

370.15

ARTICLE 8

370.16

COMMUNITY SUPPORTS AND BEHAVIORAL HEALTH POLICY

370.17 Section 1. Minnesota Statutes 2021 Supplement, section 62A.673, subdivision 2, is
370.18 amended to read:

370.19 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
370.20 have the meanings given.

370.21 (b) "Distant site" means a site at which a health care provider is located while providing
370.22 health care services or consultations by means of telehealth.

370.23 (c) "Health care provider" means a health care professional who is licensed or registered
370.24 by the state to perform health care services within the provider's scope of practice and in
370.25 accordance with state law. A health care provider includes a mental health professional ~~as~~
370.26 ~~defined under section 245.462, subdivision 18, or 245.4871, subdivision 27, 245I.04,~~
370.27 ~~subdivision 2; a mental health practitioner as defined under section 245.462, subdivision~~
370.28 ~~17, or 245.4871, subdivision 26~~ 245I.04, subdivision 4; a clinical trainee under section
370.29 245I.04, subdivision 6; a treatment coordinator under section 245G.11, subdivision 7; an
370.30 alcohol and drug counselor under section 245G.11, subdivision 5; and a recovery peer under
370.31 section 245G.11, subdivision 8.

371.1 (d) "Health carrier" has the meaning given in section 62A.011, subdivision 2.

371.2 (e) "Health plan" has the meaning given in section 62A.011, subdivision 3. Health plan
371.3 includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental
371.4 plans that provide indemnity-based benefits, regardless of expenses incurred, and are designed
371.5 to pay benefits directly to the policy holder.

371.6 (f) "Originating site" means a site at which a patient is located at the time health care
371.7 services are provided to the patient by means of telehealth. For purposes of store-and-forward
371.8 technology, the originating site also means the location at which a health care provider
371.9 transfers or transmits information to the distant site.

371.10 (g) "Store-and-forward technology" means the asynchronous electronic transfer or
371.11 transmission of a patient's medical information or data from an originating site to a distant
371.12 site for the purposes of diagnostic and therapeutic assistance in the care of a patient.

371.13 (h) "Telehealth" means the delivery of health care services or consultations through the
371.14 use of real time two-way interactive audio and visual communications to provide or support
371.15 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
371.16 education, and care management of a patient's health care. Telehealth includes the application
371.17 of secure video conferencing, store-and-forward technology, and synchronous interactions
371.18 between a patient located at an originating site and a health care provider located at a distant
371.19 site. Until July 1, 2023, telehealth also includes audio-only communication between a health
371.20 care provider and a patient in accordance with subdivision 6, paragraph (b). Telehealth does

169.23

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169.24

COMMUNITY SUPPORTS AND BEHAVIORAL HEALTH POLICY

169.25 Section 1. Minnesota Statutes 2021 Supplement, section 62A.673, subdivision 2, is
169.26 amended to read:

169.27 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
169.28 have the meanings given.

169.29 (b) "Distant site" means a site at which a health care provider is located while providing
169.30 health care services or consultations by means of telehealth.

170.1 (c) "Health care provider" means a health care professional who is licensed or registered
170.2 by the state to perform health care services within the provider's scope of practice and in
170.3 accordance with state law. A health care provider includes a mental health professional ~~as~~
170.4 ~~defined under section 245.462, subdivision 18, or 245.4871, subdivision 27, 245I.04,~~
170.5 ~~subdivision 2; a mental health practitioner as defined under section 245.462, subdivision~~
170.6 ~~17, or 245.4871, subdivision 26~~ 245I.04, subdivision 4; a clinical trainee under section
170.7 245I.04, subdivision 6; a treatment coordinator under section 245G.11, subdivision 7; an
170.8 alcohol and drug counselor under section 245G.11, subdivision 5; and a recovery peer under
170.9 section 245G.11, subdivision 8.

170.10 (d) "Health carrier" has the meaning given in section 62A.011, subdivision 2.

170.11 (e) "Health plan" has the meaning given in section 62A.011, subdivision 3. Health plan
170.12 includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental
170.13 plans that provide indemnity-based benefits, regardless of expenses incurred, and are designed
170.14 to pay benefits directly to the policy holder.

170.15 (f) "Originating site" means a site at which a patient is located at the time health care
170.16 services are provided to the patient by means of telehealth. For purposes of store-and-forward
170.17 technology, the originating site also means the location at which a health care provider
170.18 transfers or transmits information to the distant site.

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170.20 transmission of a patient's medical information or data from an originating site to a distant
170.21 site for the purposes of diagnostic and therapeutic assistance in the care of a patient.

170.22 (h) "Telehealth" means the delivery of health care services or consultations through the
170.23 use of real time two-way interactive audio and visual communications to provide or support
170.24 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
170.25 education, and care management of a patient's health care. Telehealth includes the application
170.26 of secure video conferencing, store-and-forward technology, and synchronous interactions
170.27 between a patient located at an originating site and a health care provider located at a distant
170.28 site. Until July 1, 2023, telehealth also includes audio-only communication between a health
170.29 care provider and a patient in accordance with subdivision 6, paragraph (b). Telehealth does

371.21 not include communication between health care providers that consists solely of a telephone
371.22 conversation, e-mail, or facsimile transmission. Telehealth does not include communication
371.23 between a health care provider and a patient that consists solely of an e-mail or facsimile
371.24 transmission. Telehealth does not include telemonitoring services as defined in paragraph
371.25 (i).

371.26 (i) "Telemonitoring services" means the remote monitoring of clinical data related to
371.27 the enrollee's vital signs or biometric data by a monitoring device or equipment that transmits
371.28 the data electronically to a health care provider for analysis. Telemonitoring is intended to
371.29 collect an enrollee's health-related data for the purpose of assisting a health care provider
371.30 in assessing and monitoring the enrollee's medical condition or status.

371.31 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
371.32 whichever is later. The commissioner of human services shall notify the revisor of statutes
371.33 when federal approval is obtained.

372.1 Sec. 2. Minnesota Statutes 2021 Supplement, section 148F.11, subdivision 1, is amended
372.2 to read:

372.3 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
372.4 other professions or occupations from performing functions for which they are qualified or
372.5 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
372.6 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
372.7 members of the clergy provided such services are provided within the scope of regular
372.8 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
372.9 licensed marriage and family therapists; licensed social workers; social workers employed
372.10 by city, county, or state agencies; licensed professional counselors; licensed professional
372.11 clinical counselors; licensed school counselors; registered occupational therapists or
372.12 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
372.13 (UMICAD) certified counselors when providing services to Native American people; city,
372.14 county, or state employees when providing assessments or case management under Minnesota
372.15 Rules, chapter 9530; and ~~individuals defined in section 256B.0623, subdivision 5, clauses~~
372.16 ~~(1) to (6); staff persons~~ providing co-occurring substance use disorder treatment in adult
372.17 mental health rehabilitative programs certified or licensed by the Department of Human
372.18 Services under section 245I.23, 256B.0622, or 256B.0623.

372.19 (b) Nothing in this chapter prohibits technicians and resident managers in programs
372.20 licensed by the Department of Human Services from discharging their duties as provided
372.21 in Minnesota Rules, chapter 9530.

372.22 (c) Any person who is exempt from licensure under this section must not use a title
372.23 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug
372.24 counselor" or otherwise hold himself or herself out to the public by any title or description
372.25 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,
372.26 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless
372.27 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice

170.30 not include communication between health care providers that consists solely of a telephone
170.31 conversation, e-mail, or facsimile transmission. Telehealth does not include communication
170.32 between a health care provider and a patient that consists solely of an e-mail or facsimile
170.33 transmission. Telehealth does not include telemonitoring services as defined in paragraph
170.34 (i).

171.1 (i) "Telemonitoring services" means the remote monitoring of clinical data related to
171.2 the enrollee's vital signs or biometric data by a monitoring device or equipment that transmits
171.3 the data electronically to a health care provider for analysis. Telemonitoring is intended to
171.4 collect an enrollee's health-related data for the purpose of assisting a health care provider
171.5 in assessing and monitoring the enrollee's medical condition or status.

171.6 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
171.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
171.8 when federal approval is obtained.

171.9 Sec. 2. Minnesota Statutes 2021 Supplement, section 148F.11, subdivision 1, is amended
171.10 to read:

171.11 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
171.12 other professions or occupations from performing functions for which they are qualified or
171.13 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
171.14 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
171.15 members of the clergy provided such services are provided within the scope of regular
171.16 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
171.17 licensed marriage and family therapists; licensed social workers; social workers employed
171.18 by city, county, or state agencies; licensed professional counselors; licensed professional
171.19 clinical counselors; licensed school counselors; registered occupational therapists or
171.20 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
171.21 (UMICAD) certified counselors when providing services to Native American people; city,
171.22 county, or state employees when providing assessments or case management under Minnesota
171.23 Rules, chapter 9530; and ~~individuals defined in section 256B.0623, subdivision 5, clauses~~
171.24 ~~(1) to (6); staff persons~~ providing co-occurring substance use disorder treatment in adult
171.25 mental health rehabilitative programs certified or licensed by the Department of Human
171.26 Services under section 245I.23, 256B.0622, or 256B.0623.

171.27 (b) Nothing in this chapter prohibits technicians and resident managers in programs
171.28 licensed by the Department of Human Services from discharging their duties as provided
171.29 in Minnesota Rules, chapter 9530.

171.30 (c) Any person who is exempt from licensure under this section must not use a title
171.31 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug
171.32 counselor" or otherwise hold himself or herself out to the public by any title or description
171.33 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,
171.34 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless
172.1 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice

372.28 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the
372.29 use of one of the titles in paragraph (a).

372.30 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
372.31 whichever is later. The commissioner of human services shall notify the revisor of statutes
372.32 when federal approval is obtained.

373.1 Sec. 3. Minnesota Statutes 2020, section 245.462, subdivision 4, is amended to read:

373.2 Subd. 4. **Case management service provider.** (a) "Case management service provider"
373.3 means a case manager or case manager associate employed by the county or other entity
373.4 authorized by the county board to provide case management services specified in section
373.5 245.4711.

373.6 (b) A case manager must:

373.7 (1) be skilled in the process of identifying and assessing a wide range of client needs;

373.8 (2) be knowledgeable about local community resources and how to use those resources
373.9 for the benefit of the client;

373.10 (3) be a mental health practitioner as defined in section 245I.04, subdivision 4, or have
373.11 a bachelor's degree in one of the behavioral sciences or related fields including, but not
373.12 limited to, social work, psychology, or nursing from an accredited college or university ~~or~~.
373.13 A case manager who is not a mental health practitioner and who does not have a bachelor's
373.14 degree in one of the behavioral sciences or related fields must meet the requirements of
373.15 paragraph (c); and

373.16 (4) meet the supervision and continuing education requirements described in paragraphs
373.17 (d), (e), and (f), as applicable.

373.18 (c) Case managers without a bachelor's degree must meet one of the requirements in
373.19 clauses (1) to (3):

373.20 (1) have three or four years of experience as a case manager associate as defined in this
373.21 section;

373.22 (2) be a registered nurse without a bachelor's degree and have a combination of
373.23 specialized training in psychiatry and work experience consisting of community interaction
373.24 and involvement or community discharge planning in a mental health setting totaling three
373.25 years; or

373.26 (3) be a person who qualified as a case manager under the 1998 Department of Human
373.27 Service waiver provision and meet the continuing education and mentoring requirements
373.28 in this section.

373.29 (d) A case manager with at least 2,000 hours of supervised experience in the delivery
373.30 of services to adults with mental illness must receive regular ongoing supervision and clinical
373.31 supervision totaling 38 hours per year of which at least one hour per month must be clinical

172.2 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the
172.3 use of one of the titles in paragraph (a).

172.4 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
172.5 whichever is later. The commissioner of human services shall notify the revisor of statutes
172.6 when federal approval is obtained.

- 373.32 supervision regarding individual service delivery with a case management supervisor. The
374.1 remaining 26 hours of supervision may be provided by a case manager with two years of
374.2 experience. Group supervision may not constitute more than one-half of the required
374.3 supervision hours. Clinical supervision must be documented in the client record.
- 374.4 (e) A case manager without 2,000 hours of supervised experience in the delivery of
374.5 services to adults with mental illness must:
- 374.6 (1) receive clinical supervision regarding individual service delivery from a mental
374.7 health professional at least one hour per week until the requirement of 2,000 hours of
374.8 experience is met; and
- 374.9 (2) complete 40 hours of training approved by the commissioner in case management
374.10 skills and the characteristics and needs of adults with serious and persistent mental illness.
- 374.11 (f) A case manager who is not licensed, registered, or certified by a health-related
374.12 licensing board must receive 30 hours of continuing education and training in mental illness
374.13 and mental health services every two years.
- 374.14 (g) A case manager associate (CMA) must:
- 374.15 (1) work under the direction of a case manager or case management supervisor;
- 374.16 (2) be at least 21 years of age;
- 374.17 (3) have at least a high school diploma or its equivalent; and
- 374.18 (4) meet one of the following criteria:
- 374.19 (i) have an associate of arts degree in one of the behavioral sciences or human services;
- 374.20 (ii) be a certified peer specialist under section 256B.0615;
- 374.21 (iii) be a registered nurse without a bachelor's degree;
- 374.22 (iv) within the previous ten years, have three years of life experience with serious and
374.23 persistent mental illness as defined in subdivision 20; or as a child had severe emotional
374.24 disturbance as defined in section 245.4871, subdivision 6; or have three years life experience
374.25 as a primary caregiver to an adult with serious and persistent mental illness within the
374.26 previous ten years;
- 374.27 (v) have 6,000 hours work experience as a nondegreed state hospital technician; or
- 374.28 (vi) have at least 6,000 hours of supervised experience in the delivery of services to
374.29 persons with mental illness.
- 374.30 Individuals meeting one of the criteria in items (i) to (v) may qualify as a case manager
374.31 after four years of supervised work experience as a case manager associate. Individuals
375.1 meeting the criteria in item (vi) may qualify as a case manager after three years of supervised
375.2 experience as a case manager associate.

375.3 (h) A case management associate must meet the following supervision, mentoring, and
375.4 continuing education requirements:

375.5 (1) have 40 hours of preservice training described under paragraph (e), clause (2);

375.6 (2) receive at least 40 hours of continuing education in mental illness and mental health
375.7 services annually; and

375.8 (3) receive at least five hours of mentoring per week from a case management mentor.

375.9 A "case management mentor" means a qualified, practicing case manager or case management
375.10 supervisor who teaches or advises and provides intensive training and clinical supervision
375.11 to one or more case manager associates. Mentoring may occur while providing direct services
375.12 to consumers in the office or in the field and may be provided to individuals or groups of
375.13 case manager associates. At least two mentoring hours per week must be individual and
375.14 face-to-face.

375.15 (i) A case management supervisor must meet the criteria for mental health professionals,
375.16 as specified in subdivision 18.

375.17 (j) An immigrant who does not have the qualifications specified in this subdivision may
375.18 provide case management services to adult immigrants with serious and persistent mental
375.19 illness who are members of the same ethnic group as the case manager if the person:

375.20 (1) is currently enrolled in and is actively pursuing credits toward the completion of a
375.21 bachelor's degree in one of the behavioral sciences or a related field including, but not
375.22 limited to, social work, psychology, or nursing from an accredited college or university;

375.23 (2) completes 40 hours of training as specified in this subdivision; and

375.24 (3) receives clinical supervision at least once a week until the requirements of this
375.25 subdivision are met.

375.26 Sec. 4. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 2, is amended
375.27 to read:

375.28 Subd. 2. **Diagnostic assessment. Providers** A provider of services governed by this
375.29 section must complete a diagnostic assessment of a client according to the standards of
375.30 section 245I.10, subdivisions 4 to 6.

376.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
376.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
376.3 when federal approval is obtained.

172.7 Sec. 3. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 2, is amended
172.8 to read:

172.9 Subd. 2. **Diagnostic assessment. Providers** A provider of services governed by this
172.10 section must complete a diagnostic assessment of a client according to the standards of
172.11 section 245I.10, subdivisions 4 to 6.

172.12 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
172.13 whichever is later. The commissioner of human services shall notify the revisor of statutes
172.14 when federal approval is obtained.

376.4 Sec. 5. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 3, is amended
376.5 to read:

376.6 Subd. 3. **Individual treatment plans. Providers** A provider of services governed by
376.7 this section must complete an individual treatment plan for a client according to the standards
376.8 of section 245I.10, subdivisions 7 and 8.

376.9 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
376.10 whichever is later. The commissioner of human services shall notify the revisor of statutes
376.11 when federal approval is obtained.

376.12 Sec. 6. Minnesota Statutes 2021 Supplement, section 245.4871, subdivision 21, is amended
376.13 to read:

376.14 Subd. 21. **Individual treatment plan.** (a) "Individual treatment plan" means the
376.15 formulation of planned services that are responsive to the needs and goals of a client. An
376.16 individual treatment plan must be completed according to section 245I.10, subdivisions 7
376.17 and 8.

376.18 (b) A children's residential facility licensed under Minnesota Rules, chapter 2960, is
376.19 exempt from the requirements of section 245I.10, subdivisions 7 and 8. Instead, the individual
376.20 treatment plan must:

376.21 (1) include a written plan of intervention, treatment, and services for a child with an
376.22 emotional disturbance that the service provider develops under the clinical supervision of
376.23 a mental health professional on the basis of a diagnostic assessment;

376.24 (2) be developed in conjunction with the family unless clinically inappropriate; and

376.25 (3) identify goals and objectives of treatment, treatment strategy, a schedule for
376.26 accomplishing treatment goals and objectives, and the individuals responsible for providing
376.27 treatment to the child with an emotional disturbance.

376.28 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
376.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
376.30 when federal approval is obtained.

377.1 Sec. 7. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 2, is amended
377.2 to read:

377.3 Subd. 2. **Diagnostic assessment. Providers** A provider of services governed by this
377.4 section ~~shall~~ must complete a diagnostic assessment of a client according to the standards
377.5 of section 245I.10, ~~subdivisions 4 to 6.~~ Notwithstanding the required timelines for completing
377.6 a diagnostic assessment in section 245I.10, a children's residential facility licensed under
377.7 Minnesota Rules, chapter 2960, that provides mental health services to children must, within
377.8 ten days of the client's admission: (1) complete the client's diagnostic assessment; or (2)
377.9 review and update the client's diagnostic assessment with a summary of the child's current
377.10 mental health status and service needs if a diagnostic assessment is available that was

172.15 Sec. 4. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 3, is amended
172.16 to read:

172.17 Subd. 3. **Individual treatment plans. Providers** A provider of services governed by
172.18 this section must complete an individual treatment plan for a client according to the standards
172.19 of section 245I.10, subdivisions 7 and 8.

172.20 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
172.21 whichever is later. The commissioner of human services shall notify the revisor of statutes
172.22 when federal approval is obtained.

172.23 Sec. 5. Minnesota Statutes 2021 Supplement, section 245.4871, subdivision 21, is amended
172.24 to read:

172.25 Subd. 21. **Individual treatment plan.** (a) "Individual treatment plan" means the
172.26 formulation of planned services that are responsive to the needs and goals of a client. An
172.27 individual treatment plan must be completed according to section 245I.10, subdivisions 7
172.28 and 8.

172.29 (b) A children's residential facility licensed under Minnesota Rules, chapter 2960, is
172.30 exempt from the requirements of section 245I.10, subdivisions 7 and 8. Instead, the individual
172.31 treatment plan must:

173.1 (1) include a written plan of intervention, treatment, and services for a child with an
173.2 emotional disturbance that the service provider develops under the clinical supervision of
173.3 a mental health professional on the basis of a diagnostic assessment;

173.4 (2) be developed in conjunction with the family unless clinically inappropriate; and

173.5 (3) identify goals and objectives of treatment, treatment strategy, a schedule for
173.6 accomplishing treatment goals and objectives, and the individuals responsible for providing
173.7 treatment to the child with an emotional disturbance.

173.8 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
173.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
173.10 when federal approval is obtained.

173.11 Sec. 6. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 2, is amended
173.12 to read:

173.13 Subd. 2. **Diagnostic assessment. Providers** A provider of services governed by this
173.14 section ~~shall~~ must complete a diagnostic assessment of a client according to the standards
173.15 of section 245I.10, ~~subdivisions 4 to 6.~~ Notwithstanding the required timelines for completing
173.16 a diagnostic assessment in section 245I.10, a children's residential facility licensed under
173.17 Minnesota Rules, chapter 2960, that provides mental health services to children must, within
173.18 ten days of the client's admission: (1) complete the client's diagnostic assessment; or (2)
173.19 review and update the client's diagnostic assessment with a summary of the child's current
173.20 mental health status and service needs if a diagnostic assessment is available that was

377.11 completed within 180 days preceding admission and the client's mental health status has
377.12 not changed markedly since the diagnostic assessment.

377.13 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
377.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
377.15 when federal approval is obtained.

377.16 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 3, is amended
377.17 to read:

377.18 Subd. 3. **Individual treatment plans. Providers** ~~A provider~~ A provider of services governed by
377.19 this section ~~shall~~ must complete an individual treatment plan for a client according to the
377.20 standards of section 2451.10, subdivisions 7 and 8. A children's residential facility licensed
377.21 according to Minnesota Rules, chapter 2960, is exempt from the requirements in section
377.22 2451.10, subdivisions 7 and 8. Instead, the facility must involve the child and the child's
377.23 family in all phases of developing and implementing the individual treatment plan to the
377.24 extent appropriate and must review the individual treatment plan every 90 days after intake.

