

441.19

ARTICLE 16

441.20

MANDATED REPORTS

441.21 Section 1. Minnesota Statutes 2020, section 62J.692, subdivision 5, is amended to read:

441.22 Subd. 5. **Report.** (a) Sponsoring institutions receiving funds under this section must
441.23 sign and submit a medical education grant verification report (GVR) to verify that the correct
441.24 grant amount was forwarded to each eligible training site. If the sponsoring institution fails
441.25 to submit the GVR by the stated deadline, or to request and meet the deadline for an
441.26 extension, the sponsoring institution is required to return the full amount of funds received
441.27 to the commissioner within 30 days of receiving notice from the commissioner. The
441.28 commissioner shall distribute returned funds to the appropriate training sites in accordance
441.29 with the commissioner's approval letter.

441.30 (b) The reports must provide verification of the distribution of the funds and must include:

- 442.1 (1) the total number of eligible trainee FTEs in each clinical medical education program;
442.2 (2) the name of each funded program and, for each program, the dollar amount distributed
442.3 to each training site and a training site expenditure report;
442.4 (3) documentation of any discrepancies between the initial grant distribution notice
442.5 included in the commissioner's approval letter and the actual distribution;
442.6 (4) a statement by the sponsoring institution stating that the completed grant verification
442.7 report is valid and accurate; and
442.8 (5) other information the commissioner deems appropriate to evaluate the effectiveness
442.9 of the use of funds for medical education.

442.10 (c) Each year, the commissioner shall provide an annual summary report to the legislature
442.11 on the implementation of this section. This report is exempt from section 144.05, subdivision
442.12 7.

442.13 Sec. 2. Minnesota Statutes 2020, section 62Q.37, subdivision 7, is amended to read:

442.14 Subd. 7. **Human services.** ~~(a)~~ The commissioner of human services shall implement
442.15 this section in a manner that is consistent with applicable federal laws and regulations and
442.16 that avoids the duplication of review activities performed by a nationally recognized
442.17 independent organization.

442.18 ~~(b) By December 31 of each year, the commissioner shall submit to the legislature a~~
442.19 ~~written report identifying the number of audits performed by a nationally recognized~~
442.20 ~~independent organization that were accepted, partially accepted, or rejected by the~~
442.21 ~~commissioner under this section. The commissioner shall provide the rationale for partial~~
442.22 ~~acceptance or rejection. If the rationale for the partial acceptance or rejection was based on~~
442.23 ~~the commissioner's determination that the standards used in the audit were not equivalent~~

442.24 ~~to state law, regulation, or contract requirement, the report must document the variances~~
442.25 ~~between the audit standards and the applicable state requirements.~~

442.26 Sec. 3. Minnesota Statutes 2020, section 144.193, is amended to read:

442.27 **144.193 INVENTORY OF BIOLOGICAL AND HEALTH DATA.**

442.28 By February 1, 2014, and annually after that date, the commissioner shall prepare an
442.29 inventory of biological specimens, registries, and health data and databases collected or
442.30 maintained by the commissioner. In addition to the inventory, the commissioner shall provide
442.31 the schedules for storage of health data and biological specimens. The inventories must be
443.1 listed in reverse chronological order beginning with the year 2012. The commissioner shall
443.2 make the inventory and schedules available on the department's website ~~and submit the~~
443.3 ~~inventory and schedules to the chairs and ranking minority members of the committees of~~
443.4 ~~the legislature with jurisdiction over health policy and data practices issues.~~

443.5 Sec. 4. Minnesota Statutes 2020, section 144.4199, subdivision 8, is amended to read:

443.6 Subd. 8. **Report.** By January 15 of each year, the commissioner shall submit a report to
443.7 the chairs and ranking minority members of the house of representatives Ways and Means
443.8 Committee, the senate Finance Committee, and the house of representatives and senate
443.9 committees with jurisdiction over health and human services finance, detailing expenditures
443.10 made in the previous calendar year from the public health response contingency account.
443.11 This report is exempt from section 144.05, subdivision 7.

SENATE ARTICLE 16, SECTION 5 HAS BEEN REMOVED TO MATCH WITH
HOUSE ARTICLE 2, SECTION 8.

444.1 Sec. 6. Minnesota Statutes 2020, section 144A.10, subdivision 17, is amended to read:

444.2 Subd. 17. **Agency quality improvement program; annual report on survey**
444.3 **process.** (a) The commissioner shall establish a quality improvement program for the nursing
444.4 facility survey and complaint processes. The commissioner must regularly consult with
444.5 consumers, consumer advocates, and representatives of the nursing home industry and
444.6 representatives of nursing home employees in implementing the program. The commissioner,
444.7 through the quality improvement program, shall submit to the legislature an annual survey
444.8 and certification quality improvement report, beginning December 15, 2004, and each
444.9 December 15 thereafter. This report is exempt from section 144.05, subdivision 7.

444.10 (b) The report must include, but is not limited to, an analysis of:

444.11 (1) the number, scope, and severity of citations by region within the state;

444.12 (2) cross-referencing of citations by region within the state and between states within
444.13 the Centers for Medicare and Medicaid Services region in which Minnesota is located;

444.14 (3) the number and outcomes of independent dispute resolutions;

444.15 (4) the number and outcomes of appeals;

- 444.16 (5) compliance with timelines for survey revisits and complaint investigations;
- 444.17 (6) techniques of surveyors in investigations, communication, and documentation to
444.18 identify and support citations;
- 444.19 (7) compliance with timelines for providing facilities with completed statements of
444.20 deficiencies; and
- 444.21 (8) other survey statistics relevant to improving the survey process.
- 444.22 (c) The report must also identify and explain inconsistencies and patterns across regions
444.23 of the state; include analyses and recommendations for quality improvement areas identified
444.24 by the commissioner, consumers, consumer advocates, and representatives of the nursing
444.25 home industry and nursing home employees; and provide action plans to address problems
444.26 that are identified.
- 444.27 Sec. 7. Minnesota Statutes 2020, section 144A.351, subdivision 1, is amended to read:
- 444.28 Subdivision 1. **Report requirements.** (a) The commissioners of health and human
444.29 services, with the cooperation of counties and in consultation with stakeholders, including
444.30 persons who need or are using long-term care services and supports, lead agencies, regional
444.31 entities, senior, disability, and mental health organization representatives, service providers,
445.1 and community members shall ~~prepare a report to the legislature by August 15, 2013, and~~
445.2 ~~biennially thereafter, compile data~~ regarding the status of the full range of long-term care
445.3 services and supports for the elderly and children and adults with disabilities and mental
445.4 illnesses in Minnesota. ~~Any amounts appropriated for this report are available in either year~~
445.5 ~~of the biennium. The report shall address~~ compiled data shall include:
- 445.6 (1) demographics and need for long-term care services and supports in Minnesota;
- 445.7 (2) summary of county and regional reports on long-term care gaps, surpluses, imbalances,
445.8 and corrective action plans;
- 445.9 (3) status of long-term care services and related mental health services, housing options,
445.10 and supports by county and region including:
- 445.11 (i) changes in availability of the range of long-term care services and housing options;
- 445.12 (ii) access problems, including access to the least restrictive and most integrated services
445.13 and settings, regarding long-term care services; and
- 445.14 (iii) comparative measures of long-term care services availability, including serving
445.15 people in their home areas near family, and changes over time; and
- 445.16 (4) recommendations regarding goals for the future of long-term care services and
445.17 supports, policy and fiscal changes, and resource development and transition needs.

