay for the cost of operating the chemical~~  
469.6 ~~dependency consolidated treatment fund invoice processing and vendor payment system,~~  
469.7 ~~billing, and collections.~~ The remaining receipts must be deposited in the chemical dependency  
469.8 fund.

469.9 **EFFECTIVE DATE.** This section is effective July 1, 2018.

114.1 Sec. 11. Minnesota Statutes 2017 Supplement, section 256.045, subdivision 3, is amended  
114.2 to read:

114.3 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

114.4 (1) any person applying for, receiving or having received public assistance, medical  
114.5 care, or a program of social services granted by the state agency or a county agency or the  
114.6 federal Food Stamp Act whose application for assistance is denied, not acted upon with  
114.7 reasonable promptness, or whose assistance is suspended, reduced, terminated, or claimed  
114.8 to have been incorrectly paid;

114.9 (2) any patient or relative aggrieved by an order of the commissioner under section  
114.10 252.27;

114.11 (3) a party aggrieved by a ruling of a prepaid health plan;

114.12 (4) except as provided under chapter 245C, any individual or facility determined by a  
114.13 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after  
114.14 they have exercised their right to administrative reconsideration under section 626.557;

114.15 (5) any person whose claim for foster care payment according to a placement of the  
114.16 child resulting from a child protection assessment under section 626.556 is denied or not  
114.17 acted upon with reasonable promptness, regardless of funding source;

114.18 (6) any person to whom a right of appeal according to this section is given by other  
114.19 provision of law;

114.20 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver  
114.21 under section 256B.15;

114.22 (8) an applicant aggrieved by an adverse decision to an application or redetermination  
114.23 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

114.24 (9) except as provided under chapter 245A, an individual or facility determined to have  
114.25 maltreated a minor under section 626.556, after the individual or facility has exercised the  
114.26 right to administrative reconsideration under section 626.556;

114.27 (10) except as provided under chapter 245C, an individual disqualified under sections  
114.28 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,  
114.29 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the  
114.30 individual has committed an act or acts that meet the definition of any of the crimes listed  
114.31 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section  
114.32 626.556, subdivision 3, or 626.557, subdivision 3. Hearings regarding a maltreatment  
115.1 determination under clause (4) or (9) and a disqualification under this clause in which the  
115.2 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into  
115.3 a single fair hearing. In such cases, the scope of review by the human services judge shall  
115.4 include both the maltreatment determination and the disqualification. The failure to exercise  
115.5 the right to an administrative reconsideration shall not be a bar to a hearing under this section  
115.6 if federal law provides an individual the right to a hearing to dispute a finding of  
115.7 maltreatment;

115.8 (11) any person with an outstanding debt resulting from receipt of public assistance,  
115.9 medical care, or the federal Food Stamp Act who is contesting a setoff claim by the  
115.10 Department of Human Services or a county agency. The scope of the appeal is the validity  
115.11 of the claimant agency's intention to request a setoff of a refund under chapter 270A against  
115.12 the debt;

115.13 (12) a person issued a notice of service termination under section 245D.10, subdivision  
115.14 3a, from residential supports and services as defined in section 245D.03, subdivision 1,  
115.15 paragraph (c), clause (3), that is not otherwise subject to appeal under subdivision 4a;

115.16 (13) an individual disability waiver recipient based on a denial of a request for a rate  
115.17 exception under section 256B.4914; ~~or~~

115.18 (14) a person issued a notice of service termination under section 245A.11, subdivision  
115.19 11, that is not otherwise subject to appeal under subdivision 4a; or

115.20 (15) a county disputes cost of care under section 246.54 based on administrative or other  
115.21 delay of a client's discharge from a state-operated facility after notification to a county that  
115.22 the client no longer meets medical criteria for the state-operated facility, when the county  
115.23 has developed a viable discharge plan.



115.24 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),  
115.25 is the only administrative appeal to the final agency determination specifically, including  
115.26 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested  
115.27 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or  
115.28 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged  
115.29 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case  
115.30 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),  
115.31 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A  
115.32 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only  
115.33 available when there is no district court action pending. If such action is filed in district  
115.34 court while an administrative review is pending that arises out of some or all of the events  
116.1 or circumstances on which the appeal is based, the administrative review must be suspended  
116.2 until the judicial actions are completed. If the district court proceedings are completed,  
116.3 dismissed, or overturned, the matter may be considered in an administrative hearing.