377.25 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
377.26 whichever is later. The commissioner of human services shall notify the revisor of statutes
377.27 when federal approval is obtained.

377.28 Sec. 9. Minnesota Statutes 2021 Supplement, section 245.735, subdivision 3, is amended
377.29 to read:

377.30 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall
377.31 establish a state certification process for certified community behavioral health clinics
377.32 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this
377.33 section to be eligible for reimbursement under medical assistance, without service area
378.1 limits based on geographic area or region. The commissioner shall consult with CCBHC
378.2 stakeholders before establishing and implementing changes in the certification process and
378.3 requirements. Entities that choose to be CCBHCs must:

378.4 (1) comply with state licensing requirements and other requirements issued by the
378.5 commissioner;

378.6 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,
378.7 including licensed mental health professionals and licensed alcohol and drug counselors,
378.8 and staff who are culturally and linguistically trained to meet the needs of the population
378.9 the clinic serves;

378.10 (3) ensure that clinic services are available and accessible to individuals and families of
378.11 all ages and genders and that crisis management services are available 24 hours per day;

378.12 (4) establish fees for clinic services for individuals who are not enrolled in medical
378.13 assistance using a sliding fee scale that ensures that services to patients are not denied or
378.14 limited due to an individual's inability to pay for services;

173.21 completed within 180 days preceding admission and the client's mental health status has
173.22 not changed markedly since the diagnostic assessment.

173.23 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
173.24 whichever is later. The commissioner of human services shall notify the revisor of statutes
173.25 when federal approval is obtained.

173.26 Sec. 7. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 3, is amended
173.27 to read:

173.28 Subd. 3. **Individual treatment plans. Providers** ~~A provider~~ A provider of services governed by
173.29 this section ~~shall~~ must complete an individual treatment plan for a client according to the
173.30 standards of section 2451.10, subdivisions 7 and 8. A children's residential facility licensed
173.31 according to Minnesota Rules, chapter 2960, is exempt from the requirements in section
173.32 2451.10, subdivisions 7 and 8. Instead, the facility must involve the child and the child's
174.1 family in all phases of developing and implementing the individual treatment plan to the
174.2 extent appropriate and must review the individual treatment plan every 90 days after intake.

174.3 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
174.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
174.5 when federal approval is obtained.

174.6 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.735, subdivision 3, is amended
174.7 to read:

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174.9 establish a state certification process for certified community behavioral health clinics
174.10 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this
174.11 section to be eligible for reimbursement under medical assistance, without service area
174.12 limits based on geographic area or region. The commissioner shall consult with CCBHC
174.13 stakeholders before establishing and implementing changes in the certification process and
174.14 requirements. Entities that choose to be CCBHCs must:

174.15 (1) comply with state licensing requirements and other requirements issued by the
174.16 commissioner;

174.17 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,
174.18 including licensed mental health professionals and licensed alcohol and drug counselors,
174.19 and staff who are culturally and linguistically trained to meet the needs of the population
174.20 the clinic serves;

174.21 (3) ensure that clinic services are available and accessible to individuals and families of
174.22 all ages and genders and that crisis management services are available 24 hours per day;

174.23 (4) establish fees for clinic services for individuals who are not enrolled in medical
174.24 assistance using a sliding fee scale that ensures that services to patients are not denied or
174.25 limited due to an individual's inability to pay for services;

378.15 (5) comply with quality assurance reporting requirements and other reporting
378.16 requirements, including any required reporting of encounter data, clinical outcomes data,
378.17 and quality data;

378.18 (6) provide crisis mental health and substance use services, withdrawal management
378.19 services, emergency crisis intervention services, and stabilization services through existing
378.20 mobile crisis services; screening, assessment, and diagnosis services, including risk
378.21 assessments and level of care determinations; person- and family-centered treatment planning;
378.22 outpatient mental health and substance use services; targeted case management; psychiatric
378.23 rehabilitation services; peer support and counselor services and family support services;
378.24 and intensive community-based mental health services, including mental health services
378.25 for members of the armed forces and veterans. CCBHCs must directly provide the majority
378.26 of these services to enrollees, but may coordinate some services with another entity through
378.27 a collaboration or agreement, pursuant to paragraph (b);

378.28 (7) provide coordination of care across settings and providers to ensure seamless
378.29 transitions for individuals being served across the full spectrum of health services, including
378.30 acute, chronic, and behavioral needs. Care coordination may be accomplished through
378.31 partnerships or formal contracts with:

379.1 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified
379.2 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or
379.3 community-based mental health providers; and

379.4 (ii) other community services, supports, and providers, including schools, child welfare
379.5 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally
379.6 licensed health care and mental health facilities, urban Indian health clinics, Department of
379.7 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
379.8 and hospital outpatient clinics;

379.9 (8) be certified as a mental health ~~clinics~~ clinic under section ~~245.69, subdivision 2~~
379.10 245I.20;

379.11 (9) comply with standards established by the commissioner relating to CCBHC
379.12 screenings, assessments, and evaluations;

379.13 (10) be licensed to provide substance use disorder treatment under chapter 245G;

379.14 (11) be certified to provide children's therapeutic services and supports under section
379.15 256B.0943;

379.16 (12) be certified to provide adult rehabilitative mental health services under section
379.17 256B.0623;

379.18 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section
379.19 256B.0624 and 256B.0944;

174.26 (5) comply with quality assurance reporting requirements and other reporting
174.27 requirements, including any required reporting of encounter data, clinical outcomes data,
174.28 and quality data;

174.29 (6) provide crisis mental health and substance use services, withdrawal management
174.30 services, emergency crisis intervention services, and stabilization services through existing
174.31 mobile crisis services; screening, assessment, and diagnosis services, including risk
174.32 assessments and level of care determinations; person- and family-centered treatment planning;
174.33 outpatient mental health and substance use services; targeted case management; psychiatric
175.1 rehabilitation services; peer support and counselor services and family support services;
175.2 and intensive community-based mental health services, including mental health services
175.3 for members of the armed forces and veterans. CCBHCs must directly provide the majority
175.4 of these services to enrollees, but may coordinate some services with another entity through
175.5 a collaboration or agreement, pursuant to paragraph (b);

175.6 (7) provide coordination of care across settings and providers to ensure seamless
175.7 transitions for individuals being served across the full spectrum of health services, including
175.8 acute, chronic, and behavioral needs. Care coordination may be accomplished through
175.9 partnerships or formal contracts with:

175.10 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified
175.11 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or
175.12 community-based mental health providers; and

175.13 (ii) other community services, supports, and providers, including schools, child welfare
175.14 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally
175.15 licensed health care and mental health facilities, urban Indian health clinics, Department of
175.16 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
175.17 and hospital outpatient clinics;

175.18 (8) be certified as a mental health ~~clinics~~ clinic under section ~~245.69, subdivision 2~~
175.19 245I.20;

175.20 (9) comply with standards established by the commissioner relating to CCBHC
175.21 screenings, assessments, and evaluations;

175.22 (10) be licensed to provide substance use disorder treatment under chapter 245G;

175.23 (11) be certified to provide children's therapeutic services and supports under section
175.24 256B.0943;

175.25 (12) be certified to provide adult rehabilitative mental health services under section
175.26 256B.0623;

175.27 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section
175.28 256B.0624 and 256B.0944;

379.20 (14) be enrolled to provide mental health targeted case management under section
379.21 256B.0625, subdivision 20;

379.22 (15) comply with standards relating to mental health case management in Minnesota
379.23 Rules, parts 9520.0900 to 9520.0926;

379.24 (16) provide services that comply with the evidence-based practices described in
379.25 paragraph (e); and

379.26 (17) comply with standards relating to peer services under sections 256B.0615,
379.27 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
379.28 services are provided.

379.29 (b) If a certified CCBHC is unable to provide one or more of the services listed in
379.30 paragraph (a), clauses (6) to (17), the CCBHC may contract with another entity that has the
379.31 required authority to provide that service and that meets the following criteria as a designated
379.32 collaborating organization:

380.1 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the
380.2 services under paragraph (a), clause (6);

380.3 (2) the entity provides assurances that it will provide services according to CCBHC
380.4 service standards and provider requirements;

380.5 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
380.6 and financial responsibility for the services that the entity provides under the agreement;
380.7 and

380.8 (4) the entity meets any additional requirements issued by the commissioner.

380.9 (c) Notwithstanding any other law that requires a county contract or other form of county
380.10 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets
380.11 CCBHC requirements may receive the prospective payment under section 256B.0625,
380.12 subdivision 5m, for those services without a county contract or county approval. As part of
380.13 the certification process in paragraph (a), the commissioner shall require a letter of support
380.14 from the CCBHC's host county confirming that the CCBHC and the county or counties it
380.15 serves have an ongoing relationship to facilitate access and continuity of care, especially
380.16 for individuals who are uninsured or who may go on and off medical assistance.

380.17 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
380.18 address similar issues in duplicative or incompatible ways, the commissioner may grant
380.19 variances to state requirements if the variances do not conflict with federal requirements
380.20 for services reimbursed under medical assistance. If standards overlap, the commissioner
380.21 may substitute all or a part of a licensure or certification that is substantially the same as
380.22 another licensure or certification. The commissioner shall consult with stakeholders, as
380.23 described in subdivision 4, before granting variances under this provision. For the CCBHC
380.24 that is certified but not approved for prospective payment under section 256B.0625,

175.29 (14) be enrolled to provide mental health targeted case management under section
175.30 256B.0625, subdivision 20;

175.31 (15) comply with standards relating to mental health case management in Minnesota
175.32 Rules, parts 9520.0900 to 9520.0926;

176.1 (16) provide services that comply with the evidence-based practices described in
176.2 paragraph (e); and

176.3 (17) comply with standards relating to peer services under sections 256B.0615,
176.4 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
176.5 services are provided.

176.6 (b) If a certified CCBHC is unable to provide one or more of the services listed in
176.7 paragraph (a), clauses (6) to (17), the CCBHC may contract with another entity that has the
176.8 required authority to provide that service and that meets the following criteria as a designated
176.9 collaborating organization:

176.10 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the
176.11 services under paragraph (a), clause (6);

176.12 (2) the entity provides assurances that it will provide services according to CCBHC
176.13 service standards and provider requirements;

176.14 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
176.15 and financial responsibility for the services that the entity provides under the agreement;
176.16 and

176.17 (4) the entity meets any additional requirements issued by the commissioner.

176.18 (c) Notwithstanding any other law that requires a county contract or other form of county
176.19 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets
176.20 CCBHC requirements may receive the prospective payment under section 256B.0625,
176.21 subdivision 5m, for those services without a county contract or county approval. As part of
176.22 the certification process in paragraph (a), the commissioner shall require a letter of support
176.23 from the CCBHC's host county confirming that the CCBHC and the county or counties it
176.24 serves have an ongoing relationship to facilitate access and continuity of care, especially
176.25 for individuals who are uninsured or who may go on and off medical assistance.

176.26 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
176.27 address similar issues in duplicative or incompatible ways, the commissioner may grant
176.28 variances to state requirements if the variances do not conflict with federal requirements
176.29 for services reimbursed under medical assistance. If standards overlap, the commissioner
176.30 may substitute all or a part of a licensure or certification that is substantially the same as
176.31 another licensure or certification. The commissioner shall consult with stakeholders, as
176.32 described in subdivision 4, before granting variances under this provision. For the CCBHC
176.33 that is certified but not approved for prospective payment under section 256B.0625,

380.25 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance
380.26 does not increase the state share of costs.

380.27 (e) The commissioner shall issue a list of required evidence-based practices to be
380.28 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
380.29 The commissioner may update the list to reflect advances in outcomes research and medical
380.30 services for persons living with mental illnesses or substance use disorders. The commissioner
380.31 shall take into consideration the adequacy of evidence to support the efficacy of the practice,
380.32 the quality of workforce available, and the current availability of the practice in the state.
380.33 At least 30 days before issuing the initial list and any revisions, the commissioner shall
380.34 provide stakeholders with an opportunity to comment.

381.1 (f) The commissioner shall recertify CCBHCs at least every three years. The
381.2 commissioner shall establish a process for decertification and shall require corrective action,
381.3 medical assistance repayment, or decertification of a CCBHC that no longer meets the
381.4 requirements in this section or that fails to meet the standards provided by the commissioner
381.5 in the application and certification process.

381.6 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
381.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
381.8 when federal approval is obtained.

381.9 Sec. 10. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended
381.10 to read:

381.11 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
381.12 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
381.13 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
381.14 for a physical location that will not be the primary residence of the license holder for the
381.15 entire period of licensure. If a family child foster care home or family adult foster care home
381.16 license is issued during this moratorium, and the license holder changes the license holder's
381.17 primary residence away from the physical location of the foster care license, the
381.18 commissioner shall revoke the license according to section 245A.07. The commissioner
381.19 shall not issue an initial license for a community residential setting licensed under chapter
381.20 245D. When approving an exception under this paragraph, the commissioner shall consider
381.21 the resource need determination process in paragraph (h), the availability of foster care
381.22 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
381.23 person's choices during their annual assessment and service plan review, and the
381.24 recommendation of the local county board. The determination by the commissioner is final
381.25 and not subject to appeal. Exceptions to the moratorium include:

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

381.28 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
381.29 community residential setting licenses replacing adult foster care licenses in existence on

177.1 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance
177.2 does not increase the state share of costs.

177.3 (e) The commissioner shall issue a list of required evidence-based practices to be
177.4 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
177.5 The commissioner may update the list to reflect advances in outcomes research and medical
177.6 services for persons living with mental illnesses or substance use disorders. The commissioner
177.7 shall take into consideration the adequacy of evidence to support the efficacy of the practice,
177.8 the quality of workforce available, and the current availability of the practice in the state.
177.9 At least 30 days before issuing the initial list and any revisions, the commissioner shall
177.10 provide stakeholders with an opportunity to comment.

177.11 (f) The commissioner shall recertify CCBHCs at least every three years. The
177.12 commissioner shall establish a process for decertification and shall require corrective action,
177.13 medical assistance repayment, or decertification of a CCBHC that no longer meets the
177.14 requirements in this section or that fails to meet the standards provided by the commissioner
177.15 in the application and certification process.

177.16 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
177.17 whichever is later. The commissioner of human services shall notify the revisor of statutes
177.18 when federal approval is obtained.

177.19 Sec. 9. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended
177.20 to read:

177.21 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
177.22 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
177.23 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
177.24 for a physical location that will not be the primary residence of the license holder for the
177.25 entire period of licensure. If a family child foster care home or family adult foster care home
177.26 license is issued during this moratorium, and the license holder changes the license holder's
177.27 primary residence away from the physical location of the foster care license, the
177.28 commissioner shall revoke the license according to section 245A.07. The commissioner
177.29 shall not issue an initial license for a community residential setting licensed under chapter
177.30 245D. When approving an exception under this paragraph, the commissioner shall consider
177.31 the resource need determination process in paragraph (h), the availability of foster care
177.32 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
177.33 person's choices during their annual assessment and service plan review, and the
178.1 recommendation of the local county board. The determination by the commissioner is final
178.2 and not subject to appeal. Exceptions to the moratorium include:

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

178.5 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
178.6 community residential setting licenses replacing adult foster care licenses in existence on

381.30 December 31, 2013, and determined to be needed by the commissioner under paragraph
381.31 (b);

381.32 (3) new foster care licenses or community residential setting licenses determined to be
381.33 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
381.34 or regional treatment center; restructuring of state-operated services that limits the capacity
382.1 of state-operated facilities; or allowing movement to the community for people who no
382.2 longer require the level of care provided in state-operated facilities as provided under section
382.3 256B.092, subdivision 13, or 256B.49, subdivision 24;

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

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

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

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

382.23 ~~(6) (5) new foster care licenses or community residential setting licenses for people~~
382.24 ~~receiving customized living or 24-hour customized living services under the brain injury~~
382.25 ~~or community access for disability inclusion waiver plans under section 256B.49 and residing~~
382.26 ~~in the customized living setting before July 1, 2022, for which a license is required. A~~
382.27 ~~customized living service provider subject to this exception may rebut the presumption that~~
382.28 ~~a license is required by seeking a reconsideration of the commissioner's determination. The~~
382.29 ~~commissioner's disposition of a request for reconsideration is final and not subject to appeal~~
382.30 ~~under chapter 14. The exception is available until June 30, 2023. This exception is available~~
382.31 ~~when:~~

382.32 (i) the person's customized living services are provided in a customized living service
382.33 setting serving four or fewer people under the brain injury or community access for disability

178.7 December 31, 2013, and determined to be needed by the commissioner under paragraph
178.8 (b);

178.9 (3) new foster care licenses or community residential setting licenses determined to be
178.10 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
178.11 or regional treatment center; restructuring of state-operated services that limits the capacity
178.12 of state-operated facilities; or allowing movement to the community for people who no
178.13 longer require the level of care provided in state-operated facilities as provided under section
178.14 256B.092, subdivision 13, or 256B.49, subdivision 24;

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

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

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

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

179.1 ~~(6) (5) new foster care licenses or community residential setting licenses for people~~
179.2 ~~receiving customized living or 24-hour customized living services under the brain injury~~
179.3 ~~or community access for disability inclusion waiver plans under section 256B.49 and residing~~
179.4 ~~in the customized living setting before July 1, 2022, for which a license is required. A~~
179.5 ~~customized living service provider subject to this exception may rebut the presumption that~~
179.6 ~~a license is required by seeking a reconsideration of the commissioner's determination. The~~
179.7 ~~commissioner's disposition of a request for reconsideration is final and not subject to appeal~~
179.8 ~~under chapter 14. The exception is available until June 30, 2023. This exception is available~~
179.9 ~~when:~~

179.10 (i) the person's customized living services are provided in a customized living service
179.11 setting serving four or fewer people under the brain injury or community access for disability

383.1 inclusion waiver plans under section 256B.49 in a single-family home operational on or
383.2 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

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

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

383.9 (b) The commissioner shall determine the need for newly licensed foster care homes or
383.10 community residential settings as defined under this subdivision. As part of the determination,
383.11 the commissioner shall consider the availability of foster care capacity in the area in which
383.12 the licensee seeks to operate, and the recommendation of the local county board. The
383.13 determination by the commissioner must be final. A determination of need is not required
383.14 for a change in ownership at the same address.

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

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

383.24 (e) A resource need determination process, managed at the state level, using the available
383.25 reports required by section 144A.351, and other data and information shall be used to
383.26 determine where the reduced capacity determined under section 256B.493 will be
383.27 implemented. The commissioner shall consult with the stakeholders described in section
383.28 144A.351, and employ a variety of methods to improve the state's capacity to meet the
383.29 informed decisions of those people who want to move out of corporate foster care or
383.30 community residential settings, long-term service needs within budgetary limits, including
383.31 seeking proposals from service providers or lead agencies to change service type, capacity,
383.32 or location to improve services, increase the independence of residents, and better meet
383.33 needs identified by the long-term services and supports reports and statewide data and
383.34 information.

384.1 (f) At the time of application and reapplication for licensure, the applicant and the license
384.2 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
384.3 required to inform the commissioner whether the physical location where the foster care
384.4 will be provided is or will be the primary residence of the license holder for the entire period
384.5 of licensure. If the primary residence of the applicant or license holder changes, the applicant

179.12 inclusion waiver plans under section 256B.49 in a single-family home operational on or
179.13 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

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

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

179.20 (b) The commissioner shall determine the need for newly licensed foster care homes or
179.21 community residential settings as defined under this subdivision. As part of the determination,
179.22 the commissioner shall consider the availability of foster care capacity in the area in which
179.23 the licensee seeks to operate, and the recommendation of the local county board. The
179.24 determination by the commissioner must be final. A determination of need is not required
179.25 for a change in ownership at the same address.

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

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

180.1 (e) A resource need determination process, managed at the state level, using the available
180.2 reports required by section 144A.351, and other data and information shall be used to
180.3 determine where the reduced capacity determined under section 256B.493 will be
180.4 implemented. The commissioner shall consult with the stakeholders described in section
180.5 144A.351, and employ a variety of methods to improve the state's capacity to meet the
180.6 informed decisions of those people who want to move out of corporate foster care or
180.7 community residential settings, long-term service needs within budgetary limits, including
180.8 seeking proposals from service providers or lead agencies to change service type, capacity,
180.9 or location to improve services, increase the independence of residents, and better meet
180.10 needs identified by the long-term services and supports reports and statewide data and
180.11 information.

180.12 (f) At the time of application and reapplication for licensure, the applicant and the license
180.13 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
180.14 required to inform the commissioner whether the physical location where the foster care
180.15 will be provided is or will be the primary residence of the license holder for the entire period
180.16 of licensure. If the primary residence of the applicant or license holder changes, the applicant

384.6 or license holder must notify the commissioner immediately. The commissioner shall print
384.7 on the foster care license certificate whether or not the physical location is the primary
384.8 residence of the license holder.