445.18 (b) The commissioners of health and human services shall make the compiled data
445.19 available on at least one of the department's websites.

445.20 Sec. 8. Minnesota Statutes 2020, section 144A.483, subdivision 1, is amended to read:

445.21 Subdivision 1. **Annual legislative report on home care licensing.** The commissioner
445.22 shall establish a quality improvement program for the home care survey and home care
445.23 complaint investigation processes. The commissioner shall submit to the legislature an
445.24 annual report, beginning October 1, 2015, and each October 1 thereafter, until October 1,
445.25 2027. Each report will review the previous state fiscal year of home care licensing and
445.26 regulatory activities. The report must include, but is not limited to, an analysis of:

445.27 (1) the number of FTEs in the Division of Compliance Monitoring, including the Office
445.28 of Health Facility Complaints units assigned to home care licensing, survey, investigation,
445.29 and enforcement process;

445.30 (2) numbers of and descriptive information about licenses issued, complaints received
445.31 and investigated, including allegations made and correction orders issued, surveys completed
445.32 and timelines, and correction order reconsiderations and results;

446.1 (3) descriptions of emerging trends in home care provision and areas of concern identified
446.2 by the department in its regulation of home care providers;

446.3 (4) information and data regarding performance improvement projects underway and
446.4 planned by the commissioner in the area of home care surveys; and

446.5 (5) work of the Department of Health Home Care Advisory Council.

446.6 Sec. 9. Minnesota Statutes 2020, section 145.4134, is amended to read:

446.7 **145.4134 COMMISSIONER'S PUBLIC REPORT.**

446.8 (a) By July 1 of each year, except for 1998 and 1999 information, the commissioner
446.9 shall issue a public report providing statistics for the previous calendar year compiled from
446.10 the data submitted under sections 145.4131 to 145.4133 and sections 145.4241 to 145.4249.
446.11 For 1998 and 1999 information, the report shall be issued October 1, 2000. Each report
446.12 shall provide the statistics for all previous calendar years, adjusted to reflect any additional
446.13 information from late or corrected reports. The commissioner shall ensure that none of the
446.14 information included in the public reports can reasonably lead to identification of an
446.15 individual having performed or having had an abortion. All data included on the forms
446.16 under sections 145.4131 to 145.4133 and sections 145.4241 to 145.4249 must be included
446.17 in the public report, except that the commissioner shall maintain as confidential, data which
446.18 alone or in combination may constitute information from which an individual having
446.19 performed or having had an abortion may be identified using epidemiologic principles. ~~The~~
446.20 ~~commissioner shall submit the report to the senate Health and Family Security Committee~~
446.21 ~~and the house of representatives Health and Human Services Committee.~~

446.22 (b) The commissioner may, by rules adopted under chapter 14, alter the submission
446.23 dates established under sections 145.4131 to 145.4133 for administrative convenience, fiscal
446.24 savings, or other valid reason, provided that physicians or facilities and the commissioner
446.25 of human services submit the required information once each year and the commissioner
446.26 issues a report once each year.

446.27 Sec. 10. Minnesota Statutes 2020, section 145.928, subdivision 13, is amended to read:

446.28 Subd. 13. **Reports.** (a) The commissioner shall submit a biennial report to the legislature
446.29 on the local community projects, tribal government, and community health board prevention
446.30 activities funded under this section. These reports must include information on grant
446.31 recipients, activities that were conducted using grant funds, evaluation data, and outcome
447.1 measures, if available. These reports are due by January 15 of every other year, beginning
447.2 in the year 2003.

447.3 (b) The commissioner shall release an annual report to the public ~~and submit the annual~~
447.4 ~~report to the chairs and ranking minority members of the house of representatives and senate~~
447.5 ~~committees with jurisdiction over public health~~ on grants made under subdivision 7 to
447.6 decrease racial and ethnic disparities in infant mortality rates. The report must provide
447.7 specific information on the amount of each grant awarded to each agency or organization,
447.8 an itemized list submitted to the commissioner by each agency or organization awarded a
447.9 grant specifying all uses of grant funds and the amount expended for each use, the population
447.10 served by each agency or organization, outcomes of the programs funded by each grant,
447.11 and the amount of the appropriation retained by the commissioner for administrative and
447.12 associated expenses. The commissioner shall issue a report each January 15 for the previous
447.13 fiscal year beginning January 15, 2016.

447.14 Sec. 11. Minnesota Statutes 2020, section 245.4661, subdivision 10, is amended to read:

447.15 Subd. 10. **Commissioner duty to report on use of grant funds biennially.** (a) By
447.16 November 1, 2016, and biennially thereafter, the commissioner of human services shall
447.17 provide sufficient information to the members of the legislative committees having
447.18 jurisdiction over mental health funding and policy issues to evaluate the use of funds
447.19 appropriated under this section of law. The commissioner shall provide, at a minimum, the
447.20 following information:

447.21 (1) the amount of funding to mental health initiatives, what programs and services were
447.22 funded in the previous two years, gaps in services that each initiative brought to the attention
447.23 of the commissioner, and outcome data for the programs and services that were funded; and

447.24 (2) the amount of funding for other targeted services and the location of services.

447.25 (b) This subdivision expires January 1, 2032.

447.26 Sec. 12. Minnesota Statutes 2020, section 245.4889, subdivision 3, is amended to read:

447.27 Subd. 3. **Commissioner duty to report on use of grant funds biennially.** (a) By
447.28 November 1, 2016, and biennially thereafter, the commissioner of human services shall

447.29 provide sufficient information to the members of the legislative committees having
447.30 jurisdiction over mental health funding and policy issues to evaluate the use of funds
447.31 appropriated under this section. The commissioner shall provide, at a minimum, the following
447.32 information:

448.1 (1) the amount of funding for children's mental health grants, what programs and services
448.2 were funded in the previous two years, and outcome data for the programs and services that
448.3 were funded; and

448.4 (2) the amount of funding for other targeted services and the location of services.

448.5 (b) This subdivision expires January 1, 2032.