116.4 (c) For purposes of this section, bargaining unit grievance procedures are not an  
116.5 administrative appeal.

116.6 (d) The scope of hearings involving claims to foster care payments under paragraph (a),  
116.7 clause (5), shall be limited to the issue of whether the county is legally responsible for a  
116.8 child's placement under court order or voluntary placement agreement and, if so, the correct  
116.9 amount of foster care payment to be made on the child's behalf and shall not include review  
116.10 of the propriety of the county's child protection determination or child placement decision.

116.11 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to  
116.12 whether the proposed termination of services is authorized under section 245D.10,  
116.13 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements  
116.14 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,  
116.15 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of  
116.16 termination of services, the scope of the hearing shall also include whether the case  
116.17 management provider has finalized arrangements for a residential facility, a program, or  
116.18 services that will meet the assessed needs of the recipient by the effective date of the service  
116.19 termination.

116.20 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor  
116.21 under contract with a county agency to provide social services is not a party and may not  
116.22 request a hearing under this section, except if assisting a recipient as provided in subdivision  
116.23 4.

116.24 (g) An applicant or recipient is not entitled to receive social services beyond the services  
116.25 prescribed under chapter 256M or other social services the person is eligible for under state  
116.26 law.

116.27 (h) The commissioner may summarily affirm the county or state agency's proposed  
116.28 action without a hearing when the sole issue is an automatic change due to a change in state  
116.29 or federal law.

116.30 (i) Unless federal or Minnesota law specifies a different time frame in which to file an  
116.31 appeal, an individual or organization specified in this section may contest the specified  
116.32 action, decision, or final disposition before the state agency by submitting a written request  
116.33 for a hearing to the state agency within 30 days after receiving written notice of the action,  
116.34 decision, or final disposition, or within 90 days of such written notice if the applicant,  
117.1 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision  
117.2 13, why the request was not submitted within the 30-day time limit. The individual filing  
117.3 the appeal has the burden of proving good cause by a preponderance of the evidence.

117.4 Sec. 12. Minnesota Statutes 2017 Supplement, section 256B.0625, subdivision 56a, is  
117.5 amended to read:

117.6 Subd. 56a. **Post-arrest Officer-involved community-based service care coordination.**  
117.7 (a) Medical assistance covers post-arrest officer-involved community-based service care  
117.8 coordination for an individual who:

117.9 (1) has been identified as having screened positive for benefiting from treatment for a  
117.10 mental illness or substance use disorder using a screening tool approved by the commissioner;

117.11 (2) does not require the security of a public detention facility and is not considered an  
117.12 inmate of a public institution as defined in Code of Federal Regulations, title 42, section  
117.13 435.1010;

117.14 (3) meets the eligibility requirements in section 256B.056; and

117.15 (4) has agreed to participate in post-arrest officer-involved community-based service  
117.16 care coordination through a diversion contract in lieu of incarceration.

117.17 (b) Post-arrest Officer-involved community-based service care coordination means  
117.18 navigating services to address a client's mental health, chemical health, social, economic,  
117.19 and housing needs, or any other activity targeted at reducing the incidence of jail utilization  
117.20 and connecting individuals with existing covered services available to them, including, but  
117.21 not limited to, targeted case management, waiver case management, or care coordination.

117.22 (c) Post-arrest Officer-involved community-based service care coordination must be  
117.23 provided by an individual who is an employee of a county or is under contract with a county,  
117.24 or is an employee of or under contract with an Indian health service facility or facility owned  
117.25 and operated by a tribe or a tribal organization operating under Public Law 93-638 as a 638