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

384.15 (h) The commissioner may adjust capacity to address needs identified in section
384.16 144A.351. Under this authority, the commissioner may approve new licensed settings or
384.17 delicense existing settings. Delicensing of settings will be accomplished through a process
384.18 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
384.19 information and data on capacity of licensed long-term services and supports, actions taken
384.20 under the subdivision to manage statewide long-term services and supports resources, and
384.21 any recommendations for change to the legislative committees with jurisdiction over the
384.22 health and human services budget.

384.23 (i) The commissioner must notify a license holder when its corporate foster care or
384.24 community residential setting licensed beds are reduced under this section. The notice of
384.25 reduction of licensed beds must be in writing and delivered to the license holder by certified
384.26 mail or personal service. The notice must state why the licensed beds are reduced and must
384.27 inform the license holder of its right to request reconsideration by the commissioner. The
384.28 license holder's request for reconsideration must be in writing. If mailed, the request for
384.29 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
384.30 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
384.31 reconsideration is made by personal service, it must be received by the commissioner within
384.32 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

384.33 (j) The commissioner shall not issue an initial license for children's residential treatment
384.34 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
384.35 for a program that Centers for Medicare and Medicaid Services would consider an institution
385.1 for mental diseases. Facilities that serve only private pay clients are exempt from the
385.2 moratorium described in this paragraph. The commissioner has the authority to manage
385.3 existing statewide capacity for children's residential treatment services subject to the
385.4 moratorium under this paragraph and may issue an initial license for such facilities if the
385.5 initial license would not increase the statewide capacity for children's residential treatment
385.6 services subject to the moratorium under this paragraph.

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

180.17 or license holder must notify the commissioner immediately. The commissioner shall print
180.18 on the foster care license certificate whether or not the physical location is the primary
180.19 residence of the license holder.

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

180.26 (h) The commissioner may adjust capacity to address needs identified in section
180.27 144A.351. Under this authority, the commissioner may approve new licensed settings or
180.28 delicense existing settings. Delicensing of settings will be accomplished through a process
180.29 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
180.30 information and data on capacity of licensed long-term services and supports, actions taken
180.31 under the subdivision to manage statewide long-term services and supports resources, and
180.32 any recommendations for change to the legislative committees with jurisdiction over the
180.33 health and human services budget.

180.34 (i) The commissioner must notify a license holder when its corporate foster care or
180.35 community residential setting licensed beds are reduced under this section. The notice of
181.1 reduction of licensed beds must be in writing and delivered to the license holder by certified
181.2 mail or personal service. The notice must state why the licensed beds are reduced and must
181.3 inform the license holder of its right to request reconsideration by the commissioner. The
181.4 license holder's request for reconsideration must be in writing. If mailed, the request for
181.5 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
181.6 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
181.7 reconsideration is made by personal service, it must be received by the commissioner within
181.8 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

181.9 (j) The commissioner shall not issue an initial license for children's residential treatment
181.10 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
181.11 for a program that Centers for Medicare and Medicaid Services would consider an institution
181.12 for mental diseases. Facilities that serve only private pay clients are exempt from the
181.13 moratorium described in this paragraph. The commissioner has the authority to manage
181.14 existing statewide capacity for children's residential treatment services subject to the
181.15 moratorium under this paragraph and may issue an initial license for such facilities if the
181.16 initial license would not increase the statewide capacity for children's residential treatment
181.17 services subject to the moratorium under this paragraph.

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

181.19 Sec. 10. Minnesota Statutes 2020, section 245A.11, subdivision 2, is amended to read:

181.20 Subd. 2. **Permitted single-family residential use.** (a) Residential programs with a
181.21 licensed capacity of six or fewer persons shall be considered a permitted single-family
181.22 residential use of property for the purposes of zoning and other land use regulations, except
181.23 that a residential program whose primary purpose is to treat juveniles who have violated
181.24 criminal statutes relating to sex offenses or have been adjudicated delinquent on the basis
181.25 of conduct in violation of criminal statutes relating to sex offenses shall not be considered
181.26 a permitted use. This exception shall not apply to residential programs licensed before July
181.27 1, 1995. Programs otherwise allowed under this subdivision shall not be prohibited by
181.28 operation of restrictive covenants or similar restrictions, regardless of when entered into,
181.29 which cannot be met because of the nature of the licensed program, including provisions
181.30 which require the home's occupants be related, and that the home must be occupied by the
181.31 owner, or similar provisions.

181.32 (b) Unless otherwise provided in any town, municipal, or county zoning regulation, a
181.33 licensed residential program in an intermediate care facility for persons with developmental
181.34 disabilities with a licensed capacity of seven to eight persons shall be considered a permitted
182.1 single-family residential use of property for the purposes of zoning and other land use
182.2 regulations. A town, municipal, or county zoning authority may require a conditional use
182.3 or special use permit to assure proper maintenance and operation of the residential program.
182.4 Conditions imposed on the residential program must not be more restrictive than those
182.5 imposed on other conditional uses or special uses of residential property in the same zones,
182.6 unless the additional conditions are necessary to protect the health and safety of the persons
182.7 being served by the program.

182.8 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
182.9 of human services shall notify the revisor of statutes when federal approval is obtained.

182.10 Sec. 11. Minnesota Statutes 2020, section 245A.11, subdivision 2a, is amended to read:

182.11 Subd. 2a. **Adult foster care and community residential setting license capacity.** (a)
182.12 The commissioner shall issue adult foster care and community residential setting licenses
182.13 with a maximum licensed capacity of four beds, including nonstaff roomers and boarders,
182.14 except that the commissioner may issue a license with a capacity of ~~five~~ up to six beds,
182.15 including roomers and boarders, according to paragraphs (b) to ~~(g)~~ (f).

182.16 (b) The license holder may have a maximum license capacity of ~~five~~ six if all persons
182.17 in care are age 55 or over and do not have a serious and persistent mental illness or a
182.18 developmental disability.

182.19 (c) The commissioner may grant variances to paragraph (b) to allow a facility with a
182.20 licensed capacity of up to ~~five~~ six persons to admit an individual under the age of 55 if the
182.21 variance complies with section 245A.04, subdivision 9, and approval of the variance is
182.22 recommended by the county in which the licensed facility is located.

- 182.23 (d) The commissioner may grant variances to paragraph (a) to allow the use of an
182.24 additional bed, up to five, for emergency crisis services for a person with serious and
182.25 persistent mental illness or a developmental disability, regardless of age, if the variance
182.26 complies with section 245A.04, subdivision 9, and approval of the variance is recommended
182.27 by the county in which the licensed facility is located.
- 182.28 (e) The commissioner may grant a variance to paragraph (b) to allow for the use of an
182.29 additional bed, up to ~~five~~ six, for respite services, as defined in section 245A.02, for persons
182.30 with disabilities, regardless of age, if the variance complies with sections 245A.03,
182.31 subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended
182.32 by the county in which the licensed facility is located. Respite care may be provided under
182.33 the following conditions:
- 183.1 (1) staffing ratios cannot be reduced below the approved level for the individuals being
183.2 served in the home on a permanent basis;
- 183.3 (2) no more than two different individuals can be accepted for respite services in any
183.4 calendar month and the total respite days may not exceed 120 days per program in any
183.5 calendar year;
- 183.6 (3) the person receiving respite services must have his or her own bedroom, which could
183.7 be used for alternative purposes when not used as a respite bedroom, and cannot be the
183.8 room of another person who lives in the facility; and
- 183.9 (4) individuals living in the facility must be notified when the variance is approved. The
183.10 provider must give 60 days' notice in writing to the residents and their legal representatives
183.11 prior to accepting the first respite placement. Notice must be given to residents at least two
183.12 days prior to service initiation, or as soon as the license holder is able if they receive notice
183.13 of the need for respite less than two days prior to initiation, each time a respite client will
183.14 be served, unless the requirement for this notice is waived by the resident or legal guardian.
- 183.15 (f) The commissioner ~~may issue~~ shall increase the licensed capacity of an adult foster
183.16 care or community residential setting license ~~with up to~~ a capacity of ~~five~~ six adults if the
183.17 ~~fifth or sixth~~ bed does not increase the overall statewide capacity of licensed adult foster
183.18 care or community residential setting beds in homes that are not the primary residence of
183.19 the license holder, as identified in a plan submitted to the commissioner by the county, when
183.20 the capacity is recommended by the county licensing agency of the county in which the
183.21 facility is located and if the recommendation verifies that:
- 183.22 (1) the facility meets the physical environment requirements in the adult foster care
183.23 licensing rule or the community residential settings requirements in chapter 245D;
- 183.24 (2) the ~~five-bed or six-bed~~ living arrangement is specified for each resident in the
183.25 resident's:
- 183.26 (i) individualized plan of care;
- 183.27 (ii) individual service plan under section 256B.092, subdivision 1b, if required; or

- 183.28 (iii) individual resident placement agreement under Minnesota Rules, part 9555.5105,
183.29 subpart 19, if required; and
- 183.30 (3) the license holder obtains written and signed informed consent from each resident
183.31 or resident's legal representative documenting the resident's informed choice to remain
183.32 living in the home and that the resident's refusal to consent would not have resulted in
183.33 service termination; and
- 184.1 (4) the facility was licensed for adult foster care before March 1, 2016.
- 184.2 (g) The commissioner shall not issue a new adult foster care license under paragraph (f)
184.3 after December 31, 2020. The commissioner shall allow a facility with an adult foster care
184.4 license issued under paragraph (f) before December 31, 2020, to continue with an increased
184.5 capacity of five adults if the license holder continues to comply with the requirements in
184.6 this paragraph (f).
- 184.7 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
184.8 of human services shall notify the revisor of statutes when federal approval is obtained.
- 184.9 Sec. 12. Minnesota Statutes 2020, section 245A.11, is amended by adding a subdivision
184.10 to read:
- 184.11 Subd. 2c. **Residential programs in intermediate care facilities; license**
184.12 **capacity.** Notwithstanding subdivision 4 and section 252.28, subdivision 3, for a licensed
184.13 residential program in an intermediate care facility for persons with developmental disabilities
184.14 located in a single-family home and in a town, municipal, or county zoning authority that
184.15 will permit a licensed capacity of seven or eight persons in a single-family home, the
184.16 commissioner may increase the licensed capacity of the program to seven or eight if the
184.17 seventh or eighth bed does not increase the overall statewide capacity in intermediate care
184.18 facilities for persons with developmental disabilities. If the licensed capacity of a residential
184.19 program in an intermediate care facility for persons with developmental disabilities is
184.20 increased under this subdivision, the capacity of the license may remain at the increased
184.21 number of persons.
- 184.22 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
184.23 of human services shall notify the revisor of statutes when federal approval is obtained.
- 184.24 Sec. 13. Minnesota Statutes 2020, section 245A.19, is amended to read:
- 184.25 **245A.19 HIV TRAINING IN CHEMICAL DEPENDENCY SUBSTANCE USE**
184.26 **DISORDER TREATMENT PROGRAM.**
- 184.27 (a) Applicants and license holders for chemical dependency substance use disorder
184.28 residential and nonresidential programs must demonstrate compliance with HIV minimum
184.29 standards prior to before their application being is complete. The HIV minimum standards
184.30 contained in the HIV-1 Guidelines for chemical dependency substance use disorder treatment
184.31 and care programs in Minnesota are not subject to rulemaking.

385.8 Sec. 11. Minnesota Statutes 2020, section 245D.12, is amended to read:

385.9 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**
385.10 **REPORT.**

385.11 (a) The license holder providing integrated community support, as defined in section
385.12 245D.03, subdivision 1, paragraph (c), clause (8), must submit a setting capacity report to
385.13 the commissioner to ensure the identified location of service delivery meets the criteria of
385.14 the home and community-based service requirements as specified in section 256B.492.

385.15 (b) The license holder shall provide the setting capacity report on the forms and in the
385.16 manner prescribed by the commissioner. The report must include:

385.17 (1) the address of the multifamily housing building where the license holder delivers
385.18 integrated community supports and owns, leases, or has a direct or indirect financial
385.19 relationship with the property owner;

385.20 (2) the total number of living units in the multifamily housing building described in
385.21 clause (1) where integrated community supports are delivered;

385.22 (3) the total number of living units in the multifamily housing building described in
385.23 clause (1), including the living units identified in clause (2); ~~and~~

185.1 ~~(b) Ninety days after April 29, 1992, The applicant or license holder shall orient all~~
185.2 ~~chemical dependency substance use disorder treatment staff and clients to the HIV minimum~~
185.3 ~~standards. Thereafter, Orientation shall be provided to all staff and clients, within 72 hours~~
185.4 ~~of employment or admission to the program. In-service training shall be provided to all staff~~
185.5 ~~on at least an annual basis and the license holder shall maintain records of training and~~
185.6 ~~attendance.~~

185.7 (c) The license holder shall maintain a list of referral sources for the purpose of making
185.8 necessary referrals of clients to HIV-related services. The list of referral services shall be
185.9 updated at least annually.

185.10 (d) Written policies and procedures, consistent with HIV minimum standards, shall be
185.11 developed and followed by the license holder. All policies and procedures concerning HIV
185.12 minimum standards shall be approved by the commissioner. The commissioner ~~shall provide~~
185.13 ~~training on HIV minimum standards to applicants~~ must outline the content required for the
185.14 annual staff training under paragraph (b).

185.15 (e) The commissioner may permit variances from the requirements in this section. License
185.16 holders seeking variances must follow the procedures in section 245A.04, subdivision 9.

SEC. 14. MINNESOTA STATUTES 2020, SECTION 245D.10, SUBDIVISION
3A, AMENDMENT MOVED TO MATCH UES4410-2, ARTICLE 9, SECTION
2.

189.1 Sec. 15. Minnesota Statutes 2020, section 245D.12, is amended to read:

189.2 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**
189.3 **REPORT.**

189.4 (a) The license holder providing integrated community support, as defined in section
189.5 245D.03, subdivision 1, paragraph (c), clause (8), must submit a setting capacity report to
189.6 the commissioner to ensure the identified location of service delivery meets the criteria of
189.7 the home and community-based service requirements as specified in section 256B.492.

189.8 (b) The license holder shall provide the setting capacity report on the forms and in the
189.9 manner prescribed by the commissioner. The report must include:

189.10 (1) the address of the multifamily housing building where the license holder delivers
189.11 integrated community supports and owns, leases, or has a direct or indirect financial
189.12 relationship with the property owner;

189.13 (2) the total number of living units in the multifamily housing building described in
189.14 clause (1) where integrated community supports are delivered;

189.15 (3) the total number of living units in the multifamily housing building described in
189.16 clause (1), including the living units identified in clause (2); ~~and~~

385.24 (4) the total number of people who could reside in the living units in the multifamily
385.25 housing building described in clause (2) and receive integrated community supports; and

385.26 ~~(4)~~ (5) the percentage of living units that are controlled by the license holder in the
385.27 multifamily housing building by dividing clause (2) by clause (3).

385.28 (c) Only one license holder may deliver integrated community supports at the address
385.29 of the multifamily housing building.

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

189.17 (4) the total number of people who could reside in the living units in the multifamily
189.18 housing building described in clause (2) and receive integrated community supports; and

189.19 ~~(4)~~ (5) the percentage of living units that are controlled by the license holder in the
189.20 multifamily housing building by dividing clause (2) by clause (3).

189.21 (c) Only one license holder may deliver integrated community supports at the address
189.22 of the multifamily housing building.

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

189.24 Sec. 16. Minnesota Statutes 2020, section 245F.04, subdivision 1, is amended to read:

189.25 Subdivision 1. **General application and license requirements.** An applicant for licensure
189.26 as a clinically managed withdrawal management program or medically monitored withdrawal
189.27 management program must meet the following requirements, except where otherwise noted.
189.28 All programs must comply with federal requirements and the general requirements in sections
189.29 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management
189.30 program must be located in a hospital licensed under sections 144.50 to 144.581, or must
189.31 be a supervised living facility with a class A or B license from the Department of Health
189.32 under Minnesota Rules, parts 4665.0100 to 4665.9900.

190.1 Sec. 17. Minnesota Statutes 2020, section 245G.01, is amended by adding a subdivision
190.2 to read:

190.3 Subd. 13b. **Guest speaker.** "Guest speaker" means an individual who works under the
190.4 direct observation of the license holder to present to clients on topics in which the guest
190.5 speaker has expertise and that the license holder has determined to be beneficial to a client's
190.6 recovery. Tribally licensed programs have autonomy to identify the qualifications of their
190.7 guest speakers.

190.8 Sec. 18. Minnesota Statutes 2020, section 245G.12, is amended to read:

190.9 **245G.12 PROVIDER POLICIES AND PROCEDURES.**

190.10 A license holder must develop a written policies and procedures manual, indexed
190.11 according to section 245A.04, subdivision 14, paragraph (c), that provides staff members
190.12 immediate access to all policies and procedures and provides a client and other authorized
190.13 parties access to all policies and procedures. The manual must contain the following
190.14 materials:

190.15 (1) assessment and treatment planning policies, including screening for mental health
190.16 concerns and treatment objectives related to the client's identified mental health concerns
190.17 in the client's treatment plan;

190.18 (2) policies and procedures regarding HIV according to section 245A.19;

386.1 Sec. 12. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 19, is amended
386.2 to read:

386.3 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care
386.4 decision support tool appropriate to the client's age. For a client five years of age or younger,
386.5 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For
386.6 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service
386.7 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
386.8 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)
386.9 or another tool authorized by the commissioner.

386.10 Sec. 13. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 36, is amended
386.11 to read:

386.12 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license
386.13 holder's direction or under a contract with a license holder. Staff person includes an intern,
386.14 consultant, contractor, individual who works part-time, and an individual who does not
386.15 provide direct contact services to clients but does have physical access to clients. Staff
386.16 person includes a volunteer who provides treatment services to a client or a volunteer whom

190.19 (3) the license holder's methods and resources to provide information on tuberculosis
190.20 and tuberculosis screening to each client and to report a known tuberculosis infection
190.21 according to section 144.4804;

190.22 (4) personnel policies according to section 245G.13;

190.23 (5) policies and procedures that protect a client's rights according to section 245G.15;

190.24 (6) a medical services plan according to section 245G.08;

190.25 (7) emergency procedures according to section 245G.16;

190.26 (8) policies and procedures for maintaining client records according to section 245G.09;

190.27 (9) procedures for reporting the maltreatment of minors according to chapter 260E, and
190.28 vulnerable adults according to sections 245A.65, 626.557, and 626.5572;

190.29 (10) a description of treatment services that: (i) includes the amount and type of services
190.30 provided; (ii) identifies which services meet the definition of group counseling under section
190.31 245G.01, subdivision 13a; ~~and~~ (iii) identifies which groups and topics on which a guest
191.1 speaker could provide services under the direct observation of a licensed alcohol and drug
191.2 counselor; and (iv) defines the program's treatment week;

191.3 (11) the methods used to achieve desired client outcomes;

191.4 (12) the hours of operation; and

191.5 (13) the target population served.

191.6 Sec. 19. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 19, is amended
191.7 to read:

191.8 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care
191.9 decision support tool appropriate to the client's age. For a client five years of age or younger,
191.10 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For
191.11 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service
191.12 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
191.13 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)
191.14 or another tool authorized by the commissioner.

191.15 Sec. 20. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 36, is amended
191.16 to read:

191.17 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license
191.18 holder's direction or under a contract with a license holder. Staff person includes an intern,
191.19 consultant, contractor, individual who works part-time, and an individual who does not
191.20 provide direct contact services to clients but does have physical access to clients. Staff
191.21 person includes a volunteer who provides treatment services to a client or a volunteer whom

386.17 the license holder regards as a staff person for the purpose of meeting staffing or service
386.18 delivery requirements. A staff person must be 18 years of age or older.

386.19 Sec. 14. Minnesota Statutes 2021 Supplement, section 245I.03, subdivision 9, is amended
386.20 to read:

386.21 Subd. 9. **Volunteers.** ~~A~~ If a license holder uses volunteers, the license holder must have
386.22 policies and procedures for using volunteers, including when a the license holder must
386.23 submit a background study for a volunteer, and the specific tasks that a volunteer may
386.24 perform.

386.25 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
386.26 whichever is later. The commissioner of human services shall notify the revisor of statutes
386.27 when federal approval is obtained.

386.28 Sec. 15. Minnesota Statutes 2021 Supplement, section 245I.04, subdivision 4, is amended
386.29 to read:

386.30 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified
386.31 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health
386.32 practitioner.

387.1 (b) An individual is qualified as a mental health practitioner through relevant coursework
387.2 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral
387.3 sciences or related fields and:

387.4 (1) has at least 2,000 hours of experience providing services to individuals with:

387.5 (i) a mental illness or a substance use disorder; or

387.6 (ii) a traumatic brain injury or a developmental disability, and completes the additional
387.7 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
387.8 contact services to a client;

387.9 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
387.10 of the individual's clients belong, and completes the additional training described in section
387.11 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

387.12 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
387.13 256B.0943; ~~or~~

387.14 (4) has completed a practicum or internship that (i) required direct interaction with adult
387.15 clients or child clients, and (ii) was focused on behavioral sciences or related fields; ~~or~~

387.16 (5) is in the process of completing a practicum or internship as part of a formal
387.17 undergraduate or graduate training program in social work, psychology, or counseling.