448.6 Sec. 13. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended
448.7 to read:

448.8 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
448.9 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
448.10 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
448.11 for a physical location that will not be the primary residence of the license holder for the
448.12 entire period of licensure. If a family child foster care home or family adult foster care home
448.13 license is issued during this moratorium, and the license holder changes the license holder's
448.14 primary residence away from the physical location of the foster care license, the
448.15 commissioner shall revoke the license according to section 245A.07. The commissioner
448.16 shall not issue an initial license for a community residential setting licensed under chapter
448.17 245D. When approving an exception under this paragraph, the commissioner shall consider
448.18 the resource need determination process in paragraph (h), the availability of foster care
448.19 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
448.20 person's choices during their annual assessment and service plan review, and the
448.21 recommendation of the local county board. The determination by the commissioner is final
448.22 and not subject to appeal. Exceptions to the moratorium include:

448.23 (1) foster care settings where at least 80 percent of the residents are 55 years of age or
448.24 older;

448.25 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
448.26 community residential setting licenses replacing adult foster care licenses in existence on
448.27 December 31, 2013, and determined to be needed by the commissioner under paragraph
448.28 (b);

448.29 (3) new foster care licenses or community residential setting licenses determined to be
448.30 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
448.31 or regional treatment center; restructuring of state-operated services that limits the capacity
448.32 of state-operated facilities; or allowing movement to the community for people who no
449.1 longer require the level of care provided in state-operated facilities as provided under section
449.2 256B.092, subdivision 13, or 256B.49, subdivision 24;

449.3 (4) new foster care licenses or community residential setting licenses determined to be
449.4 needed by the commissioner under paragraph (b) for persons requiring hospital level care;

449.5 (5) new foster care licenses or community residential setting licenses for people receiving
449.6 services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and
449.7 for which a license is required. This exception does not apply to people living in their own
449.8 home. For purposes of this clause, there is a presumption that a foster care or community
449.9 residential setting license is required for services provided to three or more people in a
449.10 dwelling unit when the setting is controlled by the provider. A license holder subject to this
449.11 exception may rebut the presumption that a license is required by seeking a reconsideration
449.12 of the commissioner's determination. The commissioner's disposition of a request for
449.13 reconsideration is final and not subject to appeal under chapter 14. The exception is available
449.14 until June 30, 2018. This exception is available when:

449.15 (i) the person's case manager provided the person with information about the choice of
449.16 service, service provider, and location of service, including in the person's home, to help
449.17 the person make an informed choice; and

449.18 (ii) the person's services provided in the licensed foster care or community residential
449.19 setting are less than or equal to the cost of the person's services delivered in the unlicensed
449.20 setting as determined by the lead agency; or

449.21 (6) new foster care licenses or community residential setting licenses for people receiving
449.22 customized living or 24-hour customized living services under the brain injury or community
449.23 access for disability inclusion waiver plans under section 256B.49 and residing in the
449.24 customized living setting before July 1, 2022, for which a license is required. A customized
449.25 living service provider subject to this exception may rebut the presumption that a license
449.26 is required by seeking a reconsideration of the commissioner's determination. The
449.27 commissioner's disposition of a request for reconsideration is final and not subject to appeal
449.28 under chapter 14. The exception is available until June 30, 2023. This exception is available
449.29 when:

449.30 (i) the person's customized living services are provided in a customized living service
449.31 setting serving four or fewer people under the brain injury or community access for disability
449.32 inclusion waiver plans under section 256B.49 in a single-family home operational on or
449.33 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

450.1 (ii) the person's case manager provided the person with information about the choice of
450.2 service, service provider, and location of service, including in the person's home, to help
450.3 the person make an informed choice; and

450.4 (iii) the person's services provided in the licensed foster care or community residential
450.5 setting are less than or equal to the cost of the person's services delivered in the customized
450.6 living setting as determined by the lead agency.

450.7 (b) The commissioner shall determine the need for newly licensed foster care homes or
450.8 community residential settings as defined under this subdivision. As part of the determination,

450.9 the commissioner shall consider the availability of foster care capacity in the area in which
450.10 the licensee seeks to operate, and the recommendation of the local county board. The
450.11 determination by the commissioner must be final. A determination of need is not required
450.12 for a change in ownership at the same address.

450.13 (c) When an adult resident served by the program moves out of a foster home that is not
450.14 the primary residence of the license holder according to section 256B.49, subdivision 15,
450.15 paragraph (f), or the adult community residential setting, the county shall immediately
450.16 inform the Department of Human Services Licensing Division. The department may decrease
450.17 the statewide licensed capacity for adult foster care settings.

450.18 (d) Residential settings that would otherwise be subject to the decreased license capacity
450.19 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
450.20 residents whose primary diagnosis is mental illness and the license holder is certified under
450.21 the requirements in subdivision 6a or section 245D.33.

450.22 (e) A resource need determination process, managed at the state level, using the available
450.23 ~~reports data~~ data required by section 144A.351, and other data and information shall be used to
450.24 determine where the reduced capacity determined under section 256B.493 will be
450.25 implemented. The commissioner shall consult with the stakeholders described in section
450.26 144A.351, and employ a variety of methods to improve the state's capacity to meet the
450.27 informed decisions of those people who want to move out of corporate foster care or
450.28 community residential settings, long-term service needs within budgetary limits, including
450.29 seeking proposals from service providers or lead agencies to change service type, capacity,
450.30 or location to improve services, increase the independence of residents, and better meet
450.31 needs identified by the long-term services and supports reports and statewide data and
450.32 information.

450.33 (f) At the time of application and reapplication for licensure, the applicant and the license
450.34 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
451.1 required to inform the commissioner whether the physical location where the foster care
451.2 will be provided is or will be the primary residence of the license holder for the entire period
451.3 of licensure. If the primary residence of the applicant or license holder changes, the applicant
451.4 or license holder must notify the commissioner immediately. The commissioner shall print
451.5 on the foster care license certificate whether or not the physical location is the primary
451.6 residence of the license holder.

451.7 (g) License holders of foster care homes identified under paragraph (f) that are not the
451.8 primary residence of the license holder and that also provide services in the foster care home
451.9 that are covered by a federally approved home and community-based services waiver, as
451.10 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
451.11 services licensing division that the license holder provides or intends to provide these
451.12 waiver-funded services.

451.13 (h) The commissioner may adjust capacity to address needs identified in section
451.14 144A.351. Under this authority, the commissioner may approve new licensed settings or

451.15 delicense existing settings. Delicensing of settings will be accomplished through a process
451.16 identified in section 256B.493. ~~Annually, by August 1, the commissioner shall provide~~
451.17 ~~information and data on capacity of licensed long-term services and supports, actions taken~~
451.18 ~~under the subdivision to manage statewide long-term services and supports resources, and~~
451.19 ~~any recommendations for change to the legislative committees with jurisdiction over the~~
451.20 ~~health and human services budget.~~

451.21 (i) The commissioner must notify a license holder when its corporate foster care or
451.22 community residential setting licensed beds are reduced under this section. The notice of
451.23 reduction of licensed beds must be in writing and delivered to the license holder by certified
451.24 mail or personal service. The notice must state why the licensed beds are reduced and must
451.25 inform the license holder of its right to request reconsideration by the commissioner. The
451.26 license holder's request for reconsideration must be in writing. If mailed, the request for
451.27 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
451.28 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
451.29 reconsideration is made by personal service, it must be received by the commissioner within
451.30 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

451.31 (j) The commissioner shall not issue an initial license for children's residential treatment
451.32 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
451.33 for a program that Centers for Medicare and Medicaid Services would consider an institution
451.34 for mental diseases. Facilities that serve only private pay clients are exempt from the
451.35 moratorium described in this paragraph. The commissioner has the authority to manage
452.1 existing statewide capacity for children's residential treatment services subject to the
452.2 moratorium under this paragraph and may issue an initial license for such facilities if the
452.3 initial license would not increase the statewide capacity for children's residential treatment
452.4 services subject to the moratorium under this paragraph.