- 117.26 facility to provide post-arrest officer-involved community-based care coordination and is  
117.27 qualified under one of the following criteria:
- 117.28 (1) a licensed mental health professional as defined in section 245.462, subdivision 18,  
117.29 clauses (1) to (6);
- 117.30 (2) a mental health practitioner as defined in section 245.462, subdivision 17, working  
117.31 under the clinical supervision of a mental health professional; ~~or~~
- 118.1 (3) a certified peer specialist under section 256B.0615, working under the clinical  
118.2 supervision of a mental health professional;
- 118.3 (4) an individual qualified as an alcohol and drug counselor under section 254G.11,  
118.4 subdivision 5; or
- 118.5 (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the  
118.6 supervision of an individual qualified as an alcohol and drug counselor under section  
118.7 245G.11, subdivision 5.
- 118.8 (d) Reimbursement is allowed for up to 60 days following the initial determination of  
118.9 eligibility.
- 118.10 (e) Providers of post-arrest officer-involved community-based service care coordination  
118.11 shall annually report to the commissioner on the number of individuals served, and number  
118.12 of the community-based services that were accessed by recipients. The commissioner shall  
118.13 ensure that services and payments provided under post-arrest officer-involved  
118.14 community-based service care coordination do not duplicate services or payments provided  
118.15 under section 256B.0625, subdivision 20, 256B.0753, 256B.0755, or 256B.0757.
- 118.16 (f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for  
118.17 post-arrest community-based service coordination services shall be provided by the county  
118.18 providing the services, from sources other than federal funds or funds used to match other  
118.19 federal funds.
- 118.20 **EFFECTIVE DATE.** Paragraphs (a) to (e) are effective retroactively from March 1,  
118.21 2018.
- 118.22 Sec. 13. Minnesota Statutes 2016, section 641.15, subdivision 3a, is amended to read:
- 118.23 Subd. 3a. **Intake procedure; approved mental health screening.** As part of its intake  
118.24 procedure for new prisoners inmates, the sheriff or local corrections shall use a mental health  
118.25 screening tool approved by the commissioner of corrections in consultation with the

118.26 commissioner of human services and local corrections staff to identify persons who may  
118.27 have mental illness. Names of persons who have screened positive or may have a mental  
118.28 illness may be shared with the local county social services agency. The jail may refer an  
118.29 offender to county personnel of the welfare system, as defined in section 13.46, subdivision  
118.30 1, paragraph (c), in order to arrange for services upon discharge and may share private data  
118.31 as necessary to carry out the following:

118.32 (1) providing assistance in filling out an application for medical assistance or  
118.33 MinnesotaCare;

119.1 (2) making a referral for case management as outlined under section 245.467, subdivision

119.2 4;

119.3 (3) providing assistance in obtaining a state photo identification;

119.4 (4) securing a timely appointment with a psychiatrist or other appropriate community  
119.5 mental health provider;

119.6 (5) providing prescriptions for a 30-day supply of all necessary medications; or

119.7 (6) behavioral health service coordination.

119.8 Sec. 14. Laws 2017, First Special Session chapter 6, article 8, section 71, the effective  
119.9 date, is amended to read:

119.10 **EFFECTIVE DATE.** This section is effective for services provided on July 1, 2017,

119.11 ~~through April 30, 2019, and expires May 1, 2019~~ June 30, 2019, and expires July 1, 2019.

119.12 Sec. 15. Laws 2017, First Special Session chapter 6, article 8, section 72, the effective  
119.13 date, is amended to read:

119.14 **EFFECTIVE DATE.** This section is effective for services provided on July 1, 2017,

119.15 ~~through April 30, 2019, and expires May 1, 2019~~ June 30, 2019, and expires July 1, 2019.

119.16 Sec. 16. Laws 2017, First Special Session chapter 6, article 8, section 74, is amended to  
119.17 read:

119.18 Sec. 74. **CHILDREN'S MENTAL HEALTH REPORT AND**  
119.19 **RECOMMENDATIONS.**

119.20 The commissioner of human services shall conduct a comprehensive analysis of

119.21 Minnesota's continuum of intensive mental health services and shall develop

119.22 recommendations for a sustainable and community-driven continuum of care for children

- 119.23 with serious mental health needs, including children currently being served in residential  
119.24 treatment. The commissioner's analysis shall include, but not be limited to:
- 119.25 (1) data related to access, utilization, efficacy, and outcomes for Minnesota's current  
119.26 system of residential mental health treatment for a child with a severe emotional disturbance;
- 119.27 (2) potential expansion of the state's psychiatric residential treatment facility (PRTF)  
119.28 capacity, including increasing the number of PRTF beds and conversion of existing children's  
119.29 mental health residential treatment programs into PRTFs;
- 120.1 (3) the capacity need for PRTF and other group settings within the state if adequate  
120.2 community-based alternatives are accessible, equitable, and effective statewide;
- 120.3 (4) recommendations for expanding alternative community-based service models to  
120.4 meet the needs of a child with a serious mental health disorder who would otherwise require  
120.5 residential treatment and potential service models that could be utilized, including data  
120.6 related to access, utilization, efficacy, and outcomes;
- 120.7 (5) models of care used in other states; and
- 120.8 (6) analysis and specific recommendations for the design and implementation of new  
120.9 service models, including analysis to inform rate setting as necessary.
- 120.10 The analysis shall be supported and informed by extensive stakeholder engagement.  
120.11 Stakeholders include individuals who receive services, family members of individuals who  
120.12 receive services, providers, counties, health plans, advocates, and others. Stakeholder  
120.13 engagement shall include interviews with key stakeholders, intentional outreach to individuals  
120.14 who receive services and the individual's family members, and regional listening sessions.
- 120.15 The commissioner shall provide a report with specific recommendations and timelines  
120.16 for implementation to the legislative committees with jurisdiction over children's mental  
120.17 health policy and finance by ~~November 15, 2018~~ January 15, 2019.