387.18 (c) An individual is qualified as a mental health practitioner through work experience
387.19 if the individual:

191.22 the license holder regards as a staff person for the purpose of meeting staffing or service
191.23 delivery requirements. A staff person must be 18 years of age or older.

191.24 Sec. 21. Minnesota Statutes 2021 Supplement, section 245I.03, subdivision 9, is amended
191.25 to read:

191.26 Subd. 9. **Volunteers.** ~~A~~ If a license holder uses volunteers, the license holder must have
191.27 policies and procedures for using volunteers, including when a the license holder must
191.28 submit a background study for a volunteer, and the specific tasks that a volunteer may
191.29 perform.

192.1 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
192.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
192.3 when federal approval is obtained.

192.4 Sec. 22. Minnesota Statutes 2021 Supplement, section 245I.04, subdivision 4, is amended
192.5 to read:

192.6 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified
192.7 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health
192.8 practitioner.

192.9 (b) An individual is qualified as a mental health practitioner through relevant coursework
192.10 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral
192.11 sciences or related fields and:

192.12 (1) has at least 2,000 hours of experience providing services to individuals with:

192.13 (i) a mental illness or a substance use disorder; or

192.14 (ii) a traumatic brain injury or a developmental disability, and completes the additional
192.15 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
192.16 contact services to a client;

192.17 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
192.18 of the individual's clients belong, and completes the additional training described in section
192.19 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

192.20 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
192.21 256B.0943; ~~or~~

192.22 (4) has completed a practicum or internship that (i) required direct interaction with adult
192.23 clients or child clients, and (ii) was focused on behavioral sciences or related fields; ~~or~~

192.24 (5) is in the process of completing a practicum or internship as part of a formal
192.25 undergraduate or graduate training program in social work, psychology, or counseling.

192.26 (c) An individual is qualified as a mental health practitioner through work experience
192.27 if the individual:

387.20 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:
387.21 (i) a mental illness or a substance use disorder; or
387.22 (ii) a traumatic brain injury or a developmental disability, and completes the additional
387.23 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
387.24 contact services to clients; or
387.25 (2) receives treatment supervision at least once per week until meeting the requirement
387.26 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing
387.27 services to individuals with:
387.28 (i) a mental illness or a substance use disorder; or
387.29 (ii) a traumatic brain injury or a developmental disability, and completes the additional
387.30 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
387.31 contact services to clients.
388.1 (d) An individual is qualified as a mental health practitioner if the individual has a
388.2 master's or other graduate degree in behavioral sciences or related fields.
388.3 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
388.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
388.5 when federal approval is obtained.
388.6 Sec. 16. Minnesota Statutes 2021 Supplement, section 245I.05, subdivision 3, is amended
388.7 to read:
388.8 Subd. 3. **Initial training.** (a) A staff person must receive training about:
388.9 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and
388.10 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
388.11 within 72 hours of first providing direct contact services to a client.
388.12 (b) Before providing direct contact services to a client, a staff person must receive training
388.13 about:
388.14 (1) client rights and protections under section 245I.12;
388.15 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
388.16 under section 144.294, and client privacy;
388.17 (3) emergency procedures that the staff person must follow when responding to a fire,
388.18 inclement weather, a report of a missing person, and a behavioral or medical emergency;
388.19 (4) specific activities and job functions for which the staff person is responsible, including
388.20 the license holder's program policies and procedures applicable to the staff person's position;
388.21 (5) professional boundaries that the staff person must maintain; and

192.28 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:
192.29 (i) a mental illness or a substance use disorder; or
193.1 (ii) a traumatic brain injury or a developmental disability, and completes the additional
193.2 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
193.3 contact services to clients; or
193.4 (2) receives treatment supervision at least once per week until meeting the requirement
193.5 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing
193.6 services to individuals with:
193.7 (i) a mental illness or a substance use disorder; or
193.8 (ii) a traumatic brain injury or a developmental disability, and completes the additional
193.9 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
193.10 contact services to clients.
193.11 (d) An individual is qualified as a mental health practitioner if the individual has a
193.12 master's or other graduate degree in behavioral sciences or related fields.
193.13 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
193.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
193.15 when federal approval is obtained.
193.16 Sec. 23. Minnesota Statutes 2021 Supplement, section 245I.05, subdivision 3, is amended
193.17 to read:
193.18 Subd. 3. **Initial training.** (a) A staff person must receive training about:
193.19 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and
193.20 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
193.21 within 72 hours of first providing direct contact services to a client.
193.22 (b) Before providing direct contact services to a client, a staff person must receive training
193.23 about:
193.24 (1) client rights and protections under section 245I.12;
193.25 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
193.26 under section 144.294, and client privacy;
193.27 (3) emergency procedures that the staff person must follow when responding to a fire,
193.28 inclement weather, a report of a missing person, and a behavioral or medical emergency;
193.29 (4) specific activities and job functions for which the staff person is responsible, including
193.30 the license holder's program policies and procedures applicable to the staff person's position;
193.31 (5) professional boundaries that the staff person must maintain; and

388.22 (6) specific needs of each client to whom the staff person will be providing direct contact
388.23 services, including each client's developmental status, cognitive functioning, and physical
388.24 and mental abilities.

388.25 (c) Before providing direct contact services to a client, a mental health rehabilitation
388.26 worker, mental health behavioral aide, or mental health practitioner ~~qualified under required~~
388.27 to receive the training according to section 245I.04, subdivision 4, must receive 30 hours
388.28 of training about:

388.29 (1) mental illnesses;

388.30 (2) client recovery and resiliency;

389.1 (3) mental health de-escalation techniques;

389.2 (4) co-occurring mental illness and substance use disorders; and

389.3 (5) psychotropic medications and medication side effects.

389.4 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
389.5 trainee, mental health practitioner, mental health certified peer specialist, or mental health
389.6 rehabilitation worker must receive training about:

389.7 (1) trauma-informed care and secondary trauma;

389.8 (2) person-centered individual treatment plans, including seeking partnerships with
389.9 family and other natural supports;

389.10 (3) co-occurring substance use disorders; and

389.11 (4) culturally responsive treatment practices.

389.12 (e) Within 90 days of first providing direct contact services to a child client, a clinical
389.13 trainee, mental health practitioner, mental health certified family peer specialist, mental
389.14 health certified peer specialist, or mental health behavioral aide must receive training about
389.15 the topics in clauses (1) to (5). This training must address the developmental characteristics
389.16 of each child served by the license holder and address the needs of each child in the context
389.17 of the child's family, support system, and culture. Training topics must include:

389.18 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
389.19 (ACEs);

389.20 (2) family-centered treatment plan development, including seeking partnership with a
389.21 child client's family and other natural supports;

389.22 (3) mental illness and co-occurring substance use disorders in family systems;

389.23 (4) culturally responsive treatment practices; and

389.24 (5) child development, including cognitive functioning, and physical and mental abilities.

194.1 (6) specific needs of each client to whom the staff person will be providing direct contact
194.2 services, including each client's developmental status, cognitive functioning, and physical
194.3 and mental abilities.

194.4 (c) Before providing direct contact services to a client, a mental health rehabilitation
194.5 worker, mental health behavioral aide, or mental health practitioner ~~qualified under required~~
194.6 to receive the training according to section 245I.04, subdivision 4, must receive 30 hours
194.7 of training about:

194.8 (1) mental illnesses;

194.9 (2) client recovery and resiliency;

194.10 (3) mental health de-escalation techniques;

194.11 (4) co-occurring mental illness and substance use disorders; and

194.12 (5) psychotropic medications and medication side effects.

194.13 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
194.14 trainee, mental health practitioner, mental health certified peer specialist, or mental health
194.15 rehabilitation worker must receive training about:

194.16 (1) trauma-informed care and secondary trauma;

194.17 (2) person-centered individual treatment plans, including seeking partnerships with
194.18 family and other natural supports;

194.19 (3) co-occurring substance use disorders; and

194.20 (4) culturally responsive treatment practices.

194.21 (e) Within 90 days of first providing direct contact services to a child client, a clinical
194.22 trainee, mental health practitioner, mental health certified family peer specialist, mental
194.23 health certified peer specialist, or mental health behavioral aide must receive training about
194.24 the topics in clauses (1) to (5). This training must address the developmental characteristics
194.25 of each child served by the license holder and address the needs of each child in the context
194.26 of the child's family, support system, and culture. Training topics must include:

194.27 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
194.28 (ACEs);

194.29 (2) family-centered treatment plan development, including seeking partnership with a
194.30 child client's family and other natural supports;

194.31 (3) mental illness and co-occurring substance use disorders in family systems;

195.1 (4) culturally responsive treatment practices; and

195.2 (5) child development, including cognitive functioning, and physical and mental abilities.

389.25 (f) For a mental health behavioral aide, the training under paragraph (e) must include
389.26 parent team training using a curriculum approved by the commissioner.

389.27 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
389.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
389.29 when federal approval is obtained.

390.1 Sec. 17. Minnesota Statutes 2021 Supplement, section 245I.08, subdivision 4, is amended
390.2 to read:

390.3 Subd. 4. **Progress notes.** A license holder must use a progress note to document each
390.4 occurrence of a mental health service that a staff person provides to a client. A progress
390.5 note must include the following:

390.6 (1) the type of service;

390.7 (2) the date of service;

390.8 (3) the start and stop time of the service unless the license holder is licensed as a
390.9 residential program;

390.10 (4) the location of the service;

390.11 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the
390.12 intervention that the staff person provided to the client and the methods that the staff person
390.13 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future
390.14 actions, including changes in treatment that the staff person will implement if the intervention
390.15 was ineffective; and (v) the service modality;

390.16 (6) the signature, ~~printed name~~, and credentials of the staff person who provided the
390.17 service to the client;

390.18 (7) the mental health provider travel documentation required by section 256B.0625, if
390.19 applicable; and

390.20 (8) significant observations by the staff person, if applicable, including: (i) the client's
390.21 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with
390.22 or referrals to other professionals, family, or significant others; and (iv) changes in the
390.23 client's mental or physical symptoms.

390.24 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
390.25 whichever is later. The commissioner of human services shall notify the revisor of statutes
390.26 when federal approval is obtained.

390.27 Sec. 18. Minnesota Statutes 2021 Supplement, section 245I.09, subdivision 2, is amended
390.28 to read:

390.29 Subd. 2. **Record retention.** A license holder must retain client records of a discharged
390.30 client for a minimum of five years from the date of the client's discharge. A license holder

195.3 (f) For a mental health behavioral aide, the training under paragraph (e) must include
195.4 parent team training using a curriculum approved by the commissioner.

195.5 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
195.6 whichever is later. The commissioner of human services shall notify the revisor of statutes
195.7 when federal approval is obtained.

195.8 Sec. 24. Minnesota Statutes 2021 Supplement, section 245I.08, subdivision 4, is amended
195.9 to read:

195.10 Subd. 4. **Progress notes.** A license holder must use a progress note to document each
195.11 occurrence of a mental health service that a staff person provides to a client. A progress
195.12 note must include the following:

195.13 (1) the type of service;

195.14 (2) the date of service;

195.15 (3) the start and stop time of the service unless the license holder is licensed as a
195.16 residential program;

195.17 (4) the location of the service;

195.18 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the
195.19 intervention that the staff person provided to the client and the methods that the staff person
195.20 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future
195.21 actions, including changes in treatment that the staff person will implement if the intervention
195.22 was ineffective; and (v) the service modality;

195.23 (6) the signature, ~~printed name~~, and credentials of the staff person who provided the
195.24 service to the client;

195.25 (7) the mental health provider travel documentation required by section 256B.0625, if
195.26 applicable; and

195.27 (8) significant observations by the staff person, if applicable, including: (i) the client's
195.28 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with
195.29 or referrals to other professionals, family, or significant others; and (iv) changes in the
195.30 client's mental or physical symptoms.

196.1 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
196.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
196.3 when federal approval is obtained.

196.4 Sec. 25. Minnesota Statutes 2021 Supplement, section 245I.09, subdivision 2, is amended
196.5 to read:

196.6 Subd. 2. **Record retention.** A license holder must retain client records of a discharged
196.7 client for a minimum of five years from the date of the client's discharge. A license holder

390.31 who ceases to provide treatment services to a client closes a program must retain the a
390.32 client's records for a minimum of five years from the date that the license holder stopped
391.1 providing services to the client and must notify the commissioner of the location of the
391.2 client records and the name of the individual responsible for storing and maintaining the
391.3 client records.

391.4 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
391.5 whichever is later. The commissioner of human services shall notify the revisor of statutes
391.6 when federal approval is obtained.

391.7 Sec. 19. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 2, is amended
391.8 to read:

391.9 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or
391.10 crisis assessment to determine a client's eligibility for mental health services, except as
391.11 provided in this section.

391.12 (b) Prior to completing a client's initial diagnostic assessment, a license holder may
391.13 provide a client with the following services:

391.14 (1) an explanation of findings;

391.15 (2) neuropsychological testing, neuropsychological assessment, and psychological
391.16 testing;

391.17 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and
391.18 family psychoeducation sessions not to exceed three sessions;

391.19 (4) crisis assessment services according to section 256B.0624; and

391.20 (5) ten days of intensive residential treatment services according to the assessment and
391.21 treatment planning standards in section ~~245.23~~ 245I.23, subdivision 7.

391.22 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,
391.23 a license holder may provide a client with the following services:

391.24 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;
391.25 and

391.26 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family
391.27 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
391.28 within a 12-month period without prior authorization.

391.29 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder
391.30 may provide a client with any combination of psychotherapy sessions, group psychotherapy
391.31 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed
392.1 ten sessions within a 12-month period without prior authorization for any new client or for
392.2 an existing client who the license holder projects will need fewer than ten sessions during
392.3 the next 12 months.

196.8 who ceases to provide treatment services to a client closes a program must retain the a
196.9 client's records for a minimum of five years from the date that the license holder stopped
196.10 providing services to the client and must notify the commissioner of the location of the
196.11 client records and the name of the individual responsible for storing and maintaining the
196.12 client records.

196.13 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
196.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
196.15 when federal approval is obtained.

196.16 Sec. 26. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 2, is amended
196.17 to read:

196.18 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or
196.19 crisis assessment to determine a client's eligibility for mental health services, except as
196.20 provided in this section.

196.21 (b) Prior to completing a client's initial diagnostic assessment, a license holder may
196.22 provide a client with the following services:

196.23 (1) an explanation of findings;

196.24 (2) neuropsychological testing, neuropsychological assessment, and psychological
196.25 testing;

196.26 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and
196.27 family psychoeducation sessions not to exceed three sessions;

196.28 (4) crisis assessment services according to section 256B.0624; and

196.29 (5) ten days of intensive residential treatment services according to the assessment and
196.30 treatment planning standards in section ~~245.23~~ 245I.23, subdivision 7.

197.1 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,
197.2 a license holder may provide a client with the following services:

197.3 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;
197.4 and

197.5 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family
197.6 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
197.7 within a 12-month period without prior authorization.

197.8 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder
197.9 may provide a client with any combination of psychotherapy sessions, group psychotherapy
197.10 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed
197.11 ten sessions within a 12-month period without prior authorization for any new client or for
197.12 an existing client who the license holder projects will need fewer than ten sessions during
197.13 the next 12 months.

392.4 (e) Based on the client's needs that a hospital's medical history and presentation
392.5 examination identifies, a license holder may provide a client with:

392.6 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family
392.7 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
392.8 within a 12-month period without prior authorization for any new client or for an existing
392.9 client who the license holder projects will need fewer than ten sessions during the next 12
392.10 months; and

392.11 (2) up to five days of day treatment services or partial hospitalization.

392.12 (f) A license holder must complete a new standard diagnostic assessment of a client:

392.13 (1) when the client requires services of a greater number or intensity than the services
392.14 that paragraphs (b) to (e) describe;

392.15 (2) at least annually following the client's initial diagnostic assessment if the client needs
392.16 additional mental health services and the client does not meet the criteria for a brief
392.17 assessment;

392.18 (3) when the client's mental health condition has changed markedly since the client's
392.19 most recent diagnostic assessment; or

392.20 (4) when the client's current mental health condition does not meet the criteria of the
392.21 client's current diagnosis.

392.22 (g) For an existing client, the license holder must ensure that a new standard diagnostic
392.23 assessment includes a written update containing all significant new or changed information
392.24 about the client, and an update regarding what information has not significantly changed,
392.25 including a discussion with the client about changes in the client's life situation, functioning,
392.26 presenting problems, and progress with achieving treatment goals since the client's last
392.27 diagnostic assessment was completed.

392.28 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
392.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
392.30 when federal approval is obtained.

393.1 Sec. 20. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 6, is amended
393.2 to read:

393.3 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health
393.4 professional or a clinical trainee may complete a standard diagnostic assessment of a client.
393.5 A standard diagnostic assessment of a client must include a face-to-face interview with a
393.6 client and a written evaluation of the client. The assessor must complete a client's standard
393.7 diagnostic assessment within the client's cultural context.

197.14 (e) Based on the client's needs that a hospital's medical history and presentation
197.15 examination identifies, a license holder may provide a client with:

197.16 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family
197.17 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
197.18 within a 12-month period without prior authorization for any new client or for an existing
197.19 client who the license holder projects will need fewer than ten sessions during the next 12
197.20 months; and

197.21 (2) up to five days of day treatment services or partial hospitalization.

197.22 (f) A license holder must complete a new standard diagnostic assessment of a client:

197.23 (1) when the client requires services of a greater number or intensity than the services
197.24 that paragraphs (b) to (e) describe;

197.25 (2) at least annually following the client's initial diagnostic assessment if the client needs
197.26 additional mental health services and the client does not meet the criteria for a brief
197.27 assessment;

197.28 (3) when the client's mental health condition has changed markedly since the client's
197.29 most recent diagnostic assessment; or

197.30 (4) when the client's current mental health condition does not meet the criteria of the
197.31 client's current diagnosis.

198.1 (g) For an existing client, the license holder must ensure that a new standard diagnostic
198.2 assessment includes a written update containing all significant new or changed information
198.3 about the client, and an update regarding what information has not significantly changed,
198.4 including a discussion with the client about changes in the client's life situation, functioning,
198.5 presenting problems, and progress with achieving treatment goals since the client's last
198.6 diagnostic assessment was completed.

198.7 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
198.8 whichever is later. The commissioner of human services shall notify the revisor of statutes
198.9 when federal approval is obtained.

198.10 Sec. 27. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 6, is amended
198.11 to read:

198.12 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health
198.13 professional or a clinical trainee may complete a standard diagnostic assessment of a client.
198.14 A standard diagnostic assessment of a client must include a face-to-face interview with a
198.15 client and a written evaluation of the client. The assessor must complete a client's standard
198.16 diagnostic assessment within the client's cultural context.

- 393.8 (b) When completing a standard diagnostic assessment of a client, the assessor must
393.9 gather and document information about the client's current life situation, including the
393.10 following information:
- 393.11 (1) the client's age;
- 393.12 (2) the client's current living situation, including the client's housing status and household
393.13 members;
- 393.14 (3) the status of the client's basic needs;
- 393.15 (4) the client's education level and employment status;
- 393.16 (5) the client's current medications;
- 393.17 (6) any immediate risks to the client's health and safety;
- 393.18 (7) the client's perceptions of the client's condition;
- 393.19 (8) the client's description of the client's symptoms, including the reason for the client's
393.20 referral;
- 393.21 (9) the client's history of mental health treatment; and
- 393.22 (10) cultural influences on the client.
- 393.23 (c) If the assessor cannot obtain the information that this ~~subdivision paragraph~~ requires
393.24 without retraumatizing the client or harming the client's willingness to engage in treatment,
393.25 the assessor must identify which topics will require further assessment during the course
393.26 of the client's treatment. The assessor must gather and document information related to the
393.27 following topics:
- 393.28 (1) the client's relationship with the client's family and other significant personal
393.29 relationships, including the client's evaluation of the quality of each relationship;
- 393.30 (2) the client's strengths and resources, including the extent and quality of the client's
393.31 social networks;
- 394.1 (3) important developmental incidents in the client's life;
- 394.2 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;
- 394.3 (5) the client's history of or exposure to alcohol and drug usage and treatment; and
- 394.4 (6) the client's health history and the client's family health history, including the client's
394.5 physical, chemical, and mental health history.
- 394.6 (d) When completing a standard diagnostic assessment of a client, an assessor must use
394.7 a recognized diagnostic framework.

- 198.17 (b) When completing a standard diagnostic assessment of a client, the assessor must
198.18 gather and document information about the client's current life situation, including the
198.19 following information:
- 198.20 (1) the client's age;
- 198.21 (2) the client's current living situation, including the client's housing status and household
198.22 members;
- 198.23 (3) the status of the client's basic needs;
- 198.24 (4) the client's education level and employment status;
- 198.25 (5) the client's current medications;
- 198.26 (6) any immediate risks to the client's health and safety;
- 198.27 (7) the client's perceptions of the client's condition;
- 198.28 (8) the client's description of the client's symptoms, including the reason for the client's
198.29 referral;
- 198.30 (9) the client's history of mental health treatment; and
- 198.31 (10) cultural influences on the client.
- 199.1 (c) If the assessor cannot obtain the information that this ~~subdivision paragraph~~ requires
199.2 without retraumatizing the client or harming the client's willingness to engage in treatment,
199.3 the assessor must identify which topics will require further assessment during the course
199.4 of the client's treatment. The assessor must gather and document information related to the
199.5 following topics:
- 199.6 (1) the client's relationship with the client's family and other significant personal
199.7 relationships, including the client's evaluation of the quality of each relationship;
- 199.8 (2) the client's strengths and resources, including the extent and quality of the client's
199.9 social networks;
- 199.10 (3) important developmental incidents in the client's life;
- 199.11 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;
- 199.12 (5) the client's history of or exposure to alcohol and drug usage and treatment; and
- 199.13 (6) the client's health history and the client's family health history, including the client's
199.14 physical, chemical, and mental health history.
- 199.15 (d) When completing a standard diagnostic assessment of a client, an assessor must use
199.16 a recognized diagnostic framework.