452.5 Sec. 14. Minnesota Statutes 2020, section 256.01, subdivision 29, is amended to read:

452.6 Subd. 29. **State medical review team.** (a) To ensure the timely processing of
452.7 determinations of disability by the commissioner's state medical review team under sections
452.8 256B.055, subdivisions 7, paragraph (b), and 12, and 256B.057, subdivision 9, the
452.9 commissioner shall review all medical evidence and seek information from providers,
452.10 applicants, and enrollees to support the determination of disability where necessary. Disability
452.11 shall be determined according to the rules of title XVI and title XIX of the Social Security
452.12 Act and pertinent rules and policies of the Social Security Administration.

452.13 (b) Prior to a denial or withdrawal of a requested determination of disability due to
452.14 insufficient evidence, the commissioner shall (1) ensure that the missing evidence is necessary
452.15 and appropriate to a determination of disability, and (2) assist applicants and enrollees to
452.16 obtain the evidence, including, but not limited to, medical examinations and electronic
452.17 medical records.

- 452.18 ~~(e) The commissioner shall provide the chairs of the legislative committees with~~
 452.19 ~~jurisdiction over health and human services finance and budget the following information~~
 452.20 ~~on the activities of the state medical review team by February 1 of each year:~~
- 452.21 ~~(1) the number of applications to the state medical review team that were denied,~~
 452.22 ~~approved, or withdrawn;~~
- 452.23 ~~(2) the average length of time from receipt of the application to a decision;~~
- 452.24 ~~(3) the number of appeals, appeal results, and the length of time taken from the date the~~
 452.25 ~~person involved requested an appeal for a written decision to be made on each appeal;~~
- 452.26 ~~(4) for applicants, their age, health coverage at the time of application, hospitalization~~
 452.27 ~~history within three months of application, and whether an application for Social Security~~
 452.28 ~~or Supplemental Security Income benefits is pending; and~~
- 452.29 ~~(5) specific information on the medical certification, licensure, or other credentials of~~
 452.30 ~~the person or persons performing the medical review determinations and length of time in~~
 452.31 ~~that position.~~
- 453.1 ~~(d)~~ (c) Any appeal made under section 256.045, subdivision 3, of a disability
 453.2 determination made by the state medical review team must be decided according to the
 453.3 timelines under section 256.0451, subdivision 22, paragraph (a). If a written decision is not
 453.4 issued within the timelines under section 256.0451, subdivision 22, paragraph (a), the appeal
 453.5 must be immediately reviewed by the chief human services judge.

SENATE ARTICLE 16, SECTION 15 HAS BEEN REMOVED TO MATCH
 WITH HOUSE ARTICLE 17, SECTION 2.

453.26 Sec. 16. Minnesota Statutes 2020, section 256.021, subdivision 3, is amended to read:

453.27 Subd. 3. **Report.** (a) By January 15 of each year, the panel shall submit a report to the
 453.28 committees of the legislature with jurisdiction over section 626.557 regarding the number
 453.29 of requests for review it receives under this section, the number of cases where the panel
 453.30 requires the lead investigative agency to reconsider its final disposition, and the number of
 453.31 cases where the final disposition is changed, and any recommendations to improve the
 453.32 review or investigative process.

454.1 (b) This subdivision expires January 1, 2024.

454.2 Sec. 17. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended
 454.3 to read:

454.4 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
 454.5 grants proposed by the advisory council to be awarded for the upcoming calendar year to
 454.6 the chairs and ranking minority members of the legislative committees with jurisdiction
 454.7 over health and human services policy and finance, by December 1 of each year, beginning

SENATE ARTICLE 16, SECTION 17 AMENDS THE SAME SECTION AS
 HOUSE ARTICLE 10, SECTION 61 BUT DOES NOT SUBSTANTIVELY
 MATCH.

SENATE ARTICLE 16, SECTION 18 AMENDS THE SAME SECTION AS HOUSE ARTICLE 10, SECTION 62 BUT DOES NOT SUBSTANTIVELY MATCH.

454.8 ~~March 1, 2020~~ December 1, 2022. This paragraph expires upon the expiration of the advisory
454.9 council.

454.10 (b) The grants shall be awarded to proposals selected by the advisory council that address
454.11 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
454.12 by the legislature. The advisory council shall determine grant awards and funding amounts
454.13 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
454.14 paragraph (e). The commissioner shall award the grants from the opiate epidemic response
454.15 fund and administer the grants in compliance with section 16B.97. No more than ten percent
454.16 of the grant amount may be used by a grantee for administration.

454.17 Sec. 18. Minnesota Statutes 2020, section 256.042, subdivision 5, is amended to read:

454.18 Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking
454.19 minority members of the legislative committees with jurisdiction over health and human
454.20 services policy and finance by January 31 of each year, beginning January 31, 2021. The
454.21 report shall include information about the individual projects that receive grants and the
454.22 overall role of the project in addressing the opioid addiction and overdose epidemic in
454.23 Minnesota. The report must describe the grantees and the activities implemented, along
454.24 with measurable outcomes as determined by the council in consultation with the
454.25 commissioner of human services and the commissioner of management and budget. At a
454.26 minimum, the report must include information about the number of individuals who received
454.27 information or treatment, the outcomes the individuals achieved, and demographic
454.28 information about the individuals participating in the project; an assessment of the progress
454.29 toward achieving statewide access to qualified providers and comprehensive treatment and
454.30 recovery services; and an update on the evaluations implemented by the commissioner of
454.31 management and budget for the promising practices and theory-based projects that receive
454.32 funding.

455.1 (b) The commissioner of management and budget, in consultation with the Opiate
455.2 Epidemic Response Advisory Council, shall report to the chairs and ranking minority
455.3 members of the legislative committees with jurisdiction over health and human services
455.4 policy and finance when an evaluation study described in subdivision 1, paragraph (c), is
455.5 complete on the promising practices or theory-based projects that are selected for evaluation
455.6 activities. The report shall include demographic information; outcome information for the
455.7 individuals in the program; the results for the program in promoting recovery, employment,
455.8 family reunification, and reducing involvement with the criminal justice system; and other
455.9 relevant outcomes determined by the commissioner of management and budget that are
455.10 specific to the projects that are evaluated. The report shall include information about the
455.11 ability of grant programs to be scaled to achieve the statewide results that the grant project
455.12 demonstrated.

455.13 (c) The advisory council, in its annual report to the legislature under paragraph (a) due
455.14 by January 31, 2024, shall include recommendations on whether the appropriations to the
455.15 specified entities under Laws 2019, chapter 63, should be continued, adjusted, or

455.16 discontinued; whether funding should be appropriated for other purposes related to opioid
455.17 abuse prevention, education, and treatment; and on the appropriate level of funding for
455.18 existing and new uses.