469.10 Sec. 6. **PERSON-CENTERED TELEPRESENCE PLATFORM EXPANSION WORK**  
469.11 **GROUP.**

469.12 Subdivision 1. **Membership.** (a) The commissioner of human services shall convene a  
469.13 work group for the purpose of exploring opportunities to collaborate and expand strategies  
469.14 for person-centered innovation using Internet telepresence in delivering health and human  
469.15 services, as well as related educational and correctional services. The commissioner, in  
469.16 consultation with the commissioner of health, shall appoint the following members:

- 469.17 (1) three members representing county services in the areas of human services, health,  
469.18 and corrections or law enforcement. These members must represent counties outside the  
469.19 metropolitan area defined in Minnesota Statutes, section 473.121;
- 469.20 (2) one member representing public health;
- 469.21 (3) one member recommended by the Minnesota American Indian Mental Health  
469.22 Advisory Council;
- 469.23 (4) one member recommended by the Minnesota Medical Association who is a primary  
469.24 care provider practicing in outstate Minnesota;
- 469.25 (5) one member recommended by NAMI of Minnesota;
- 469.26 (6) two members recommended by the Minnesota School Boards Association;
- 469.27 (7) one member recommended by the Minnesota Hospital Association representing rural  
469.28 hospital emergency departments;
- 469.29 (8) one member representing community mental health centers;
- 469.30 (9) one member representing adolescent treatment centers;
- 469.31 (10) one member representing child advocacy centers; and
- 470.1 (11) one member recommended by the chief justice of the Supreme Court representing  
470.2 the judicial system.
- 470.3 (b) In addition to the members identified in paragraph (a), the work group shall include:
- 470.4 (1) the commissioner of MN.IT services or a designee;
- 470.5 (2) the commissioner of corrections or a designee;
- 470.6 (3) the commissioner of health or a designee; and
- 470.7 (4) the commissioner of education or a designee.
- 470.8 Subd. 2. **First meeting; chair.** The commissioner shall serve as the chair, and make  
470.9 appointments and convene the first meeting of the work group by September 1, 2018.

470.10 Subd. 3. **Duties.** The work group shall:

470.11 (1) explore opportunities for improving behavioral health and other health care service  
470.12 delivery through the use of a common interoperable person-centered telepresence platform  
470.13 that provides connectivity and technical support to potential users;

470.14 (2) review and coordinate state and local innovation initiatives and investments designed  
470.15 to leverage telepresence connectivity and collaboration;

470.16 (3) identify standards and capabilities for a single interoperable telepresence platform;

470.17 (4) identify barriers to providing a telepresence technology, including limited availability  
470.18 of bandwidth, limitations in providing certain services via telepresence, and broadband  
470.19 infrastructure needs;

470.20 (5) identify and make recommendations for governance to assure person-centered  
470.21 responsiveness;

470.22 (6) identify how the business model itself can be innovated to provide an incentive for  
470.23 ongoing innovation in Minnesota's health and human service ecosystems;

470.24 (7) evaluate and make recommendations for a potential vendor that could provide a  
470.25 single telepresence platform in terms of delivering the identified standards and capabilities;

470.26 (8) identify sustainable financial support for a single telepresence platform, including  
470.27 infrastructure costs and start-up costs for potential users; and

470.28 (9) identify the benefits to the state, political subdivisions, and tribal governments, and  
470.29 the constituents they serve in using a common person-centered telepresence platform for  
470.30 delivering behavioral health services.

471.1 Subd. 4. **Report.** The commissioner shall report to the chairs and ranking minority  
471.2 members of the committees in the senate and the house of representatives with primary  
471.3 jurisdiction over health and state information technology by January 15, 2019, with  
471.4 recommendations related to expanding the state's telepresence platform and any legislation  
471.5 required to implement the recommendations.

471.6 Subd. 5. **Expiration.** The work group expires January 16, 2019.