394.8 (1) When completing a standard diagnostic assessment of a client who is five years of
394.9 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
394.10 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
394.11 published by Zero to Three.

394.12 (2) When completing a standard diagnostic assessment of a client who is six years of
394.13 age or older, the assessor must use the current edition of the Diagnostic and Statistical
394.14 Manual of Mental Disorders published by the American Psychiatric Association.

394.15 (3) When completing a standard diagnostic assessment of a client who is five years of
394.16 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
394.17 (ECSII) to the client and include the results in the client's assessment.

394.18 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
394.19 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
394.20 (CASII) to the client and include the results in the client's assessment.

394.21 (5) When completing a standard diagnostic assessment of a client who is 18 years of
394.22 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
394.23 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
394.24 published by the American Psychiatric Association to screen and assess the client for a
394.25 substance use disorder.

394.26 (e) When completing a standard diagnostic assessment of a client, the assessor must
394.27 include and document the following components of the assessment:

394.28 (1) the client's mental status examination;

394.29 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
394.30 vulnerabilities; safety needs, including client information that supports the assessor's findings
394.31 after applying a recognized diagnostic framework from paragraph (d); and any differential
394.32 diagnosis of the client;

395.1 (3) an explanation of: (i) how the assessor diagnosed the client using the information
395.2 from the client's interview, assessment, psychological testing, and collateral information
395.3 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
395.4 and (v) the client's responsivity factors.

395.5 (f) When completing a standard diagnostic assessment of a client, the assessor must
395.6 consult the client and the client's family about which services that the client and the family
395.7 prefer to treat the client. The assessor must make referrals for the client as to services required
395.8 by law.

395.9 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
395.10 whichever is later. The commissioner of human services shall notify the revisor of statutes
395.11 when federal approval is obtained.

199.17 (1) When completing a standard diagnostic assessment of a client who is five years of
199.18 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
199.19 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
199.20 published by Zero to Three.

199.21 (2) When completing a standard diagnostic assessment of a client who is six years of
199.22 age or older, the assessor must use the current edition of the Diagnostic and Statistical
199.23 Manual of Mental Disorders published by the American Psychiatric Association.

199.24 (3) When completing a standard diagnostic assessment of a client who is five years of
199.25 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
199.26 (ECSII) to the client and include the results in the client's assessment.

199.27 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
199.28 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
199.29 (CASII) to the client and include the results in the client's assessment.

199.30 (5) When completing a standard diagnostic assessment of a client who is 18 years of
199.31 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
199.32 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
200.1 published by the American Psychiatric Association to screen and assess the client for a
200.2 substance use disorder.

200.3 (e) When completing a standard diagnostic assessment of a client, the assessor must
200.4 include and document the following components of the assessment:

200.5 (1) the client's mental status examination;

200.6 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
200.7 vulnerabilities; safety needs, including client information that supports the assessor's findings
200.8 after applying a recognized diagnostic framework from paragraph (d); and any differential
200.9 diagnosis of the client;

200.10 (3) an explanation of: (i) how the assessor diagnosed the client using the information
200.11 from the client's interview, assessment, psychological testing, and collateral information
200.12 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
200.13 and (v) the client's responsivity factors.

200.14 (f) When completing a standard diagnostic assessment of a client, the assessor must
200.15 consult the client and the client's family about which services that the client and the family
200.16 prefer to treat the client. The assessor must make referrals for the client as to services required
200.17 by law.

200.18 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
200.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
200.20 when federal approval is obtained.

395.12 Sec. 21. Minnesota Statutes 2021 Supplement, section 245I.20, subdivision 5, is amended
395.13 to read:

395.14 Subd. 5. **Treatment supervision specified.** (a) A mental health professional must remain
395.15 responsible for each client's case. The certification holder must document the name of the
395.16 mental health professional responsible for each case and the dates that the mental health
395.17 professional is responsible for the client's case from beginning date to end date. The
395.18 certification holder must assign each client's case for assessment, diagnosis, and treatment
395.19 services to a treatment team member who is competent in the assigned clinical service, the
395.20 recommended treatment strategy, and in treating the client's characteristics.

395.21 (b) Treatment supervision of mental health practitioners and clinical trainees required
395.22 by section 245I.06 must include case reviews as described in this paragraph. Every two
395.23 months, a mental health professional must complete and document a case review of each
395.24 client assigned to the mental health professional when the client is receiving clinical services
395.25 from a mental health practitioner or clinical trainee. The case review must include a
395.26 consultation process that thoroughly examines the client's condition and treatment, including:
395.27 (1) a review of the client's reason for seeking treatment, diagnoses and assessments, and
395.28 the individual treatment plan; (2) a review of the appropriateness, duration, and outcome
395.29 of treatment provided to the client; and (3) treatment recommendations.

396.1 Sec. 22. Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 22, is amended
396.2 to read:

396.3 Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies
396.4 and procedures in section 245I.03, the license holder must establish, enforce, and maintain
396.5 the policies and procedures in this subdivision.

396.6 (b) The license holder must have policies and procedures for receiving referrals and
396.7 making admissions determinations about referred persons under subdivisions ~~14 to 16~~ 15
396.8 to 17.

396.9 (c) The license holder must have policies and procedures for discharging clients under
396.10 subdivision ~~17~~ 18. In the policies and procedures, the license holder must identify the staff
396.11 persons who are authorized to discharge clients from the program.

396.12 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
396.13 whichever is later. The commissioner of human services shall notify the revisor of statutes
396.14 when federal approval is obtained.

200.21 Sec. 28. Minnesota Statutes 2021 Supplement, section 245I.20, subdivision 5, is amended
200.22 to read:

200.23 Subd. 5. **Treatment supervision specified.** (a) A mental health professional must remain
200.24 responsible for each client's case. The certification holder must document the name of the
200.25 mental health professional responsible for each case and the dates that the mental health
200.26 professional is responsible for the client's case from beginning date to end date. The
200.27 certification holder must assign each client's case for assessment, diagnosis, and treatment
200.28 services to a treatment team member who is competent in the assigned clinical service, the
200.29 recommended treatment strategy, and in treating the client's characteristics.

200.30 (b) Treatment supervision of mental health practitioners and clinical trainees required
200.31 by section 245I.06 must include case reviews as described in this paragraph. Every two
200.32 months, a mental health professional must complete and document a case review of each
200.33 client assigned to the mental health professional when the client is receiving clinical services
201.1 from a mental health practitioner or clinical trainee. The case review must include a
201.2 consultation process that thoroughly examines the client's condition and treatment, including:
201.3 (1) a review of the client's reason for seeking treatment, diagnoses and assessments, and
201.4 the individual treatment plan; (2) a review of the appropriateness, duration, and outcome
201.5 of treatment provided to the client; and (3) treatment recommendations.

201.6 Sec. 29. Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 22, is amended
201.7 to read:

201.8 Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies
201.9 and procedures in section 245I.03, the license holder must establish, enforce, and maintain
201.10 the policies and procedures in this subdivision.

201.11 (b) The license holder must have policies and procedures for receiving referrals and
201.12 making admissions determinations about referred persons under subdivisions ~~14 to 16~~ 15
201.13 to 17.

201.14 (c) The license holder must have policies and procedures for discharging clients under
201.15 subdivision ~~17~~ 18. In the policies and procedures, the license holder must identify the staff
201.16 persons who are authorized to discharge clients from the program.

201.17 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
201.18 whichever is later. The commissioner of human services shall notify the revisor of statutes
201.19 when federal approval is obtained.

201.20 Sec. 30. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
201.21 to read:

201.22 Subd. 6a. **Minnesota Certification Board.** "Minnesota Certification Board" means the
201.23 nonprofit agency member board of the International Certification and Reciprocity Consortium

201.24 that sets the policies and procedures for alcohol and other drug professional certifications
201.25 in Minnesota, including peer recovery specialists.

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

201.27 Sec. 31. Minnesota Statutes 2020, section 254B.05, subdivision 1, is amended to read:

201.28 Subdivision 1. **Licensure required.** (a) Programs licensed by the commissioner are
201.29 eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors,
201.30 notwithstanding the provisions of section 245A.03. American Indian programs that provide
202.1 substance use disorder treatment, extended care, transitional residence, or outpatient treatment
202.2 services, and are licensed by tribal government are eligible vendors.

202.3 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
202.4 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
202.5 vendor of a comprehensive assessment and assessment summary provided according to
202.6 section 245G.05, and treatment services provided according to sections 245G.06 and
202.7 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
202.8 (1) to (6).

202.9 (c) A county is an eligible vendor for a comprehensive assessment and assessment
202.10 summary when provided by an individual who meets the staffing credentials of section
202.11 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
202.12 245G.05. A county is an eligible vendor of care coordination services when provided by an
202.13 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
202.14 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
202.15 clause (5).

202.16 (d) A recovery community organization that meets certification requirements identified
202.17 by the commissioner the definition in section 254B.01, subdivision 8, and one of the
202.18 following certification requirements, is an eligible vendor of peer recovery support services
202.19 under section 254B.05, subdivision 5, paragraph (b), clause (4):

202.20 (1) the recovery community organization is certified by the Minnesota Certification
202.21 Board as defined in section 254B.01, subdivision 6a;

202.22 (2) the recovery community organization was certified as of July 1, 2022, by an
202.23 organization previously authorized by the commissioner to certify recovery community
202.24 organizations; or

202.25 (3) the recovery community organization is certified by an organization authorized by
202.26 the commissioner, provided that organization does not require additional certification
202.27 requirements beyond the recovery community organization meeting the definition under
202.28 section 254B.01, subdivision 8.

202.29 (e) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
202.30 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
202.31 nonresidential substance use disorder treatment or withdrawal management program by the

396.15 Sec. 23. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended
396.16 to read:

396.17 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
396.18 use disorder services and service enhancements funded under this chapter.

396.19 (b) Eligible substance use disorder treatment services include:

396.20 (1) outpatient treatment services that are licensed according to sections 245G.01 to
396.21 245G.17, or applicable tribal license;

396.22 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
396.23 and 245G.05;

396.24 (3) care coordination services provided according to section 245G.07, subdivision 1,
396.25 paragraph (a), clause (5);

396.26 (4) peer recovery support services provided according to section 245G.07, subdivision
396.27 2, clause (8);

396.28 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
396.29 services provided according to chapter 245F;

396.30 (6) medication-assisted therapy services that are licensed according to sections 245G.01
396.31 to 245G.17 and 245G.22, or applicable tribal license;

397.1 (7) medication-assisted therapy plus enhanced treatment services that meet the
397.2 requirements of clause (6) and provide nine hours of clinical services each week;

397.3 (8) high, medium, and low intensity residential treatment services that are licensed
397.4 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
397.5 provide, respectively, 30, 15, and five hours of clinical services each week;

397.6 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
397.7 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
397.8 144.56;

397.9 (10) adolescent treatment programs that are licensed as outpatient treatment programs
397.10 according to sections 245G.01 to 245G.18 or as residential treatment programs according
397.11 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
397.12 applicable tribal license;

397.13 (11) high-intensity residential treatment services that are licensed according to sections
397.14 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
397.15 clinical services each week provided by a state-operated vendor or to clients who have been

202.32 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
202.33 and 1b are not eligible vendors.

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

- 397.16 civilly committed to the commissioner, present the most complex and difficult care needs,
397.17 and are a potential threat to the community; and
- 397.18 (12) room and board facilities that meet the requirements of subdivision 1a.
- 397.19 (c) The commissioner shall establish higher rates for programs that meet the requirements
397.20 of paragraph (b) and one of the following additional requirements:
- 397.21 (1) programs that serve parents with their children if the program:
- 397.22 (i) provides on-site child care during the hours of treatment activity that:
- 397.23 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
397.24 9503; or
- 397.25 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
397.26 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or
- 397.27 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
397.28 licensed under chapter 245A as:
- 397.29 (A) a child care center under Minnesota Rules, chapter 9503; or
- 397.30 (B) a family child care home under Minnesota Rules, chapter 9502;
- 398.1 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
398.2 subdivision 4a;
- 398.3 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
- 398.4 (4) programs that offer medical services delivered by appropriately credentialed health
398.5 care staff in an amount equal to two hours per client per week if the medical needs of the
398.6 client and the nature and provision of any medical services provided are documented in the
398.7 client file; or
- 398.8 (5) programs that offer services to individuals with co-occurring mental health and
398.9 chemical dependency problems if:
- 398.10 (i) the program meets the co-occurring requirements in section 245G.20;
- 398.11 (ii) 25 percent of the counseling staff are licensed mental health professionals, ~~as defined~~
398.12 ~~in section 245.462, subdivision 18, clauses (1) to (6) under section 245I.04, subdivision 2,~~
398.13 or are students or licensing candidates under the supervision of a licensed alcohol and drug
398.14 counselor supervisor and ~~licensed~~ licensed mental health professional under section 245I.04,
398.15 subdivision 2, except that no more than 50 percent of the mental health staff may be students
398.16 or licensing candidates with time documented to be directly related to provisions of
398.17 co-occurring services;
- 398.18 (iii) clients scoring positive on a standardized mental health screen receive a mental
398.19 health diagnostic assessment within ten days of admission;

398.20 (iv) the program has standards for multidisciplinary case review that include a monthly
398.21 review for each client that, at a minimum, includes a licensed mental health professional
398.22 and licensed alcohol and drug counselor, and their involvement in the review is documented;

398.23 (v) family education is offered that addresses mental health and substance abuse disorders
398.24 and the interaction between the two; and

398.25 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
398.26 training annually.

398.27 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
398.28 that provides arrangements for off-site child care must maintain current documentation at
398.29 the chemical dependency facility of the child care provider's current licensure to provide
398.30 child care services. Programs that provide child care according to paragraph (c), clause (1),
398.31 must be deemed in compliance with the licensing requirements in section 245G.19.

399.1 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
399.2 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
399.3 in paragraph (c), clause (4), items (i) to (iv).

399.4 (f) Subject to federal approval, substance use disorder services that are otherwise covered
399.5 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
399.6 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
399.7 the condition and needs of the person being served. Reimbursement shall be at the same
399.8 rates and under the same conditions that would otherwise apply to direct face-to-face services.

399.9 (g) For the purpose of reimbursement under this section, substance use disorder treatment
399.10 services provided in a group setting without a group participant maximum or maximum
399.11 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
399.12 At least one of the attending staff must meet the qualifications as established under this
399.13 chapter for the type of treatment service provided. A recovery peer may not be included as
399.14 part of the staff ratio.

399.15 (h) Payment for outpatient substance use disorder services that are licensed according
399.16 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
399.17 prior authorization of a greater number of hours is obtained from the commissioner.

399.18 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
399.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
399.20 when federal approval is obtained.

SEC. 32. MINNESOTA STATUTES 2020, SECTION 256.01, AMENDMENT
MOVED TO MATCH UES4410-2, ARTICLE 9, SECTION 3.

SEC. 33. MINNESOTA STATUTES 2020, SECTION 256.045, SUBDIVISION
3, AMENDMENT MOVED TO MATCH UES4410-2, ARTICLE 9, SECTION 4.

399.21 Sec. 24. Minnesota Statutes 2021 Supplement, section 256B.0622, subdivision 2, is
399.22 amended to read:

399.23 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
399.24 meanings given them.

399.25 (b) "ACT team" means the group of interdisciplinary mental health staff who work as
399.26 a team to provide assertive community treatment.

399.27 (c) "Assertive community treatment" means intensive nonresidential treatment and
399.28 rehabilitative mental health services provided according to the assertive community treatment
399.29 model. Assertive community treatment provides a single, fixed point of responsibility for
399.30 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per
399.31 day, seven days per week, in a community-based setting.

399.32 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions
399.33 7 and 8.

400.1 (e) "Crisis assessment and intervention" means ~~mental health mobile~~ crisis response
400.2 services ~~as defined in under~~ section 256B.0624, ~~subdivision 2~~.

400.3 (f) "Individual treatment team" means a minimum of three members of the ACT team
400.4 who are responsible for consistently carrying out most of a client's assertive community
400.5 treatment services.

400.6 (g) "Primary team member" means the person who leads and coordinates the activities
400.7 of the individual treatment team and is the individual treatment team member who has
400.8 primary responsibility for establishing and maintaining a therapeutic relationship with the
400.9 client on a continuing basis.

400.10 (h) "Certified rehabilitation specialist" means a staff person who is qualified according
400.11 to section 245I.04, subdivision 8.

400.12 (i) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
400.13 subdivision 6.

400.14 (j) "Mental health certified peer specialist" means a staff person who is qualified
400.15 according to section 245I.04, subdivision 10.

400.16 (k) "Mental health practitioner" means a staff person who is qualified according to section
400.17 245I.04, subdivision 4.

400.18 (l) "Mental health professional" means a staff person who is qualified according to
400.19 section 245I.04, subdivision 2.

400.20 (m) "Mental health rehabilitation worker" means a staff person who is qualified according
400.21 to section 245I.04, subdivision 14.

208.17 Sec. 34. Minnesota Statutes 2021 Supplement, section 256B.0622, subdivision 2, is
208.18 amended to read:

208.19 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
208.20 meanings given them.

208.21 (b) "ACT team" means the group of interdisciplinary mental health staff who work as
208.22 a team to provide assertive community treatment.

208.23 (c) "Assertive community treatment" means intensive nonresidential treatment and
208.24 rehabilitative mental health services provided according to the assertive community treatment
208.25 model. Assertive community treatment provides a single, fixed point of responsibility for
208.26 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per
208.27 day, seven days per week, in a community-based setting.

208.28 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions
208.29 7 and 8.

208.30 (e) "Crisis assessment and intervention" means ~~mental health mobile~~ crisis response
208.31 services ~~as defined in under~~ section 256B.0624, ~~subdivision 2~~.

209.1 (f) "Individual treatment team" means a minimum of three members of the ACT team
209.2 who are responsible for consistently carrying out most of a client's assertive community
209.3 treatment services.

209.4 (g) "Primary team member" means the person who leads and coordinates the activities
209.5 of the individual treatment team and is the individual treatment team member who has
209.6 primary responsibility for establishing and maintaining a therapeutic relationship with the
209.7 client on a continuing basis.

209.8 (h) "Certified rehabilitation specialist" means a staff person who is qualified according
209.9 to section 245I.04, subdivision 8.

209.10 (i) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
209.11 subdivision 6.

209.12 (j) "Mental health certified peer specialist" means a staff person who is qualified
209.13 according to section 245I.04, subdivision 10.

209.14 (k) "Mental health practitioner" means a staff person who is qualified according to section
209.15 245I.04, subdivision 4.

209.16 (l) "Mental health professional" means a staff person who is qualified according to
209.17 section 245I.04, subdivision 2.

209.18 (m) "Mental health rehabilitation worker" means a staff person who is qualified according
209.19 to section 245I.04, subdivision 14.

400.22 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
400.23 whichever is later. The commissioner of human services shall notify the revisor of statutes
400.24 when federal approval is obtained.

NOTE: SECTION 256B.0625, SUBDIVISION 3B, IS ALSO AMENDED BY
UES4410-2, ARTICLE 4, SECTION 7.

400.25 Sec. 25. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is
400.26 amended to read:

400.27 Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services
400.28 and consultations delivered by a health care provider through telehealth in the same manner
400.29 as if the service or consultation was delivered through in-person contact. Services or
400.30 consultations delivered through telehealth shall be paid at the full allowable rate.

401.1 (b) The commissioner may establish criteria that a health care provider must attest to in
401.2 order to demonstrate the safety or efficacy of delivering a particular service through
401.3 telehealth. The attestation may include that the health care provider:

401.4 (1) has identified the categories or types of services the health care provider will provide
401.5 through telehealth;

401.6 (2) has written policies and procedures specific to services delivered through telehealth
401.7 that are regularly reviewed and updated;

401.8 (3) has policies and procedures that adequately address patient safety before, during,
401.9 and after the service is delivered through telehealth;

401.10 (4) has established protocols addressing how and when to discontinue telehealth services;
401.11 and

401.12 (5) has an established quality assurance process related to delivering services through
401.13 telehealth.

401.14 (c) As a condition of payment, a licensed health care provider must document each
401.15 occurrence of a health service delivered through telehealth to a medical assistance enrollee.
401.16 Health care service records for services delivered through telehealth must meet the
401.17 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must
401.18 document:

401.19 (1) the type of service delivered through telehealth;

401.20 (2) the time the service began and the time the service ended, including an a.m. and p.m.
401.21 designation;

401.22 (3) the health care provider's basis for determining that telehealth is an appropriate and
401.23 effective means for delivering the service to the enrollee;

209.20 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
209.21 whichever is later. The commissioner of human services shall notify the revisor of statutes
209.22 when federal approval is obtained.