455.19 (d) This subdivision expires upon the expiration of the advisory council.

455.20 Sec. 19. Minnesota Statutes 2020, section 256.9657, subdivision 8, is amended to read:

455.21 Subd. 8. **Commissioner's duties.** (a) Beginning October 1, 2023, the commissioner of
455.22 human services shall annually report to the legislature quarterly on the first day of January,
455.23 April, July, and October chairs and ranking minority members of the legislative committees
455.24 with jurisdiction over health care policy and finance regarding the provider surcharge
455.25 program. The report shall include information on total billings, total collections, and
455.26 administrative expenditures for the previous fiscal year. The report on January 1, 1993,
455.27 shall include information on all surcharge billings, collections, federal matching payments
455.28 received, efforts to collect unpaid amounts, and administrative costs pertaining to the
455.29 surcharge program in effect from July 1, 1991, to September 30, 1992. This paragraph expires
455.30 January 1, 2032.

455.31 (b) The surcharge shall be adjusted by inflationary and caseload changes in future
455.32 bienniums to maintain reimbursement of health care providers in accordance with the
455.33 requirements of the state and federal laws governing the medical assistance program,
456.1 including the requirements of the Medicaid moratorium amendments of 1991 found in
456.2 Public Law No. 102-234.

456.3 (c) The commissioner shall request the Minnesota congressional delegation to support
456.4 a change in federal law that would prohibit federal disallowances for any state that makes
456.5 a good faith effort to comply with Public Law 102-234 by enacting conforming legislation
456.6 prior to the issuance of federal implementing regulations.

456.7 Sec. 20. Minnesota Statutes 2020, section 256.975, subdivision 11, is amended to read:

456.8 Subd. 11. **Regional and local dementia grants.** (a) The Minnesota Board on Aging
456.9 shall award competitive grants to eligible applicants for regional and local projects and
456.10 initiatives targeted to a designated community, which may consist of a specific geographic
456.11 area or population, to increase awareness of Alzheimer's disease and other dementias,
456.12 increase the rate of cognitive testing in the population at risk for dementias, promote the
456.13 benefits of early diagnosis of dementias, or connect caregivers of persons with dementia to
456.14 education and resources.

456.15 (b) The project areas for grants include:

456.16 (1) local or community-based initiatives to promote the benefits of physician or advanced
456.17 practice registered nurse consultations for all individuals who suspect a memory or cognitive
456.18 problem;

- 456.19 (2) local or community-based initiatives to promote the benefits of early diagnosis of
456.20 Alzheimer's disease and other dementias; and
- 456.21 (3) local or community-based initiatives to provide informational materials and other
456.22 resources to caregivers of persons with dementia.
- 456.23 (c) Eligible applicants for local and regional grants may include, but are not limited to,
456.24 community health boards, school districts, colleges and universities, community clinics,
456.25 tribal communities, nonprofit organizations, and other health care organizations.
- 456.26 (d) Applicants must:
- 456.27 (1) describe the proposed initiative, including the targeted community and how the
456.28 initiative meets the requirements of this subdivision; and
- 456.29 (2) identify the proposed outcomes of the initiative and the evaluation process to be used
456.30 to measure these outcomes.
- 456.31 (e) In awarding the regional and local dementia grants, the Minnesota Board on Aging
456.32 must give priority to applicants who demonstrate that the proposed project:
- 457.1 (1) is supported by and appropriately targeted to the community the applicant serves;
- 457.2 (2) is designed to coordinate with other community activities related to other health
457.3 initiatives, particularly those initiatives targeted at the elderly;
- 457.4 (3) is conducted by an applicant able to demonstrate expertise in the project areas;
- 457.5 (4) utilizes and enhances existing activities and resources or involves innovative
457.6 approaches to achieve success in the project areas; and
- 457.7 (5) strengthens community relationships and partnerships in order to achieve the project
457.8 areas.
- 457.9 (f) The board shall divide the state into specific geographic regions and allocate a
457.10 percentage of the money available for the local and regional dementia grants to projects or
457.11 initiatives aimed at each geographic region.
- 457.12 (g) The board shall award any available grants by January 1, 2016, and each July 1
457.13 thereafter.
- 457.14 (h) Each grant recipient shall report to the board on the progress of the initiative at least
457.15 once during the grant period, and within two months of the end of the grant period shall
457.16 submit a final report to the board that includes the outcome results.
- 457.17 (i) The Minnesota Board on Aging shall:
- 457.18 (1) develop the criteria and procedures to allocate the grants under this subdivision,
457.19 evaluate all applicants on a competitive basis and award the grants, and select qualified
457.20 providers to offer technical assistance to grant applicants and grantees. The selected provider

- 457.21 shall provide applicants and grantees assistance with project design, evaluation methods,
 457.22 materials, and training; ~~and~~.
- 457.23 ~~(2) submit by January 15, 2017, and on each January 15 thereafter, a progress report on~~
 457.24 ~~the dementia grants programs under this subdivision to the chairs and ranking minority~~
 457.25 ~~members of the senate and house of representatives committees and divisions with jurisdiction~~
 457.26 ~~over health finance and policy. The report shall include:~~
- 457.27 ~~(i) information on each grant recipient;~~
- 457.28 ~~(ii) a summary of all projects or initiatives undertaken with each grant;~~
- 457.29 ~~(iii) the measurable outcomes established by each grantee, an explanation of the~~
 457.30 ~~evaluation process used to determine whether the outcomes were met, and the results of the~~
 457.31 ~~evaluation; and~~
- 458.1 ~~(iv) an accounting of how the grant funds were spent.~~
- 458.2 Sec. 21. Minnesota Statutes 2020, section 256.975, subdivision 12, is amended to read:
- 458.3 Subd. 12. **Self-directed caregiver grants.** The Minnesota Board on Aging shall, in
 458.4 consultation with area agencies on aging and other community caregiver stakeholders,
 458.5 administer self-directed caregiver grants to support at-risk family caregivers of older adults
 458.6 or others eligible under the Older Americans Act of 1965, United States Code, title 42,
 458.7 chapter 35, sections 3001 to 3058ff, to sustain family caregivers in the caregivers' roles so
 458.8 older adults can remain at home longer. ~~The board shall submit by January 15, 2022, and~~
 458.9 ~~each January 15 thereafter, a progress report on the self-directed caregiver grants program~~
 458.10 ~~to the chairs and ranking minority members of the senate and house of representatives~~
 458.11 ~~committees and divisions with jurisdiction over human services. The progress report must~~
 458.12 ~~include metrics on the use of the grant program.~~
- 458.13 Sec. 22. Minnesota Statutes 2020, section 256B.0561, subdivision 4, is amended to read:
- 458.14 Subd. 4. **Report.** (a) By September 1, 2019, and each September 1 thereafter, the
 458.15 commissioner shall submit a report to the chairs and ranking minority members of the house
 458.16 and senate committees with jurisdiction over human services finance that includes the
 458.17 number of cases affected by periodic data matching under this section, the number of
 458.18 recipients identified as possibly ineligible as a result of a periodic data match, and the number
 458.19 of recipients whose eligibility was terminated as a result of a periodic data match. The report
 458.20 must also specify, for recipients whose eligibility was terminated, how many cases were
 458.21 closed due to failure to cooperate.
- 458.22 (b) This subdivision expires January 1, 2027.
- 458.23 Sec. 23. Minnesota Statutes 2020, section 256B.0911, subdivision 5, is amended to read:
- 458.24 Subd. 5. **Administrative activity.** (a) The commissioner shall streamline the processes,
 458.25 including timelines for when assessments need to be completed, required to provide the

458.26 services in this section and shall implement integrated solutions to automate the business
458.27 processes to the extent necessary for community support plan approval, reimbursement,
458.28 program planning, evaluation, and policy development.

