

193.1

**ARTICLE 3**

193.2

**DIRECT CARE AND TREATMENT**

193.3 Section 1. Minnesota Statutes 2018, section 246.54, is amended by adding a subdivision  
193.4 to read:

193.5 Subd. 3. **Administrative review of county liability for cost of care.** (a) The county of  
193.6 financial responsibility may submit a written request for administrative review by the  
193.7 commissioner of the county's payment of the cost of care when a delay in discharge of a  
193.8 client from a regional treatment center, state-operated community-based behavioral health  
193.9 hospital, or other state-operated facility results from the following actions by the facility:

193.10 (1) the facility did not provide notice to the county that the facility has determined that  
193.11 it is clinically appropriate for a client to be discharged;

193.12 (2) the notice to the county that the facility has determined that it is clinically appropriate  
193.13 for a client to be discharged was communicated on a holiday or weekend;

193.14 (3) the required documentation or procedures for discharge were not completed in order  
193.15 for the discharge to occur in a timely manner; or

193.16 (4) the facility disagrees with the county's discharge plan.

193.17 (b) The county of financial responsibility may not appeal the determination that it is  
193.18 clinically appropriate for a client to be discharged from a regional treatment center,  
193.19 state-operated community-based behavioral health hospital, or other state-operated facility.

193.20 (c) The commissioner must evaluate the request for administrative review and determine  
193.21 if the facility's actions listed in paragraph (a) caused undue delay in discharging the client.  
193.22 If the commissioner determines that the facility's actions listed in paragraph (a) caused  
193.23 undue delay in discharging the client, the county's liability **must** be reduced to the level of  
193.24 the cost of care for a client whose stay in a facility is determined to be clinically appropriate,  
193.25 effective on the date of the facility's action or failure to act that caused the delay. The  
193.26 commissioner's determination under this subdivision is final **and not subject to appeal.**

193.27 (d) If a county's liability is reduced pursuant to paragraph (c), a county's liability **must**  
193.28 return to the level of the cost of care for a client whose stay in a facility is determined to no  
193.29 longer be appropriate effective on the date the facility rectifies the action or failure to act  
193.30 that caused the delay under paragraph (a).

193.31 (e) Any difference in the county cost of care liability resulting from administrative review  
193.32 under this subdivision **must** not be billed to the client or applied to future reimbursement  
193.33 from the client's estate or relatives.

194.1 Sec. 2. Minnesota Statutes 2018, section 246B.10, is amended to read:  
194.2 246B.10 LIABILITY OF COUNTY; REIMBURSEMENT.

242.1

**ARTICLE 6**

242.2

**DIRECT CARE AND TREATMENT**

242.3 Section 1. Minnesota Statutes 2018, section 246.54, is amended by adding a subdivision  
242.4 to read:

242.5 Subd. 3. **Administrative review of county liability for cost of care.** (a) The county of  
242.6 financial responsibility may submit a written request for administrative review by the  
242.7 commissioner of the county's payment of the cost of care when a delay in discharge of a  
242.8 client from a regional treatment center, state-operated community-based behavioral health  
242.9 hospital, or other state-operated facility results from the following actions by the facility:

242.10 (1) the facility did not provide notice to the county that the facility has determined that  
242.11 it is clinically appropriate for a client to be discharged;

242.12 (2) the notice to the county that the facility has determined that it is clinically appropriate  
242.13 for a client to be discharged was communicated on a holiday or weekend;

242.14 (3) the required documentation or procedures for discharge were not completed in order  
242.15 for the discharge to occur in a timely manner; or

242.16 (4) the facility disagrees with the county's discharge plan.

242.17 (b) The county of financial responsibility may not appeal the determination that it is  
242.18 clinically appropriate for a client to be discharged from a regional treatment center,  
242.19 state-operated community-based behavioral health hospital, or other state-operated facility.

242.20 (c) The commissioner must evaluate the request for administrative review and determine  
242.21 if the facility's actions listed in paragraph (a) caused undue delay in discharging the client.  
242.22 If the commissioner determines that the facility's actions listed in paragraph (a) caused  
242.23 undue delay in discharging the client, the county's liability **will** be reduced to the level of  
242.24 the cost of care for a client whose stay in a facility is determined to be clinically appropriate,  
242.25 effective on the date of the facility's action or failure to act that caused the delay. The  
242.26 commissioner's determination under this subdivision is final.

242.27 (d) If a county's liability is reduced pursuant to paragraph (c), a county's liability **will**  
242.28 return to the level of the cost of care for a client whose stay in a facility is determined to no  
242.29 longer be appropriate effective on the date the facility rectifies the action or failure to act  
242.30 that caused the delay under paragraph (a).

242.31 (e) Any difference in the county cost of care liability resulting from administrative review  
242.32 under this subdivision **shall** not be billed to the client or applied to future reimbursement  
242.33 from the client's estate or relatives.