209.23 Sec. 35. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is
209.24 amended to read:

209.25 Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services
209.26 and consultations delivered by a health care provider through telehealth in the same manner
209.27 as if the service or consultation was delivered through in-person contact. Services or
209.28 consultations delivered through telehealth shall be paid at the full allowable rate.

209.29 (b) The commissioner may establish criteria that a health care provider must attest to in
209.30 order to demonstrate the safety or efficacy of delivering a particular service through
209.31 telehealth. The attestation may include that the health care provider:

210.1 (1) has identified the categories or types of services the health care provider will provide
210.2 through telehealth;

210.3 (2) has written policies and procedures specific to services delivered through telehealth
210.4 that are regularly reviewed and updated;

210.5 (3) has policies and procedures that adequately address patient safety before, during,
210.6 and after the service is delivered through telehealth;

210.7 (4) has established protocols addressing how and when to discontinue telehealth services;
210.8 and

210.9 (5) has an established quality assurance process related to delivering services through
210.10 telehealth.

210.11 (c) As a condition of payment, a licensed health care provider must document each
210.12 occurrence of a health service delivered through telehealth to a medical assistance enrollee.
210.13 Health care service records for services delivered through telehealth must meet the
210.14 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must
210.15 document:

210.16 (1) the type of service delivered through telehealth;

210.17 (2) the time the service began and the time the service ended, including an a.m. and p.m.
210.18 designation;

210.19 (3) the health care provider's basis for determining that telehealth is an appropriate and
210.20 effective means for delivering the service to the enrollee;

401.24 (4) the mode of transmission used to deliver the service through telehealth and records
401.25 evidencing that a particular mode of transmission was utilized;

401.26 (5) the location of the originating site and the distant site;

401.27 (6) if the claim for payment is based on a physician's consultation with another physician
401.28 through telehealth, the written opinion from the consulting physician providing the telehealth
401.29 consultation; and

401.30 (7) compliance with the criteria attested to by the health care provider in accordance
401.31 with paragraph (b).

402.1 (d) Telehealth visits, as described in this subdivision provided through audio and visual
402.2 communication, or accessible video-based platforms may be used to satisfy the face-to-face
402.3 requirement for reimbursement under the payment methods that apply to a federally qualified
402.4 health center, rural health clinic, Indian health service, 638 tribal clinic, and certified
402.5 community behavioral health clinic, if the service would have otherwise qualified for
402.6 payment if performed in person. Beginning July 1, 2021, visits provided through telephone
402.7 may satisfy the face-to-face requirement for reimbursement under these payment methods
402.8 if the service would have otherwise qualified for payment if performed in person until the
402.9 COVID-19 federal public health emergency ends or July 1, 2023, whichever is earlier.

402.10 (e) For mental health services or assessments delivered through telehealth that are based
402.11 on an individual treatment plan, the provider may document the client's verbal approval or
402.12 electronic written approval of the treatment plan or change in the treatment plan in lieu of
402.13 the client's signature in accordance with Minnesota Rules, part 9505.0371.

402.14 ~~(c)~~ (e) For purposes of this subdivision, unless otherwise covered under this chapter:

402.15 (1) "telehealth" means the delivery of health care services or consultations through the
402.16 use of real-time two-way interactive audio and visual communication to provide or support
402.17 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
402.18 education, and care management of a patient's health care. Telehealth includes the application
402.19 of secure video conferencing, store-and-forward technology, and synchronous interactions
402.20 between a patient located at an originating site and a health care provider located at a distant
402.21 site. Telehealth does not include communication between health care providers, or between
402.22 a health care provider and a patient that consists solely of an audio-only communication,
402.23 e-mail, or facsimile transmission or as specified by law;

402.24 (2) "health care provider" means a health care provider as defined under section 62A.673,
402.25 a community paramedic as defined under section 144E.001, subdivision 5f, a community
402.26 health worker who meets the criteria under subdivision 49, paragraph (a), a mental health
402.27 certified peer specialist under section ~~256B.0615, subdivision 5~~ 245I.04, subdivision 10, a
402.28 mental health certified family peer specialist under section ~~256B.0616, subdivision 5~~ 245I.04,
402.29 subdivision 12, a mental health rehabilitation worker under section ~~256B.0623, subdivision~~
402.30 ~~5, paragraph (a), clause (4), and paragraph (b)~~ 245I.04, subdivision 14, a mental health
402.31 behavioral aide under section ~~256B.0943, subdivision 7, paragraph (b), clause (3)~~ 245I.04,

210.21 (4) the mode of transmission used to deliver the service through telehealth and records
210.22 evidencing that a particular mode of transmission was utilized;

210.23 (5) the location of the originating site and the distant site;

210.24 (6) if the claim for payment is based on a physician's consultation with another physician
210.25 through telehealth, the written opinion from the consulting physician providing the telehealth
210.26 consultation; and

210.27 (7) compliance with the criteria attested to by the health care provider in accordance
210.28 with paragraph (b).

210.29 (d) Telehealth visits, as described in this subdivision provided through audio and visual
210.30 communication, or accessible video-based platforms may be used to satisfy the face-to-face
210.31 requirement for reimbursement under the payment methods that apply to a federally qualified
210.32 health center, rural health clinic, Indian health service, 638 tribal clinic, and certified
211.1 community behavioral health clinic, if the service would have otherwise qualified for
211.2 payment if performed in person.

211.3 (e) For mental health services or assessments delivered through telehealth that are based
211.4 on an individual treatment plan, the provider may document the client's verbal approval or
211.5 electronic written approval of the treatment plan or change in the treatment plan in lieu of
211.6 the client's signature in accordance with Minnesota Rules, part 9505.0371.

211.7 ~~(c)~~ (e) For purposes of this subdivision, unless otherwise covered under this chapter:

211.8 (1) "telehealth" means the delivery of health care services or consultations through the
211.9 use of real-time two-way interactive audio and visual communication to provide or support
211.10 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
211.11 education, and care management of a patient's health care. Telehealth includes the application
211.12 of secure video conferencing, store-and-forward technology, and synchronous interactions
211.13 between a patient located at an originating site and a health care provider located at a distant
211.14 site. Telehealth does not include communication between health care providers, or between
211.15 a health care provider and a patient that consists solely of an audio-only communication,
211.16 e-mail, or facsimile transmission or as specified by law;

211.17 (2) "health care provider" means a health care provider as defined under section 62A.673,
211.18 a community paramedic as defined under section 144E.001, subdivision 5f, a community
211.19 health worker who meets the criteria under subdivision 49, paragraph (a), a mental health
211.20 certified peer specialist under section ~~256B.0615, subdivision 5~~ 245I.04, subdivision 10, a
211.21 mental health certified family peer specialist under section ~~256B.0616, subdivision 5~~ 245I.04,
211.22 subdivision 12, a mental health rehabilitation worker under section ~~256B.0623, subdivision~~
211.23 ~~5, paragraph (a), clause (4), and paragraph (b)~~ 245I.04, subdivision 14, a mental health
211.24 behavioral aide under section ~~256B.0943, subdivision 7, paragraph (b), clause (3)~~ 245I.04,

402.32 subdivision 16, a treatment coordinator under section 245G.11, subdivision 7, an alcohol
402.33 and drug counselor under section 245G.11, subdivision 5, or a recovery peer under section
402.34 245G.11, subdivision 8; and

403.1 (3) "originating site," "distant site," and "store-and-forward technology" have the
403.2 meanings given in section 62A.673, subdivision 2.

403.3 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
403.4 whichever is later, except that the amendment to paragraph (d) is effective retroactively
403.5 from July 1, 2021, and expires when the COVID-19 federal public health emergency ends
403.6 or July 1, 2023, whichever is earlier. The commissioner of human services shall notify the
403.7 revisor of statutes when federal approval is obtained and when the amendments to paragraph
403.8 (d) expire.

403.9 Sec. 26. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

403.10 Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a) Under
403.11 personal care assistance choice, the recipient or responsible party shall:

403.12 (1) recruit, hire, schedule, and terminate personal care assistants according to the terms
403.13 of the written agreement required under subdivision 20, paragraph (a);

403.14 (2) develop a personal care assistance care plan based on the assessed needs and
403.15 addressing the health and safety of the recipient with the assistance of a qualified professional
403.16 as needed;

403.17 (3) orient and train the personal care assistant with assistance as needed from the qualified
403.18 professional;

403.19 (4) ~~effective January 1, 2010,~~ supervise and evaluate the personal care assistant with the
403.20 qualified professional, who is required to visit the recipient at least every 180 days;

403.21 (5) monitor and verify in writing and report to the personal care assistance choice agency
403.22 the number of hours worked by the personal care assistant and the qualified professional;

403.23 (6) engage in an annual ~~face-to-face~~ reassessment as required in subdivision 3a to
403.24 determine continuing eligibility and service authorization; and

403.25 (7) use the same personal care assistance choice provider agency if shared personal
403.26 assistance care is being used.

403.27 (b) The personal care assistance choice provider agency shall:

403.28 (1) meet all personal care assistance provider agency standards;

403.29 (2) enter into a written agreement with the recipient, responsible party, and personal
403.30 care assistants;

404.1 (3) not be related as a parent, child, sibling, or spouse to the recipient or the personal
404.2 care assistant; and

211.25 subdivision 16, a treatment coordinator under section 245G.11, subdivision 7, an alcohol
211.26 and drug counselor under section 245G.11, subdivision 5, a recovery peer under section
211.27 245G.11, subdivision 8; and

211.28 (3) "originating site," "distant site," and "store-and-forward technology" have the
211.29 meanings given in section 62A.673, subdivision 2.

211.30 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
211.31 whichever is later. The commissioner of human services shall notify the revisor of statutes
211.32 when federal approval is obtained.

212.1 Sec. 36. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

212.2 Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a) Under
212.3 personal care assistance choice, the recipient or responsible party shall:

212.4 (1) recruit, hire, schedule, and terminate personal care assistants according to the terms
212.5 of the written agreement required under subdivision 20, paragraph (a);

212.6 (2) develop a personal care assistance care plan based on the assessed needs and
212.7 addressing the health and safety of the recipient with the assistance of a qualified professional
212.8 as needed;

212.9 (3) orient and train the personal care assistant with assistance as needed from the qualified
212.10 professional;

212.11 (4) ~~effective January 1, 2010,~~ supervise and evaluate the personal care assistant with the
212.12 qualified professional, who is required to visit the recipient at least every 180 days;

212.13 (5) monitor and verify in writing and report to the personal care assistance choice agency
212.14 the number of hours worked by the personal care assistant and the qualified professional;

212.15 (6) engage in an annual ~~face-to-face~~ reassessment as required in subdivision 3a to
212.16 determine continuing eligibility and service authorization; and

212.17 (7) use the same personal care assistance choice provider agency if shared personal
212.18 assistance care is being used.

212.19 (b) The personal care assistance choice provider agency shall:

212.20 (1) meet all personal care assistance provider agency standards;

212.21 (2) enter into a written agreement with the recipient, responsible party, and personal
212.22 care assistants;

212.23 (3) not be related as a parent, child, sibling, or spouse to the recipient or the personal
212.24 care assistant; and

404.3 (4) ensure arm's-length transactions without undue influence or coercion with the recipient
404.4 and personal care assistant.

404.5 (c) The duties of the personal care assistance choice provider agency are to:

404.6 (1) be the employer of the personal care assistant and the qualified professional for
404.7 employment law and related regulations including; but not limited to; purchasing and
404.8 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,
404.9 and liability insurance, and submit any or all necessary documentation including; but not
404.10 limited to; workers' compensation, unemployment insurance, and labor market data required
404.11 under section 256B.4912, subdivision 1a;

404.12 (2) bill the medical assistance program for personal care assistance services and qualified
404.13 professional services;

404.14 (3) request and complete background studies that comply with the requirements for
404.15 personal care assistants and qualified professionals;

404.16 (4) pay the personal care assistant and qualified professional based on actual hours of
404.17 services provided;

404.18 (5) withhold and pay all applicable federal and state taxes;

404.19 (6) verify and keep records of hours worked by the personal care assistant and qualified
404.20 professional;

404.21 (7) make the arrangements and pay taxes and other benefits, if any, and comply with
404.22 any legal requirements for a Minnesota employer;

404.23 (8) enroll in the medical assistance program as a personal care assistance choice agency;
404.24 and

404.25 (9) enter into a written agreement as specified in subdivision 20 before services are
404.26 provided.

404.27 Sec. 27. Minnesota Statutes 2021 Supplement, section 256B.0671, subdivision 6, is
404.28 amended to read:

404.29 Subd. 6. **Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance
404.30 covers intensive mental health outpatient treatment for dialectical behavior therapy for
404.31 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts
405.1 to report individual client outcomes to the commissioner using instruments and protocols
405.2 that are approved by the commissioner.

405.3 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a
405.4 mental health professional or clinical trainee provides to a client or a group of clients in an
405.5 intensive outpatient treatment program using a combination of individualized rehabilitative
405.6 and psychotherapeutic interventions. A dialectical behavior therapy program involves:

212.25 (4) ensure arm's-length transactions without undue influence or coercion with the recipient
212.26 and personal care assistant.

212.27 (c) The duties of the personal care assistance choice provider agency are to:

212.28 (1) be the employer of the personal care assistant and the qualified professional for
212.29 employment law and related regulations including; but not limited to; purchasing and
212.30 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,
212.31 and liability insurance, and submit any or all necessary documentation including; but not
213.1 limited to; workers' compensation, unemployment insurance, and labor market data required
213.2 under section 256B.4912, subdivision 1a;

213.3 (2) bill the medical assistance program for personal care assistance services and qualified
213.4 professional services;

213.5 (3) request and complete background studies that comply with the requirements for
213.6 personal care assistants and qualified professionals;

213.7 (4) pay the personal care assistant and qualified professional based on actual hours of
213.8 services provided;

213.9 (5) withhold and pay all applicable federal and state taxes;

213.10 (6) verify and keep records of hours worked by the personal care assistant and qualified
213.11 professional;

213.12 (7) make the arrangements and pay taxes and other benefits, if any, and comply with
213.13 any legal requirements for a Minnesota employer;

213.14 (8) enroll in the medical assistance program as a personal care assistance choice agency;
213.15 and

213.16 (9) enter into a written agreement as specified in subdivision 20 before services are
213.17 provided.

213.18 Sec. 37. Minnesota Statutes 2021 Supplement, section 256B.0671, subdivision 6, is
213.19 amended to read:

213.20 Subd. 6. **Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance
213.21 covers intensive mental health outpatient treatment for dialectical behavior therapy for
213.22 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts
213.23 to report individual client outcomes to the commissioner using instruments and protocols
213.24 that are approved by the commissioner.

213.25 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a
213.26 mental health professional or clinical trainee provides to a client or a group of clients in an
213.27 intensive outpatient treatment program using a combination of individualized rehabilitative
213.28 and psychotherapeutic interventions. A dialectical behavior therapy program involves:

405.7 individual dialectical behavior therapy, group skills training, telephone coaching, and team
405.8 consultation meetings.

405.9 (c) To be eligible for dialectical behavior therapy, a client must:

405.10 ~~(1)~~ be 18 years of age or older;

405.11 ~~(2)~~ (1) have mental health needs that available community-based services cannot meet
405.12 or that the client must receive concurrently with other community-based services;

405.13 ~~(3)~~ (2) have either:

405.14 (i) a diagnosis of borderline personality disorder; or

405.15 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or
405.16 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe
405.17 dysfunction in multiple areas of the client's life;

405.18 ~~(4)~~ (3) be cognitively capable of participating in dialectical behavior therapy as an
405.19 intensive therapy program and be able and willing to follow program policies and rules to
405.20 ensure the safety of the client and others; and

405.21 ~~(5)~~ (4) be at significant risk of one or more of the following if the client does not receive
405.22 dialectical behavior therapy:

405.23 (i) having a mental health crisis;

405.24 (ii) requiring a more restrictive setting such as hospitalization;

405.25 (iii) decompensating; or

405.26 (iv) engaging in intentional self-harm behavior.

405.27 (d) Individual dialectical behavior therapy combines individualized rehabilitative and
405.28 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors
405.29 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional
405.30 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental
405.31 health professional or clinical trainee providing dialectical behavior therapy to a client must:

406.1 (1) identify, prioritize, and sequence the client's behavioral targets;

406.2 (2) treat the client's behavioral targets;

406.3 (3) assist the client in applying dialectical behavior therapy skills to the client's natural
406.4 environment through telephone coaching outside of treatment sessions;

406.5 (4) measure the client's progress toward dialectical behavior therapy targets;

406.6 (5) help the client manage mental health crises and life-threatening behaviors; and

213.29 individual dialectical behavior therapy, group skills training, telephone coaching, and team
213.30 consultation meetings.

213.31 (c) To be eligible for dialectical behavior therapy, a client must:

214.1 ~~(1)~~ be 18 years of age or older;

214.2 ~~(2)~~ (1) have mental health needs that available community-based services cannot meet
214.3 or that the client must receive concurrently with other community-based services;

214.4 ~~(3)~~ (2) have either:

214.5 (i) a diagnosis of borderline personality disorder; or

214.6 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or
214.7 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe
214.8 dysfunction in multiple areas of the client's life;

214.9 ~~(4)~~ (3) be cognitively capable of participating in dialectical behavior therapy as an
214.10 intensive therapy program and be able and willing to follow program policies and rules to
214.11 ensure the safety of the client and others; and

214.12 ~~(5)~~ (4) be at significant risk of one or more of the following if the client does not receive
214.13 dialectical behavior therapy:

214.14 (i) having a mental health crisis;

214.15 (ii) requiring a more restrictive setting such as hospitalization;

214.16 (iii) decompensating; or

214.17 (iv) engaging in intentional self-harm behavior.

214.18 (d) Individual dialectical behavior therapy combines individualized rehabilitative and
214.19 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors
214.20 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional
214.21 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental
214.22 health professional or clinical trainee providing dialectical behavior therapy to a client must:

214.23 (1) identify, prioritize, and sequence the client's behavioral targets;

214.24 (2) treat the client's behavioral targets;

214.25 (3) assist the client in applying dialectical behavior therapy skills to the client's natural
214.26 environment through telephone coaching outside of treatment sessions;

214.27 (4) measure the client's progress toward dialectical behavior therapy targets;

214.28 (5) help the client manage mental health crises and life-threatening behaviors; and

406.7 (6) help the client learn and apply effective behaviors when working with other treatment
406.8 providers.

406.9 (e) Group skills training combines individualized psychotherapeutic and psychiatric
406.10 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and
406.11 other dysfunctional coping behaviors and restore function. Group skills training must teach
406.12 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal
406.13 effectiveness; (3) emotional regulation; and (4) distress tolerance.

406.14 (f) Group skills training must be provided by two mental health professionals or by a
406.15 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
406.16 Individual skills training must be provided by a mental health professional, a clinical trainee,
406.17 or a mental health practitioner.

406.18 (g) Before a program provides dialectical behavior therapy to a client, the commissioner
406.19 must certify the program as a dialectical behavior therapy provider. To qualify for
406.20 certification as a dialectical behavior therapy provider, a provider must:

406.21 (1) allow the commissioner to inspect the provider's program;

406.22 (2) provide evidence to the commissioner that the program's policies, procedures, and
406.23 practices meet the requirements of this subdivision and chapter 245I;

406.24 (3) be enrolled as a MHCP provider; and

406.25 (4) have a manual that outlines the program's policies, procedures, and practices that
406.26 meet the requirements of this subdivision.

406.27 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
406.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
406.29 when federal approval is obtained.

214.29 (6) help the client learn and apply effective behaviors when working with other treatment
214.30 providers.

215.1 (e) Group skills training combines individualized psychotherapeutic and psychiatric
215.2 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and
215.3 other dysfunctional coping behaviors and restore function. Group skills training must teach
215.4 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal
215.5 effectiveness; (3) emotional regulation; and (4) distress tolerance.

215.6 (f) Group skills training must be provided by two mental health professionals or by a
215.7 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
215.8 Individual skills training must be provided by a mental health professional, a clinical trainee,
215.9 or a mental health practitioner.

215.10 (g) Before a program provides dialectical behavior therapy to a client, the commissioner
215.11 must certify the program as a dialectical behavior therapy provider. To qualify for
215.12 certification as a dialectical behavior therapy provider, a provider must:

215.13 (1) allow the commissioner to inspect the provider's program;

215.14 (2) provide evidence to the commissioner that the program's policies, procedures, and
215.15 practices meet the requirements of this subdivision and chapter 245I;

215.16 (3) be enrolled as a MHCP provider; and

215.17 (4) have a manual that outlines the program's policies, procedures, and practices that
215.18 meet the requirements of this subdivision.

215.19 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
215.20 whichever is later. The commissioner of human services shall notify the revisor of statutes
215.21 when federal approval is obtained.

215.22 Sec. 38. Minnesota Statutes 2020, section 256B.0757, subdivision 1, is amended to read:

215.23 Subdivision 1. **Provision of coverage.** (a) The commissioner shall provide medical
215.24 assistance coverage of behavioral health home services for eligible individuals with chronic
215.25 conditions who select a designated provider as the individual's behavioral health home.