458.29 (b) The commissioner of human services shall work with lead agencies responsible for
458.30 conducting long-term consultation services to modify the MnCHOICES application and
458.31 assessment policies to create efficiencies while ensuring federal compliance with medical
458.32 assistance and long-term services and supports eligibility criteria.

459.1 (c) The commissioner shall work with lead agencies responsible for conducting long-term
459.2 consultation services to develop a set of measurable benchmarks sufficient to demonstrate
459.3 quarterly improvement in the average time per assessment and other mutually agreed upon
459.4 measures of increasing efficiency. The commissioner shall collect data on these benchmarks
459.5 and provide to the lead agencies ~~and the chairs and ranking minority members of the~~
459.6 ~~legislative committees with jurisdiction over human services~~ an annual trend analysis of
459.7 the data in order to demonstrate the commissioner's compliance with the requirements of
459.8 this subdivision.

459.9 Sec. 24. Minnesota Statutes 2020, section 256B.0949, subdivision 17, is amended to read:

459.10 Subd. 17. **Provider shortage; authority for exceptions.** (a) In consultation with the
459.11 Early Intensive Developmental and Behavioral Intervention Advisory Council and
459.12 stakeholders, including agencies, professionals, parents of people with ASD or a related
459.13 condition, and advocacy organizations, the commissioner shall determine if a shortage of
459.14 EIDBI providers exists. For the purposes of this subdivision, "shortage of EIDBI providers"
459.15 means a lack of availability of providers who meet the EIDBI provider qualification
459.16 requirements under subdivision 15 that results in the delay of access to timely services under
459.17 this section, or that significantly impairs the ability of a provider agency to have sufficient
459.18 providers to meet the requirements of this section. The commissioner shall consider
459.19 geographic factors when determining the prevalence of a shortage. The commissioner may
459.20 determine that a shortage exists only in a specific region of the state, multiple regions of
459.21 the state, or statewide. The commissioner shall also consider the availability of various types
459.22 of treatment modalities covered under this section.

459.23 (b) The commissioner, in consultation with the Early Intensive Developmental and
459.24 Behavioral Intervention Advisory Council and stakeholders, must establish processes and
459.25 criteria for granting an exception under this paragraph. The commissioner may grant an
459.26 exception only if the exception would not compromise a person's safety and not diminish
459.27 the effectiveness of the treatment. The commissioner may establish an expiration date for
459.28 an exception granted under this paragraph. The commissioner may grant an exception for
459.29 the following:

459.30 (1) EIDBI provider qualifications under this section;

459.31 (2) medical assistance provider enrollment requirements under section 256B.04,
459.32 subdivision 21; or

459.33 (3) EIDBI provider or agency standards or requirements.

460.1 (c) If the commissioner, in consultation with the Early Intensive Developmental and
460.2 Behavioral Intervention Advisory Council and stakeholders, determines that a shortage no
460.3 longer exists, the commissioner must submit a notice that a shortage no longer exists to the
460.4 chairs and ranking minority members of the senate and the house of representatives
460.5 committees with jurisdiction over health and human services. The commissioner must post
460.6 the notice for public comment for 30 days. The commissioner shall consider public comments
460.7 before submitting to the legislature a request to end the shortage declaration. ~~The~~
460.8 ~~commissioner shall annually provide an update on the status of the provider shortage and~~
460.9 ~~exceptions granted to the chairs and ranking minority members of the senate and house of~~
460.10 ~~representatives committees with jurisdiction over health and human services.~~ The
460.11 commissioner shall not declare the shortage of EIDBI providers ended without direction
460.12 from the legislature to declare it ended.

460.13 Sec. 25. Minnesota Statutes 2020, section 256B.493, subdivision 2, is amended to read:

460.14 Subd. 2. **Planned closure process needs determination.** A resource need determination
460.15 process, managed at the state level, using available ~~reports data~~ required by section 144A.351
460.16 and other data and information shall be used by the commissioner to align capacity where
460.17 needed.

460.18 Sec. 26. Minnesota Statutes 2020, section 256B.69, subdivision 9d, is amended to read:

460.19 Subd. 9d. **Financial and quality assurance audits.** (a) The commissioner shall require,
460.20 in the request for bids and resulting contracts with managed care plans and county-based
460.21 purchasing plans under this section and section 256B.692, that each managed care plan and
460.22 county-based purchasing plan submit to and fully cooperate with the independent third-party
460.23 financial audits by the legislative auditor under subdivision 9e of the information required
460.24 under subdivision 9c, paragraph (b). Each contract with a managed care plan or county-based
460.25 purchasing plan under this section or section 256B.692 must provide the commissioner, the
460.26 legislative auditor, and vendors contracting with the legislative auditor, access to all data
460.27 required to complete audits under subdivision 9e.

460.28 (b) Each managed care plan and county-based purchasing plan providing services under
460.29 this section shall provide to the commissioner biweekly encounter data and claims data for
460.30 state public health care programs and shall participate in a quality assurance program that
460.31 verifies the timeliness, completeness, accuracy, and consistency of the data provided. The
460.32 commissioner shall develop written protocols for the quality assurance program and shall
460.33 make the protocols publicly available. The commissioner shall contract for an independent
461.1 third-party audit to evaluate the quality assurance protocols as to the capacity of the protocols
461.2 to ensure complete and accurate data and to evaluate the commissioner's implementation
461.3 of the protocols.

461.4 (c) Upon completion of the evaluation under paragraph (b), the commissioner shall
461.5 provide copies of the report to the legislative auditor ~~and the chairs and ranking minority~~
461.6 ~~members of the legislative committees with jurisdiction over health care policy and financing.~~

461.7 (d) Any actuary under contract with the commissioner to provide actuarial services must
461.8 meet the independence requirements under the professional code for fellows in the Society
461.9 of Actuaries and must not have provided actuarial services to a managed care plan or
461.10 county-based purchasing plan that is under contract with the commissioner pursuant to this
461.11 section and section 256B.692 during the period in which the actuarial services are being
461.12 provided. An actuary or actuarial firm meeting the requirements of this paragraph must
461.13 certify and attest to the rates paid to the managed care plans and county-based purchasing
461.14 plans under this section and section 256B.692, and the certification and attestation must be
461.15 auditable.