194.3 (a) The civilly committed sex offender's county shall pay to the state a portion of the  
194.4 cost of care provided in the Minnesota sex offender program to a civilly committed sex  
194.5 offender who has legally settled in that county.

194.6 (b) A county's payment must be made from the county's own sources of revenue and  
194.7 payments must:

194.8 (1) equal ten percent of the cost of care, as determined by the commissioner, for each  
194.9 day or portion of a day that the civilly committed sex offender spends at the facility for  
194.10 individuals admitted to the Minnesota sex offender program before August 1, 2011; or

194.11 (2) equal 25 percent of the cost of care, as determined by the commissioner, for each  
194.12 day or portion of a day; that the civilly committed sex offender:

194.13 (i) spends at the facility; for individuals admitted to the Minnesota sex offender program  
194.14 on or after August 1, 2011; or

194.15 (ii) receives services within a program operated by the Minnesota sex offender program  
194.16 while on provisional discharge.

194.17 (c) The county is responsible for paying the state the remaining amount if payments  
194.18 received by the state under this chapter exceed:

194.19 (1) 90 percent of the cost of care for individuals admitted to the Minnesota sex offender  
194.20 program before August 1, 2011; or

194.21 (2) 75 percent of the cost of care; the county is responsible for paying the state the  
194.22 remaining amount for individuals:

194.23 (i) admitted to the Minnesota sex offender program on or after August 1, 2011; or

194.24 (ii) receiving services within a program operated by the Minnesota sex offender program  
194.25 while on provisional discharge.

194.26 (d) The county is not entitled to reimbursement from the civilly committed sex offender,  
194.27 the civilly committed sex offender's estate, or from the civilly committed sex offender's  
194.28 relatives, except as provided in section 246B.07.

194.29 **EFFECTIVE DATE.** This section is effective July 1, 2019.

195.1 **Sec. 3. DIRECTION TO COMMISSIONER; REPORT REQUIRED.**

195.2 No later than January 1, 2023, the commissioner of human services must submit a report  
195.3 to the chairs and ranking minority members of the legislative committees with jurisdiction  
195.4 over human services that provides an update on county and state efforts to reduce the number  
195.5 of days clients spend in state-operated facilities after discharge from the facility has been

243.1 **Sec. 2. DIRECTION TO COMMISSIONER; REPORT REQUIRED; DISCHARGE**  
243.2 **DELAY REDUCTION.**

243.3 No later than January 1, 2023, the commissioner of human services must submit a report  
243.4 to the chairs and ranking minority members of the legislative committees with jurisdiction  
243.5 over human services that provides an update on county and state efforts to reduce the number  
243.6 of days clients spend in state-operated facilities after discharge from the facility has been

195.6 determined to be clinically appropriate. The report must also include information on the  
195.7 fiscal impact of clinically inappropriate stays in these facilities.

195.8 **Sec. 4. DIRECTION TO COMMISSIONER; DISCHARGE COORDINATION**  
195.9 **WITH COUNTIES.**

195.10 The commissioner of human services shall consult with and seek feedback from counties  
195.11 across the state to develop alternative approaches for the housing of individuals provisionally  
195.12 discharged and discharged from direct care and treatment programs according to the  
195.13 provisions of Minnesota Statutes, chapter 253D, to incentivize local development of  
195.14 placements and supports. The approaches must consider the management of implementation  
195.15 costs and oversight of these individuals, and potential future financial incentives for host  
195.16 counties or counties within a court district for accepting and hosting discharged individuals  
195.17 who the county originally committed to the program.

195.18 **Sec. 5. REPEALER.**

195.19 (a) Minnesota Statutes 2018, section 246.18, subdivisions 8 and 9, are repealed.

195.20 (b) Laws 2010, First Special Session chapter 1, article 25, section 3, subdivision 10, is  
195.21 repealed.

243.7 determined to be clinically appropriate. The report must also include information on the  
243.8 fiscal impact of clinically inappropriate stays in these facilities.

243.9 **Sec. 3. DIRECTION TO COMMISSIONER; MSOCS COON RAPIDS ILEX**  
243.10 **CLOSURE.**

243.11 The commissioner of human services shall close the Minnesota state-operated community  
243.12 services program known as MSOCS Coon Rapids Ilex. The commissioner must not reopen  
243.13 or redesign the program. For the purposes of this section:

243.14 (1) a program is considered closed if the commissioner discontinues providing services  
243.15 at a given location;

243.16 (2) a program is considered reopened if the commissioner opens a new program or begins  
243.17 providing a new service at a location that was previously closed; and

243.18 (3) a program is considered redesigned if the commissioner does not change the nature  
243.19 of the services provided, but does change the focus of the population served by the program.

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

243.21 **Sec. 4. REPEALER.**

243.22 Minnesota Statutes 2018, section 246.18, subdivisions 8 and 9, are repealed.