215.26 (b) The commissioner shall implement this section in compliance with the requirements
215.27 of the state option to provide behavioral health homes for enrollees with chronic conditions,
215.28 as provided under the Patient Protection and Affordable Care Act, Public Law 111-148,
215.29 sections 2703 and 3502. Terms used in this section have the meaning provided in that act.

215.30 (c) The commissioner shall establish behavioral health homes to serve populations with
215.31 serious mental illness who meet the eligibility requirements described under subdivision 2.
216.1 The behavioral health home services provided by behavioral health homes shall focus on
216.2 both the behavioral and the physical health of these populations.

216.3 Sec. 39. Minnesota Statutes 2020, section 256B.0757, subdivision 2, is amended to read:

216.4 Subd. 2. **Eligible individual.** (a) The commissioner may elect to develop behavioral
216.5 health home models in accordance with United States Code, title 42, section 1396w-4.

216.6 (b) An individual is eligible for behavioral health home services under this section if
216.7 the individual is eligible for medical assistance under this chapter and has a condition that
216.8 meets the definition of mental illness as described in section 245.462, subdivision 20,
216.9 paragraph (a), or emotional disturbance as defined in section 245.4871, subdivision 15,
216.10 clause (2). The commissioner shall establish criteria for determining continued eligibility.

216.11 Sec. 40. Minnesota Statutes 2020, section 256B.0757, subdivision 3, is amended to read:

216.12 Subd. 3. **Behavioral health home services.** (a) Behavioral health home services means
216.13 comprehensive and timely high-quality services that are provided by a behavioral health
216.14 home. These services include:

216.15 (1) comprehensive care management;

216.16 (2) care coordination and health promotion;

216.17 (3) comprehensive transitional care, including appropriate follow-up, from inpatient to
216.18 other settings;

216.19 (4) patient and family support, including authorized representatives;

216.20 (5) referral to community and social support services, if relevant; and

216.21 (6) use of health information technology to link services, as feasible and appropriate.

216.22 (b) The commissioner shall maximize the number and type of services included in this
216.23 subdivision to the extent permissible under federal law, including physician, outpatient,
216.24 mental health treatment, and rehabilitation services necessary for comprehensive transitional
216.25 care following hospitalization.

216.26 Sec. 41. Minnesota Statutes 2020, section 256B.0757, subdivision 4, is amended to read:

216.27 Subd. 4. **Designated provider.** Behavioral health home services are voluntary and an
216.28 eligible individual may choose any designated provider. The commissioner shall establish
216.29 designated providers to serve as behavioral health homes and provide the services described
216.30 in subdivision 3 to individuals eligible under subdivision 2. The commissioner shall apply
217.1 for grants as provided under section 3502 of the Patient Protection and Affordable Care Act
217.2 to establish behavioral health homes and provide capitated payments to designated providers.
217.3 For purposes of this section, "designated provider" means a provider, clinical practice or
217.4 clinical group practice, rural clinic, community health center, community mental health
217.5 center, or any other entity that is determined by the commissioner to be qualified to be a
217.6 behavioral health home for eligible individuals. This determination must be based on
217.7 documentation evidencing that the designated provider has the systems and infrastructure
217.8 in place to provide behavioral health home services and satisfies the qualification standards

407.1 Sec. 28. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3a, is
407.2 amended to read:

407.3 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
407.4 planning, or other assistance intended to support community-based living, including persons
407.5 who need assessment ~~in order~~ to determine waiver or alternative care program eligibility,
407.6 must be visited by a long-term care consultation team within 20 calendar days after the date
407.7 on which an assessment was requested or recommended. Upon statewide implementation
407.8 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
407.9 requesting personal care assistance services. The commissioner shall provide at least a
407.10 90-day notice to lead agencies prior to the effective date of this requirement. Assessments
407.11 must be conducted according to paragraphs (b) to (r).

407.12 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified
407.13 assessors to conduct the assessment. For a person with complex health care needs, a public
407.14 health or registered nurse from the team must be consulted.

407.15 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
407.16 be used to complete a comprehensive, conversation-based, person-centered assessment.
407.17 The assessment must include the health, psychological, functional, environmental, and
407.18 social needs of the individual necessary to develop a person-centered community support
407.19 plan that meets the individual's needs and preferences.

407.20 (d) Except as provided in paragraph (r), the assessment must be conducted by a certified
407.21 assessor in a face-to-face conversational interview with the person being assessed. The
407.22 person's legal representative must provide input during the assessment process and may do
407.23 so remotely if requested. At the request of the person, other individuals may participate in
407.24 the assessment to provide information on the needs, strengths, and preferences of the person
407.25 necessary to develop a community support plan that ensures the person's health and safety.
407.26 Except for legal representatives or family members invited by the person, persons

217.9 established by the commissioner in consultation with stakeholders and approved by the
217.10 Centers for Medicare and Medicaid Services.

217.11 Sec. 42. Minnesota Statutes 2020, section 256B.0757, subdivision 8, is amended to read:

217.12 Subd. 8. **Evaluation and continued development.** (a) For continued certification under
217.13 this section, behavioral health homes must meet process, outcome, and quality standards
217.14 developed and specified by the commissioner. The commissioner shall collect data from
217.15 behavioral health homes as necessary to monitor compliance with certification standards.

217.16 (b) The commissioner may contract with a private entity to evaluate patient and family
217.17 experiences, health care utilization, and costs.

217.18 (c) The commissioner shall utilize findings from the implementation of behavioral health
217.19 homes to determine populations to serve under subsequent health home models for individuals
217.20 with chronic conditions.

217.21 Sec. 43. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3a, is
217.22 amended to read:

217.23 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
217.24 planning, or other assistance intended to support community-based living, including persons
217.25 who need assessment ~~in order~~ to determine waiver or alternative care program eligibility,
217.26 must be visited by a long-term care consultation team within 20 calendar days after the date
217.27 on which an assessment was requested or recommended. Upon statewide implementation
217.28 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
217.29 requesting personal care assistance services. The commissioner shall provide at least a
217.30 90-day notice to lead agencies prior to the effective date of this requirement. Assessments
217.31 must be conducted according to paragraphs (b) to (r).

218.1 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified
218.2 assessors to conduct the assessment. For a person with complex health care needs, a public
218.3 health or registered nurse from the team must be consulted.

218.4 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
218.5 be used to complete a comprehensive, conversation-based, person-centered assessment.
218.6 The assessment must include the health, psychological, functional, environmental, and
218.7 social needs of the individual necessary to develop a person-centered community support
218.8 plan that meets the individual's needs and preferences.

218.9 (d) Except as provided in paragraph (r), the assessment must be conducted by a certified
218.10 assessor in a face-to-face conversational interview with the person being assessed. The
218.11 person's legal representative must provide input during the assessment process and may do
218.12 so remotely if requested. At the request of the person, other individuals may participate in
218.13 the assessment to provide information on the needs, strengths, and preferences of the person
218.14 necessary to develop a community support plan that ensures the person's health and safety.
218.15 Except for legal representatives or family members invited by the person, persons

407.27 participating in the assessment may not be a provider of service or have any financial interest
407.28 in the provision of services. For persons who are to be assessed for elderly waiver customized
407.29 living or adult day services under chapter 256S, with the permission of the person being
407.30 assessed or the person's designated or legal representative, the client's current or proposed
407.31 provider of services may submit a copy of the provider's nursing assessment or written
407.32 report outlining its recommendations regarding the client's care needs. The person conducting
407.33 the assessment must notify the provider of the date by which this information is to be
407.34 submitted. This information shall be provided to the person conducting the assessment prior
407.35 to the assessment. For a person who is to be assessed for waiver services under section
408.1 256B.092 or 256B.49, with the permission of the person being assessed or the person's
408.2 designated legal representative, the person's current provider of services may submit a
408.3 written report outlining recommendations regarding the person's care needs the person
408.4 completed in consultation with someone who is known to the person and has interaction
408.5 with the person on a regular basis. The provider must submit the report at least 60 days
408.6 before the end of the person's current service agreement. The certified assessor must consider
408.7 the content of the submitted report prior to finalizing the person's assessment or reassessment.

408.8 (e) The certified assessor and the individual responsible for developing the coordinated
408.9 service and support plan must complete the community support plan and the coordinated
408.10 service and support plan no more than 60 calendar days from the assessment visit. The
408.11 person or the person's legal representative must be provided with a written community
408.12 support plan within the timelines established by the commissioner, regardless of whether
408.13 the person is eligible for Minnesota health care programs.

408.14 (f) For a person being assessed for elderly waiver services under chapter 256S, a provider
408.15 who submitted information under paragraph (d) shall receive the final written community
408.16 support plan when available and the Residential Services Workbook.

408.17 (g) The written community support plan must include:

408.18 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

408.19 (2) the individual's options and choices to meet identified needs, including:

408.20 (i) all available options for case management services and providers;

408.21 (ii) all available options for employment services, settings, and providers;

408.22 (iii) all available options for living arrangements;

408.23 (iv) all available options for self-directed services and supports, including self-directed
408.24 budget options; and

408.25 (v) service provided in a non-disability-specific setting;

218.16 participating in the assessment may not be a provider of service or have any financial interest
218.17 in the provision of services. For persons who are to be assessed for elderly waiver customized
218.18 living services under chapter 256S or section 256B.49 or adult day services under chapter
218.19 256S, with the permission of the person being assessed or the person's designated or legal
218.20 representative, the client's current or proposed provider of services may submit a copy of
218.21 the provider's nursing assessment or written report outlining its recommendations regarding
218.22 the client's care needs. The person conducting the assessment must notify the provider of
218.23 the date by which this information is to be submitted. This information shall be provided
218.24 to the person conducting the assessment prior to the assessment. The certified assessor must
218.25 consider the content of the submitted nursing assessment or report prior to finalizing the
218.26 person's assessment or reassessment. For a person who is to be assessed for waiver services
218.27 under section 256B.092 or 256B.49, with the permission of the person being assessed or
218.28 the person's designated legal representative, the person's current provider of services may
218.29 submit a written report outlining recommendations regarding the person's care needs the
218.30 person completed in consultation with someone who is known to the person and has
218.31 interaction with the person on a regular basis. The provider must submit the report at least
218.32 60 days before the end of the person's current service agreement. The certified assessor
218.33 must consider the content of the submitted report prior to finalizing the person's assessment
218.34 or reassessment.

219.1 (e) The certified assessor and the individual responsible for developing the coordinated
219.2 service and support plan must complete the community support plan and the coordinated
219.3 service and support plan no more than 60 calendar days from the assessment visit. The
219.4 person or the person's legal representative must be provided with a written community
219.5 support plan within the timelines established by the commissioner, regardless of whether
219.6 the person is eligible for Minnesota health care programs.

219.7 (f) For a person being assessed for elderly waiver services under chapter 256S or
219.8 customized living services under section 256B.49, a provider who submitted information
219.9 under paragraph (d) shall receive the final written community support plan when available
219.10 and the Residential Services Workbook or customized living tool.

219.11 (g) The written community support plan must include:

219.12 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

219.13 (2) the individual's options and choices to meet identified needs, including:

219.14 (i) all available options for case management services and providers;

219.15 (ii) all available options for employment services, settings, and providers;

219.16 (iii) all available options for living arrangements;

219.17 (iv) all available options for self-directed services and supports, including self-directed
219.18 budget options; and

219.19 (v) service provided in a non-disability-specific setting;

408.26 (3) identification of health and safety risks and how those risks will be addressed,
408.27 including personal risk management strategies;

408.28 (4) referral information; and

408.29 (5) informal caregiver supports, if applicable.

409.1 For a person determined eligible for state plan home care under subdivision 1a, paragraph
409.2 (b), clause (1), the person or person's representative must also receive a copy of the home
409.3 care service plan developed by the certified assessor.

409.4 (h) A person may request assistance in identifying community supports without
409.5 participating in a complete assessment. Upon a request for assistance identifying community
409.6 support, the person must be transferred or referred to long-term care options counseling
409.7 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
409.8 telephone assistance and follow up.

409.9 (i) The person has the right to make the final decision:

409.10 (1) between institutional placement and community placement after the recommendations
409.11 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);

409.12 (2) between community placement in a setting controlled by a provider and living
409.13 independently in a setting not controlled by a provider;

409.14 (3) between day services and employment services; and

409.15 (4) regarding available options for self-directed services and supports, including
409.16 self-directed funding options.

409.17 (j) The lead agency must give the person receiving long-term care consultation services
409.18 or the person's legal representative, materials, and forms supplied by the commissioner
409.19 containing the following information:

409.20 (1) written recommendations for community-based services and consumer-directed
409.21 options;

409.22 (2) documentation that the most cost-effective alternatives available were offered to the
409.23 individual. For purposes of this clause, "cost-effective" means community services and
409.24 living arrangements that cost the same as or less than institutional care. For an individual
409.25 found to meet eligibility criteria for home and community-based service programs under
409.26 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally
409.27 approved waiver plan for each program;

409.28 (3) the need for and purpose of preadmission screening conducted by long-term care
409.29 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
409.30 nursing facility placement. If the individual selects nursing facility placement, the lead
409.31 agency shall forward information needed to complete the level of care determinations and

219.20 (3) identification of health and safety risks and how those risks will be addressed,
219.21 including personal risk management strategies;

219.22 (4) referral information; and

219.23 (5) informal caregiver supports, if applicable.

219.24 For a person determined eligible for state plan home care under subdivision 1a, paragraph
219.25 (b), clause (1), the person or person's representative must also receive a copy of the home
219.26 care service plan developed by the certified assessor.

219.27 (h) A person may request assistance in identifying community supports without
219.28 participating in a complete assessment. Upon a request for assistance identifying community
219.29 support, the person must be transferred or referred to long-term care options counseling
219.30 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
219.31 telephone assistance and follow up.

220.1 (i) The person has the right to make the final decision:

220.2 (1) between institutional placement and community placement after the recommendations
220.3 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);

220.4 (2) between community placement in a setting controlled by a provider and living
220.5 independently in a setting not controlled by a provider;

220.6 (3) between day services and employment services; and

220.7 (4) regarding available options for self-directed services and supports, including
220.8 self-directed funding options.

220.9 (j) The lead agency must give the person receiving long-term care consultation services
220.10 or the person's legal representative, materials, and forms supplied by the commissioner
220.11 containing the following information:

220.12 (1) written recommendations for community-based services and consumer-directed
220.13 options;

220.14 (2) documentation that the most cost-effective alternatives available were offered to the
220.15 individual. For purposes of this clause, "cost-effective" means community services and
220.16 living arrangements that cost the same as or less than institutional care. For an individual
220.17 found to meet eligibility criteria for home and community-based service programs under
220.18 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally
220.19 approved waiver plan for each program;

220.20 (3) the need for and purpose of preadmission screening conducted by long-term care
220.21 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
220.22 nursing facility placement. If the individual selects nursing facility placement, the lead
220.23 agency shall forward information needed to complete the level of care determinations and

409.32 screening for developmental disability and mental illness collected during the assessment
409.33 to the long-term care options counselor using forms provided by the commissioner;

410.1 (4) the role of long-term care consultation assessment and support planning in eligibility
410.2 determination for waiver and alternative care programs, and state plan home care, case
410.3 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
410.4 and (b);

410.5 (5) information about Minnesota health care programs;

410.6 (6) the person's freedom to accept or reject the recommendations of the team;

410.7 (7) the person's right to confidentiality under the Minnesota Government Data Practices
410.8 Act, chapter 13;

410.9 (8) the certified assessor's decision regarding the person's need for institutional level of
410.10 care as determined under criteria established in subdivision 4e and the certified assessor's
410.11 decision regarding eligibility for all services and programs as defined in subdivision 1a,
410.12 paragraphs (a), clause (6), and (b);

410.13 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
410.14 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
410.15 (8), and (b), and incorporating the decision regarding the need for institutional level of care
410.16 or the lead agency's final decisions regarding public programs eligibility according to section
410.17 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
410.18 to the person and must visually point out where in the document the right to appeal is stated;
410.19 and

410.20 (10) documentation that available options for employment services, independent living,
410.21 and self-directed services and supports were described to the individual.

410.22 (k) An assessment that is completed as part of an eligibility determination for multiple
410.23 programs for the alternative care, elderly waiver, developmental disabilities, community
410.24 access for disability inclusion, community alternative care, and brain injury waiver programs
410.25 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish
410.26 service eligibility for no more than 60 calendar days after the date of the assessment.

410.27 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
410.28 to the date of assessment. If an assessment was completed more than 60 days before the
410.29 effective waiver or alternative care program eligibility start date, assessment and support
410.30 plan information must be updated and documented in the department's Medicaid Management
410.31 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
410.32 state plan services, the effective date of eligibility for programs included in paragraph (k)
410.33 cannot be prior to the date the most recent updated assessment is completed.

411.1 (m) If an eligibility update is completed within 90 days of the previous assessment and
411.2 documented in the department's Medicaid Management Information System (MMIS), the

220.24 screening for developmental disability and mental illness collected during the assessment
220.25 to the long-term care options counselor using forms provided by the commissioner;

220.26 (4) the role of long-term care consultation assessment and support planning in eligibility
220.27 determination for waiver and alternative care programs, and state plan home care, case
220.28 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
220.29 and (b);

220.30 (5) information about Minnesota health care programs;

220.31 (6) the person's freedom to accept or reject the recommendations of the team;

221.1 (7) the person's right to confidentiality under the Minnesota Government Data Practices
221.2 Act, chapter 13;

221.3 (8) the certified assessor's decision regarding the person's need for institutional level of
221.4 care as determined under criteria established in subdivision 4e and the certified assessor's
221.5 decision regarding eligibility for all services and programs as defined in subdivision 1a,
221.6 paragraphs (a), clause (6), and (b);

221.7 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
221.8 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
221.9 (8), and (b), and incorporating the decision regarding the need for institutional level of care
221.10 or the lead agency's final decisions regarding public programs eligibility according to section
221.11 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
221.12 to the person and must visually point out where in the document the right to appeal is stated;
221.13 and

221.14 (10) documentation that available options for employment services, independent living,
221.15 and self-directed services and supports were described to the individual.

221.16 (k) An assessment that is completed as part of an eligibility determination for multiple
221.17 programs for the alternative care, elderly waiver, developmental disabilities, community
221.18 access for disability inclusion, community alternative care, and brain injury waiver programs
221.19 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish
221.20 service eligibility for no more than 60 calendar days after the date of the assessment.

221.21 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
221.22 to the date of assessment. If an assessment was completed more than 60 days before the
221.23 effective waiver or alternative care program eligibility start date, assessment and support
221.24 plan information must be updated and documented in the department's Medicaid Management
221.25 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
221.26 state plan services, the effective date of eligibility for programs included in paragraph (k)
221.27 cannot be prior to the date the most recent updated assessment is completed.

221.28 (m) If an eligibility update is completed within 90 days of the previous assessment and
221.29 documented in the department's Medicaid Management Information System (MMIS), the

411.3 effective date of eligibility for programs included in paragraph (k) is the date of the previous
411.4 face-to-face assessment when all other eligibility requirements are met.

411.5 (n) If a person who receives home and community-based waiver services under section
411.6 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer
411.7 a hospital, institution of mental disease, nursing facility, intensive residential treatment
411.8 services program, transitional care unit, or inpatient substance use disorder treatment setting,
411.9 the person may return to the community with home and community-based waiver services
411.10 under the same waiver, without requiring an assessment or reassessment under this section,
411.11 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall
411.12 change annual long-term care consultation reassessment requirements, payment for
411.13 institutional or treatment services, medical assistance financial eligibility, or any other law.

411.14 (o) At the time of reassessment, the certified assessor shall assess each person receiving
411.15 waiver residential supports and services currently residing in a community residential setting,
411.16 licensed adult foster care home that is either not the primary residence of the license holder
411.17 or in which the license holder is not the primary caregiver, family adult foster care residence,
411.18 customized living setting, or supervised living facility to determine if that person would
411.19 prefer to be served in a community-living setting as defined in section 256B.49, subdivision
411.20 23, in a setting not controlled by a provider, or to receive integrated community supports
411.21 as described in section 245D.03, subdivision 1, paragraph (c), clause (8). The certified
411.22 assessor shall offer the person, through a person-centered planning process, the option to
411.23 receive alternative housing and service options.

411.24 (p) At the time of reassessment, the certified assessor shall assess each person receiving
411.25 waiver day services to determine if that person would prefer to receive employment services
411.26 as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7). The certified
411.27 assessor shall describe to the person through a person-centered planning process the option
411.28 to receive employment services.

411.29 (q) At the time of reassessment, the certified assessor shall assess each person receiving
411.30 non-self-directed waiver services to determine if that person would prefer an available
411.31 service and setting option that would permit self-directed services and supports. The certified
411.32 assessor shall describe to the person through a person-centered planning process the option
411.33 to receive self-directed services and supports.

412.1 (r) All assessments performed according to this subdivision must be face-to-face unless
412.2 the assessment is a reassessment meeting the requirements of this paragraph. Remote
412.3 reassessments conducted by interactive video or telephone may substitute for face-to-face
412.4 reassessments. For services provided by the developmental disabilities waiver under section
412.5 256B.092, and the community access for disability inclusion, community alternative care,
412.6 and brain injury waiver programs under section 256B.49, remote reassessments may be
412.7 substituted for two consecutive reassessments if followed by a face-to-face reassessment.
412.8 For services provided by alternative care under section 256B.0913, essential community
412.9 supports under section 256B.0922, and the elderly waiver under chapter 256S, remote
412.10 reassessments may be substituted for one reassessment if followed by a face-to-face

221.30 effective date of eligibility for programs included in paragraph (k) is the date of the previous
221.31 face-to-face assessment when all other eligibility requirements are met.