461.16 (e) The commissioner, to the extent of available funding, shall conduct ad hoc audits of
461.17 state public health care program administrative and medical expenses reported by managed
461.18 care plans and county-based purchasing plans. This includes: financial and encounter data
461.19 reported to the commissioner under subdivision 9c, including payments to providers and
461.20 subcontractors; supporting documentation for expenditures; categorization of administrative
461.21 and medical expenses; and allocation methods used to attribute administrative expenses to
461.22 state public health care programs. These audits also must monitor compliance with data and
461.23 financial report certification requirements established by the commissioner for the purposes
461.24 of managed care capitation payment rate-setting. The managed care plans and county-based
461.25 purchasing plans shall fully cooperate with the audits in this subdivision.

461.26 ~~The commissioner shall report to the chairs and ranking minority members of the~~
461.27 ~~legislative committees with jurisdiction over health and human services policy and finance~~
461.28 ~~by February 1, 2016, and each February 1 thereafter, the number of ad hoc audits conducted~~
461.29 ~~in the past calendar year and the results of these audits.~~

461.30 (f) Nothing in this subdivision shall allow the release of information that is nonpublic
461.31 data pursuant to section 13.02.

462.1 Sec. 27. Minnesota Statutes 2020, section 256E.28, subdivision 6, is amended to read:

462.2 Subd. 6. **Evaluation.** (a) Using the outcomes established according to subdivision 3,
462.3 the commissioner shall conduct a biennial evaluation of the grant program funded under
462.4 this section. Grant recipients shall cooperate with the commissioner in the evaluation and
462.5 shall provide the commissioner with the information needed to conduct the evaluation.

462.6 (b) The commissioner shall consult with the legislative task force on child protection
462.7 during the evaluation process ~~and~~.

462.8 (c) ~~The commissioner~~ shall submit a biennial evaluation report to the task force and to
462.9 the chairs and ranking minority members of the house of representatives and senate

462.10 committees with jurisdiction over child protection funding. This paragraph expires January
462.11 1, 2032.

462.12 Sec. 28. Minnesota Statutes 2020, section 256R.18, is amended to read:

462.13 **256R.18 REPORT BY COMMISSIONER OF HUMAN SERVICES.**

462.14 (a) Beginning January 1, 2019, the commissioner shall provide to the house of
462.15 representatives and senate committees with jurisdiction over nursing facility payment rates
462.16 a biennial report on the effectiveness of the reimbursement system in improving quality,
462.17 restraining costs, and any other features of the system as determined by the commissioner.

462.18 (b) This section expires January 1, 2026.

462.19 Sec. 29. Minnesota Statutes 2020, section 257.0725, is amended to read:

462.20 **257.0725 ANNUAL REPORT.**

462.21 (a) The commissioner of human services shall publish an annual report on child
462.22 maltreatment and on children in out-of-home placement. The commissioner shall confer
462.23 with counties, child welfare organizations, child advocacy organizations, the courts, and
462.24 other groups on how to improve the content and utility of the department's annual report.
462.25 In regard to child maltreatment, the report shall include the number and kinds of maltreatment
462.26 reports received and any other data that the commissioner determines is appropriate to
462.27 include in a report on child maltreatment. In regard to children in out-of-home placement,
462.28 the report shall include, by county and statewide, information on legal status, living
462.29 arrangement, age, sex, race, accumulated length of time in placement, reason for most recent
462.30 placement, race of family with whom placed, school enrollments within seven days of
462.31 placement pursuant to section 120A.21, and other information deemed appropriate on all
463.1 children in out-of-home placement. Out-of-home placement includes placement in any
463.2 facility by an authorized child-placing agency.

463.3 (b) This section expires January 1, 2032.

463.4 Sec. 30. Minnesota Statutes 2020, section 260.775, is amended to read:

463.5 **260.775 PLACEMENT RECORDS.**

463.6 (a) The commissioner of human services shall publish annually an inventory of all Indian
463.7 children in residential facilities. The inventory shall include, by county and statewide,
463.8 information on legal status, living arrangement, age, sex, tribe in which the child is a member
463.9 or eligible for membership, accumulated length of time in foster care, and other demographic
463.10 information deemed appropriate concerning all Indian children in residential facilities. The
463.11 report must also state the extent to which authorized child-placing agencies comply with
463.12 the order of preference described in United States Code, title 25, section 1901, et seq. The
463.13 commissioner shall include the information required under this paragraph in the annual

463.14 report on child maltreatment and on children in out-of-home placement under section

463.15 257.0725.

463.16 (b) This section expires January 1, 2032.

463.17 Sec. 31. Minnesota Statutes 2020, section 260E.24, subdivision 6, is amended to read:

463.18 Subd. 6. **Required referral to early intervention services.** (a) A child under age three
463.19 who is involved in a substantiated case of maltreatment shall be referred for screening under
463.20 the Individuals with Disabilities Education Act, part C. Parents must be informed that the
463.21 evaluation and acceptance of services are voluntary. The commissioner of human services
463.22 shall monitor referral rates by county ~~and annually report the information to the legislature.~~
463.23 Refusal to have a child screened is not a basis for a child in need of protection or services
463.24 petition under chapter 260C.

463.25 (b) The commissioner of human services shall include the referral rates by county for
463.26 screening under the Individuals with Disabilities Education Act, part C in the annual report
463.27 on child maltreatment under section 257.0725. This paragraph expires January 1, 2032.

463.28 Sec. 32. Minnesota Statutes 2020, section 260E.38, subdivision 3, is amended to read:

463.29 Subd. 3. **Report required.** (a) The commissioner shall produce an annual report of the
463.30 summary results of the reviews. The report must only contain aggregate data and may not
463.31 include any data that could be used to personally identify any subject whose data is included
464.1 in the report. The report is public information and must be provided to the chairs and ranking
464.2 minority members of the legislative committees having jurisdiction over child protection
464.3 issues. The commissioner shall include the information required under this paragraph in the
464.4 annual report on child maltreatment and on children in out-of-home placement under section
464.5 257.0725.

464.6 (b) This subdivision expires January 1, 2032.

464.7 Sec. 33. Minnesota Statutes 2020, section 518A.77, is amended to read:

464.8 **518A.77 GUIDELINES REVIEW.**

464.9 (a) No later than 2006 and every four years after that, the Department of Human Services
464.10 must conduct a review of the child support guidelines.

464.11 (b) This section expires January 1, 2032.

464.12 Sec. 34. Minnesota Statutes 2020, section 626.557, subdivision 12b, is amended to read:

464.13 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a
464.14 lead investigative agency, the county social service agency shall maintain appropriate
464.15 records. Data collected by the county social service agency under this section are welfare
464.16 data under section 13.46. Notwithstanding section 13.46, subdivision 1, paragraph (a), data
464.17 under this paragraph that are inactive investigative data on an individual who is a vendor

SENATE ARTICLE 16, SECTION 34 AMENDS THE SAME STATUTE AS
HOUSE ARTICLE 13, SECTION 37 BUT DOES NOT SUBSTANTIVELY
MATCH.

464.18 of services are private data on individuals, as defined in section 13.02. The identity of the
464.19 reporter may only be disclosed as provided in paragraph (c).

464.20 Data maintained by the common entry point are confidential data on individuals or
464.21 protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the
464.22 common entry point shall maintain data for three calendar years after date of receipt and
464.23 then destroy the data unless otherwise directed by federal requirements.

464.24 (b) The commissioners of health and human services shall prepare an investigation
464.25 memorandum for each report alleging maltreatment investigated under this section. County
464.26 social service agencies must maintain private data on individuals but are not required to
464.27 prepare an investigation memorandum. During an investigation by the commissioner of
464.28 health or the commissioner of human services, data collected under this section are
464.29 confidential data on individuals or protected nonpublic data as defined in section 13.02.
464.30 Upon completion of the investigation, the data are classified as provided in clauses (1) to
464.31 (3) and paragraph (c).

464.32 (1) The investigation memorandum must contain the following data, which are public:

465.1 (i) the name of the facility investigated;

465.2 (ii) a statement of the nature of the alleged maltreatment;

465.3 (iii) pertinent information obtained from medical or other records reviewed;

465.4 (iv) the identity of the investigator;

465.5 (v) a summary of the investigation's findings;

465.6 (vi) statement of whether the report was found to be substantiated, inconclusive, false,
465.7 or that no determination will be made;

465.8 (vii) a statement of any action taken by the facility;

465.9 (viii) a statement of any action taken by the lead investigative agency; and

465.10 (ix) when a lead investigative agency's determination has substantiated maltreatment, a
465.11 statement of whether an individual, individuals, or a facility were responsible for the
465.12 substantiated maltreatment, if known.

465.13 The investigation memorandum must be written in a manner which protects the identity
465.14 of the reporter and of the vulnerable adult and may not contain the names or, to the extent
465.15 possible, data on individuals or private data listed in clause (2).

465.16 (2) Data on individuals collected and maintained in the investigation memorandum are
465.17 private data, including:

- 465.18 (i) the name of the vulnerable adult;
- 465.19 (ii) the identity of the individual alleged to be the perpetrator;
- 465.20 (iii) the identity of the individual substantiated as the perpetrator; and
- 465.21 (iv) the identity of all individuals interviewed as part of the investigation.
- 465.22 (3) Other data on individuals maintained as part of an investigation under this section
465.23 are private data on individuals upon completion of the investigation.
- 465.24 (c) After the assessment or investigation is completed, the name of the reporter must be
465.25 confidential. The subject of the report may compel disclosure of the name of the reporter
465.26 only with the consent of the reporter or upon a written finding by a court that the report was
465.27 false and there is evidence that the report was made in bad faith. This subdivision does not
465.28 alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except
465.29 that where the identity of the reporter is relevant to a criminal prosecution, the district court
465.30 shall do an in-camera review prior to determining whether to order disclosure of the identity
465.31 of the reporter.
- 466.1 (d) Notwithstanding section 138.163, data maintained under this section by the
466.2 commissioners of health and human services must be maintained under the following
466.3 schedule and then destroyed unless otherwise directed by federal requirements:
- 466.4 (1) data from reports determined to be false, maintained for three years after the finding
466.5 was made;
- 466.6 (2) data from reports determined to be inconclusive, maintained for four years after the
466.7 finding was made;
- 466.8 (3) data from reports determined to be substantiated, maintained for seven years after
466.9 the finding was made; and
- 466.10 (4) data from reports which were not investigated by a lead investigative agency and for
466.11 which there is no final disposition, maintained for three years from the date of the report.
- 466.12 (e) The commissioners of health and human services shall annually publish on their
466.13 websites the number and type of reports of alleged maltreatment involving licensed facilities
466.14 reported under this section, the number of those requiring investigation under this section,
466.15 and the resolution of those investigations.
- 466.16 ~~On a biennial basis, the commissioners of health and human services shall jointly report~~
466.17 ~~the following information to the legislature and the governor:~~

- 466.18 ~~(1) the number and type of reports of alleged maltreatment involving licensed facilities~~
466.19 ~~reported under this section, the number of those requiring investigations under this section,~~
466.20 ~~the resolution of those investigations, and which of the two lead agencies was responsible;~~
- 466.21 ~~(2) trends about types of substantiated maltreatment found in the reporting period;~~
- 466.22 ~~(3) if there are upward trends for types of maltreatment substantiated, recommendations~~
466.23 ~~for addressing and responding to them;~~
- 466.24 ~~(4) efforts undertaken or recommended to improve the protection of vulnerable adults;~~
- 466.25 ~~(5) whether and where backlogs of cases result in a failure to conform with statutory~~
466.26 ~~time frames and recommendations for reducing backlogs if applicable;~~
- 466.27 ~~(6) recommended changes to statutes affecting the protection of vulnerable adults; and~~
- 466.28 ~~(7) any other information that is relevant to the report trends and findings.~~
- 466.29 (f) Each lead investigative agency must have a record retention policy.
- 466.30 (g) Lead investigative agencies, prosecuting authorities, and law enforcement agencies
466.31 may exchange not public data, as defined in section 13.02, if the agency or authority
467.1 requesting the data determines that the data are pertinent and necessary to the requesting
467.2 agency in initiating, furthering, or completing an investigation under this section. Data
467.3 collected under this section must be made available to prosecuting authorities and law
467.4 enforcement officials, local county agencies, and licensing agencies investigating the alleged
467.5 maltreatment under this section. The lead investigative agency shall exchange not public
467.6 data with the vulnerable adult maltreatment review panel established in section 256.021 if
467.7 the data are pertinent and necessary for a review requested under that section.
467.8 Notwithstanding section 138.17, upon completion of the review, not public data received
467.9 by the review panel must be destroyed.
- 467.10 (h) Each lead investigative agency shall keep records of the length of time it takes to
467.11 complete its investigations.
- 467.12 (i) A lead investigative agency may notify other affected parties and their authorized
467.13 representative if the lead investigative agency has reason to believe maltreatment has occurred
467.14 and determines the information will safeguard the well-being of the affected parties or dispel
467.15 widespread rumor or unrest in the affected facility.
- 467.16 (j) Under any notification provision of this section, where federal law specifically
467.17 prohibits the disclosure of patient identifying information, a lead investigative agency may
467.18 not provide any notice unless the vulnerable adult has consented to disclosure in a manner
467.19 which conforms to federal requirements.

SENATE ARTICLE 16, SECTION 35 HAS BEEN REMOVED TO MATCH WITH HOUSE ARTICLE 17, SECTION 3.

470.4 Sec. 36. **REPEALER.**

470.5 (a) Minnesota Statutes 2020, sections 62U.10, subdivision 3; 144.1911, subdivision 10;

470.6 144.564, subdivision 3; 144A.483, subdivision 2; 245.981; 246.131; 246B.03, subdivision

470.7 2; 246B.035; 256.01, subdivision 31; and 256B.0638, subdivision 7, are repealed.

470.8 (b) Laws 1998, chapter 382, article 1, section 23, is repealed.