221.32 (n) If a person who receives home and community-based waiver services under section
221.33 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer
221.34 a hospital, institution of mental disease, nursing facility, intensive residential treatment
222.1 services program, transitional care unit, or inpatient substance use disorder treatment setting,
222.2 the person may return to the community with home and community-based waiver services
222.3 under the same waiver, without requiring an assessment or reassessment under this section,
222.4 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall
222.5 change annual long-term care consultation reassessment requirements, payment for
222.6 institutional or treatment services, medical assistance financial eligibility, or any other law.

222.7 (o) At the time of reassessment, the certified assessor shall assess each person receiving
222.8 waiver residential supports and services currently residing in a community residential setting,
222.9 licensed adult foster care home that is either not the primary residence of the license holder
222.10 or in which the license holder is not the primary caregiver, family adult foster care residence,
222.11 customized living setting, or supervised living facility to determine if that person would
222.12 prefer to be served in a community-living setting as defined in section 256B.49, subdivision
222.13 23, in a setting not controlled by a provider, or to receive integrated community supports
222.14 as described in section 245D.03, subdivision 1, paragraph (c), clause (8). The certified
222.15 assessor shall offer the person, through a person-centered planning process, the option to
222.16 receive alternative housing and service options.

222.17 (p) At the time of reassessment, the certified assessor shall assess each person receiving
222.18 waiver day services to determine if that person would prefer to receive employment services
222.19 as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7). The certified
222.20 assessor shall describe to the person through a person-centered planning process the option
222.21 to receive employment services.

222.22 (q) At the time of reassessment, the certified assessor shall assess each person receiving
222.23 non-self-directed waiver services to determine if that person would prefer an available
222.24 service and setting option that would permit self-directed services and supports. The certified
222.25 assessor shall describe to the person through a person-centered planning process the option
222.26 to receive self-directed services and supports.

222.27 (r) All assessments performed according to this subdivision must be face-to-face unless
222.28 the assessment is a reassessment meeting the requirements of this paragraph. Remote
222.29 reassessments conducted by interactive video or telephone may substitute for face-to-face
222.30 reassessments. For services provided by the developmental disabilities waiver under section
222.31 256B.092, and the community access for disability inclusion, community alternative care,
222.32 and brain injury waiver programs under section 256B.49, remote reassessments may be
222.33 substituted for two consecutive reassessments if followed by a face-to-face reassessment.
222.34 For services provided by alternative care under section 256B.0913, essential community
222.35 supports under section 256B.0922, and the elderly waiver under chapter 256S, remote
223.1 reassessments may be substituted for one reassessment if followed by a face-to-face

412.11 reassessment. A remote reassessment is permitted only if the person being reassessed, ~~or~~
412.12 ~~the person's legal representative, and the lead agency case manager both agree that there is~~
412.13 ~~no change in the person's condition, there is no need for a change in service, and that a~~
412.14 ~~remote reassessment is appropriate~~ or the person's legal representative provide informed
412.15 choice for a remote assessment. The person being reassessed, or the person's legal
412.16 representative, has the right to refuse a remote reassessment at any time. During a remote
412.17 reassessment, if the certified assessor determines a face-to-face reassessment is necessary
412.18 ~~in order~~ to complete the assessment, the lead agency shall schedule a face-to-face
412.19 reassessment. All other requirements of a face-to-face reassessment shall apply to a remote
412.20 reassessment, including updates to a person's support plan.

223.2 reassessment. A remote reassessment is permitted only if the person being reassessed, ~~or~~
223.3 ~~the person's legal representative, and the lead agency case manager both agree that there is~~
223.4 ~~no change in the person's condition, there is no need for a change in service, and that a~~
223.5 ~~remote reassessment is appropriate~~ makes an informed choice for a remote assessment. The
223.6 person being reassessed, or the person's legal representative, has the right to refuse a remote
223.7 reassessment at any time. During a remote reassessment, if the certified assessor determines
223.8 a face-to-face reassessment is necessary in order to complete the assessment, the lead agency
223.9 shall schedule a face-to-face reassessment. All other requirements of a face-to-face
223.10 reassessment shall apply to a remote reassessment, including updates to a person's support
223.11 plan.

223.12 Sec. 44. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3f, is
223.13 amended to read:

223.14 Subd. 3f. **Long-term care reassessments and community support plan updates.** (a)
223.15 Prior to a reassessment, the certified assessor must review the person's most recent
223.16 assessment. Reassessments must be tailored using the professional judgment of the assessor
223.17 to the person's known needs, strengths, preferences, and circumstances. Reassessments
223.18 provide information to support the person's informed choice and opportunities to express
223.19 choice regarding activities that contribute to quality of life, as well as information and
223.20 opportunity to identify goals related to desired employment, community activities, and
223.21 preferred living environment. Reassessments require a review of the most recent assessment,
223.22 review of the current coordinated service and support plan's effectiveness, monitoring of
223.23 services, and the development of an updated person-centered community support plan.
223.24 Reassessments must verify continued eligibility, offer alternatives as warranted, and provide
223.25 an opportunity for quality assurance of service delivery. Reassessments must be conducted
223.26 annually or as required by federal and state laws and rules. For reassessments, the certified
223.27 assessor and the individual responsible for developing the coordinated service and support
223.28 plan must ensure the continuity of care for the person receiving services and complete the
223.29 updated community support plan and the updated coordinated service and support plan no
223.30 more than 60 days from the reassessment visit.

223.31 (b) The commissioner shall develop mechanisms for providers and case managers to
223.32 share information with the assessor to facilitate a reassessment and support planning process
223.33 tailored to the person's current needs and preferences.

224.1 (c) Concurrently with a reassessment, a lead agency must at its expense provide each
224.2 individual an opportunity to provide a confidential performance assessment of the person's
224.3 case manager if the person is receiving case management services from an agency under a
224.4 contract with the lead agency.

NOTE: SEC. 50. MINNESOTA STATUTES 2021 SUPPLEMENT, SECTION 256B.0946, SUBDIVISION 1, AMENDMENT MOVED FROM S4410-3, ARTICLE 4, SECTION 50, TO MATCH UES4410-3, ARTICLE 8, SECTION 29.

412.21 Sec. 29. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is
412.22 amended to read:

412.23 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,
412.24 medical assistance covers medically necessary intensive treatment services when the services
412.25 are provided by a provider entity certified under and meeting the standards in this section.
412.26 The provider entity must make reasonable and good faith efforts to report individual client
412.27 outcomes to the commissioner, using instruments and protocols approved by the
412.28 commissioner.

412.29 (b) Intensive treatment services to children with mental illness residing in foster family
412.30 settings that comprise specific required service components provided in clauses (1) to (6)
412.31 are reimbursed by medical assistance when they meet the following standards:

412.32 (1) psychotherapy provided by a mental health professional or a clinical trainee;
412.33 (2) crisis planning;

413.1 (3) individual, family, and group psychoeducation services provided by a mental health
413.2 professional or a clinical trainee;

413.3 (4) clinical care consultation provided by a mental health professional or a clinical
413.4 trainee;

413.5 (5) individual treatment plan development as defined in ~~Minnesota Rules, part 9505.0371,~~
413.6 ~~subpart 7~~ section 245I.10, subdivisions 7 and 8; and

413.7 (6) service delivery payment requirements as provided under subdivision 4.

413.8 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
413.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
413.10 when federal approval is obtained.

413.11 Sec. 30. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
413.12 amended to read:

413.13 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
413.14 given them.

413.15 (a) "Intensive nonresidential rehabilitative mental health services" means child
413.16 rehabilitative mental health services as defined in section 256B.0943, except that these
413.17 services are provided by a multidisciplinary staff using a total team approach consistent
413.18 with assertive community treatment, as adapted for youth, and are directed to recipients
413.19 who are eight years of age or older and under 26 years of age who require intensive services
413.20 to prevent admission to an inpatient psychiatric hospital or placement in a residential

137.8 Sec. 50. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is
137.9 amended to read:

137.10 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,
137.11 medical assistance covers medically necessary intensive treatment services when the services
137.12 are provided by a provider entity certified under and meeting the standards in this section.
137.13 The provider entity must make reasonable and good faith efforts to report individual client
137.14 outcomes to the commissioner, using instruments and protocols approved by the
137.15 commissioner.

137.16 (b) Intensive treatment services to children with mental illness residing in foster family
137.17 settings that comprise specific required service components provided in clauses (1) to (6)
137.18 are reimbursed by medical assistance when they meet the following standards:

137.19 (1) psychotherapy provided by a mental health professional or a clinical trainee;
137.20 (2) crisis planning;

137.21 (3) individual, family, and group psychoeducation services provided by a mental health
137.22 professional or a clinical trainee;

137.23 (4) clinical care consultation provided by a mental health professional or a clinical
137.24 trainee;

137.25 (5) individual treatment plan development as defined in ~~Minnesota Rules, part 9505.0371,~~
137.26 ~~subpart 7~~ section 245I.10, subdivisions 7 and 8; and

137.27 (6) service delivery payment requirements as provided under subdivision 4.

137.28 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
137.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
137.30 when federal approval is obtained.

224.5 Sec. 45. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
224.6 amended to read:

224.7 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
224.8 given them.

224.9 (a) "Intensive nonresidential rehabilitative mental health services" means child
224.10 rehabilitative mental health services as defined in section 256B.0943, except that these
224.11 services are provided by a multidisciplinary staff using a total team approach consistent
224.12 with assertive community treatment, as adapted for youth, and are directed to recipients
224.13 who are eight years of age or older and under 26 years of age who require intensive services
224.14 to prevent admission to an inpatient psychiatric hospital or placement in a residential

413.21 treatment facility or who require intensive services to step down from inpatient or residential
413.22 care to community-based care.

413.23 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
413.24 at least one form of mental illness and at least one substance use disorder. Substance use
413.25 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

413.26 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
413.27 subdivision 6.

413.28 (d) "Medication education services" means services provided individually or in groups,
413.29 which focus on:

413.30 (1) educating the client and client's family or significant nonfamilial supporters about
413.31 mental illness and symptoms;

413.32 (2) the role and effects of medications in treating symptoms of mental illness; and

414.1 (3) the side effects of medications.

414.2 Medication education is coordinated with medication management services and does not
414.3 duplicate it. Medication education services are provided by physicians, pharmacists, or
414.4 registered nurses with certification in psychiatric and mental health care.

414.5 (e) "Mental health professional" means a staff person who is qualified according to
414.6 section 245I.04, subdivision 2.

414.7 (f) "Provider agency" means a for-profit or nonprofit organization established to
414.8 administer an assertive community treatment for youth team.

414.9 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
414.10 and statistical manual of mental disorders, current edition.

414.11 (h) "Transition services" means:

414.12 (1) activities, materials, consultation, and coordination that ensures continuity of the
414.13 client's care in advance of and in preparation for the client's move from one stage of care
414.14 or life to another by maintaining contact with the client and assisting the client to establish
414.15 provider relationships;

414.16 (2) providing the client with knowledge and skills needed posttransition;

414.17 (3) establishing communication between sending and receiving entities;

414.18 (4) supporting a client's request for service authorization and enrollment; and

414.19 (5) establishing and enforcing procedures and schedules.

414.20 ~~A youth's transition from the children's mental health system and services to the adult~~
414.21 ~~mental health system and services and return to the client's home and entry or re-entry into~~

224.15 treatment facility or who require intensive services to step down from inpatient or residential
224.16 care to community-based care.

224.17 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
224.18 at least one form of mental illness and at least one substance use disorder. Substance use
224.19 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

224.20 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
224.21 subdivision 6.

224.22 (d) "Medication education services" means services provided individually or in groups,
224.23 which focus on:

224.24 (1) educating the client and client's family or significant nonfamilial supporters about
224.25 mental illness and symptoms;

224.26 (2) the role and effects of medications in treating symptoms of mental illness; and

224.27 (3) the side effects of medications.

224.28 Medication education is coordinated with medication management services and does not
224.29 duplicate it. Medication education services are provided by physicians, pharmacists, or
224.30 registered nurses with certification in psychiatric and mental health care.

224.31 (e) "Mental health professional" means a staff person who is qualified according to
224.32 section 245I.04, subdivision 2.

225.1 (f) "Provider agency" means a for-profit or nonprofit organization established to
225.2 administer an assertive community treatment for youth team.

225.3 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
225.4 and statistical manual of mental disorders, current edition.

225.5 (h) "Transition services" means:

225.6 (1) activities, materials, consultation, and coordination that ensures continuity of the
225.7 client's care in advance of and in preparation for the client's move from one stage of care
225.8 or life to another by maintaining contact with the client and assisting the client to establish
225.9 provider relationships;

225.10 (2) providing the client with knowledge and skills needed posttransition;

225.11 (3) establishing communication between sending and receiving entities;

225.12 (4) supporting a client's request for service authorization and enrollment; and

225.13 (5) establishing and enforcing procedures and schedules.

225.14 ~~A youth's transition from the children's mental health system and services to the adult~~
225.15 ~~mental health system and services and return to the client's home and entry or re-entry into~~

414.22 ~~community-based mental health services following discharge from an out-of-home placement~~
414.23 ~~or inpatient hospital stay.~~

414.24 (i) "Treatment team" means all staff who provide services to recipients under this section.

414.25 (j) "Family peer specialist" means a staff person who is qualified under section
414.26 256B.0616.

414.27 Sec. 31. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 6, is
414.28 amended to read:

414.29 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
414.30 nonresidential rehabilitative mental health services.

415.1 (a) The treatment team must use team treatment, not an individual treatment model.

415.2 (b) Services must be available at times that meet client needs.

415.3 (c) Services must be age-appropriate and meet the specific needs of the client.

415.4 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
415.5 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
415.6 least every ~~90 days~~ six months or prior to discharge from the service, whichever comes
415.7 first.

415.8 (e) The treatment team must complete an individual treatment plan for each client,
415.9 according to section 245I.10, subdivisions 7 and 8, and the individual treatment plan must:

415.10 (1) be completed in consultation with the client's current therapist and key providers and
415.11 provide for ongoing consultation with the client's current therapist to ensure therapeutic
415.12 continuity and to facilitate the client's return to the community. For clients under the age of
415.13 18, the treatment team must consult with parents and guardians in developing the treatment
415.14 plan;

415.15 (2) if a need for substance use disorder treatment is indicated by validated assessment:

415.16 (i) identify goals, objectives, and strategies of substance use disorder treatment;

415.17 (ii) develop a schedule for accomplishing substance use disorder treatment goals and
415.18 objectives; and

415.19 (iii) identify the individuals responsible for providing substance use disorder treatment
415.20 services and supports; and

415.21 (3) provide for the client's transition out of intensive nonresidential rehabilitative mental
415.22 health services by defining the team's actions to assist the client and subsequent providers
415.23 in the transition to less intensive or "stepped down" services; ~~and~~.

225.16 ~~community-based mental health services following discharge from an out-of-home placement~~
225.17 ~~or inpatient hospital stay.~~

225.18 (i) "Treatment team" means all staff who provide services to recipients under this section.

225.19 (j) "Family peer specialist" means a staff person who is qualified under section
225.20 256B.0616.

225.21 Sec. 46. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 6, is
225.22 amended to read:

225.23 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
225.24 nonresidential rehabilitative mental health services.

225.25 (a) The treatment team must use team treatment, not an individual treatment model.

225.26 (b) Services must be available at times that meet client needs.

225.27 (c) Services must be age-appropriate and meet the specific needs of the client.

225.28 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
225.29 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
226.1 least every ~~90 days~~ six months or prior to discharge from the service, whichever comes
226.2 first.

226.3 (e) The treatment team must complete an individual treatment plan for each client,
226.4 according to section 245I.10, subdivisions 7 and 8, and the individual treatment plan must:

226.5 (1) be completed in consultation with the client's current therapist and key providers and
226.6 provide for ongoing consultation with the client's current therapist to ensure therapeutic
226.7 continuity and to facilitate the client's return to the community. For clients under the age of
226.8 18, the treatment team must consult with parents and guardians in developing the treatment
226.9 plan;

226.10 (2) if a need for substance use disorder treatment is indicated by validated assessment:

226.11 (i) identify goals, objectives, and strategies of substance use disorder treatment;

226.12 (ii) develop a schedule for accomplishing substance use disorder treatment goals and
226.13 objectives; and

226.14 (iii) identify the individuals responsible for providing substance use disorder treatment
226.15 services and supports; and

226.16 (3) provide for the client's transition out of intensive nonresidential rehabilitative mental
226.17 health services by defining the team's actions to assist the client and subsequent providers
226.18 in the transition to less intensive or "stepped down" services; ~~and~~.

415.24 ~~(4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days~~
415.25 ~~and revised to document treatment progress or, if progress is not documented, to document~~
415.26 ~~changes in treatment.~~

415.27 (f) The treatment team shall actively and assertively engage the client's family members
415.28 and significant others by establishing communication and collaboration with the family and
415.29 significant others and educating the family and significant others about the client's mental
415.30 illness, symptom management, and the family's role in treatment, unless the team knows or
415.31 has reason to suspect that the client has suffered or faces a threat of suffering any physical
415.32 or mental injury, abuse, or neglect from a family member or significant other.

416.1 (g) For a client age 18 or older, the treatment team may disclose to a family member,
416.2 other relative, or a close personal friend of the client, or other person identified by the client,
416.3 the protected health information directly relevant to such person's involvement with the
416.4 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
416.5 client is present, the treatment team shall obtain the client's agreement, provide the client
416.6 with an opportunity to object, or reasonably infer from the circumstances, based on the
416.7 exercise of professional judgment, that the client does not object. If the client is not present
416.8 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
416.9 team may, in the exercise of professional judgment, determine whether the disclosure is in
416.10 the best interests of the client and, if so, disclose only the protected health information that
416.11 is directly relevant to the family member's, relative's, friend's, or client-identified person's
416.12 involvement with the client's health care. The client may orally agree or object to the
416.13 disclosure and may prohibit or restrict disclosure to specific individuals.

416.14 (h) The treatment team shall provide interventions to promote positive interpersonal
416.15 relationships.

416.16 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
416.17 whichever is later. The commissioner of human services shall notify the revisor of statutes
416.18 when federal approval is obtained.

416.19 Sec. 32. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 2, is
416.20 amended to read:

416.21 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this
416.22 subdivision.

416.23 (b) "Agency" means the legal entity that is enrolled with Minnesota health care programs
416.24 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide
416.25 EIDBI services and that has the legal responsibility to ensure that its employees or contractors
416.26 carry out the responsibilities defined in this section. Agency includes a licensed individual
416.27 professional who practices independently and acts as an agency.

416.28 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
416.29 means either autism spectrum disorder (ASD) as defined in the current version of the
416.30 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found

226.19 ~~(4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days~~
226.20 ~~and revised to document treatment progress or, if progress is not documented, to document~~
226.21 ~~changes in treatment.~~

226.22 (f) The treatment team shall actively and assertively engage the client's family members
226.23 and significant others by establishing communication and collaboration with the family and
226.24 significant others and educating the family and significant others about the client's mental
226.25 illness, symptom management, and the family's role in treatment, unless the team knows or
226.26 has reason to suspect that the client has suffered or faces a threat of suffering any physical
226.27 or mental injury, abuse, or neglect from a family member or significant other.

226.28 (g) For a client age 18 or older, the treatment team may disclose to a family member,
226.29 other relative, or a close personal friend of the client, or other person identified by the client,
226.30 the protected health information directly relevant to such person's involvement with the
226.31 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
226.32 client is present, the treatment team shall obtain the client's agreement, provide the client
226.33 with an opportunity to object, or reasonably infer from the circumstances, based on the
227.1 exercise of professional judgment, that the client does not object. If the client is not present
227.2 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
227.3 team may, in the exercise of professional judgment, determine whether the disclosure is in
227.4 the best interests of the client and, if so, disclose only the protected health information that
227.5 is directly relevant to the family member's, relative's, friend's, or client-identified person's
227.6 involvement with the client's health care. The client may orally agree or object to the
227.7 disclosure and may prohibit or restrict disclosure to specific individuals.

227.8 (h) The treatment team shall provide interventions to promote positive interpersonal
227.9 relationships.

227.10 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
227.11 whichever is later. The commissioner of human services shall notify the revisor of statutes
227.12 when federal approval is obtained.

227.13 Sec. 47. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 2, is
227.14 amended to read:

227.15 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this
227.16 subdivision.

227.19 ~~(b)~~(c) "Agency" means the legal entity that is enrolled with Minnesota health care
227.20 programs as a medical assistance provider according to Minnesota Rules, part 9505.0195,
227.21 to provide EIDBI services and that has the legal responsibility to ensure that its employees
227.22 or contractors carry out the responsibilities defined in this section. Agency includes a licensed
227.23 individual professional who practices independently and acts as an agency.

227.24 ~~(c)~~(d) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
227.25 means either autism spectrum disorder (ASD) as defined in the current version of the
227.26 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found

416.31 to be closely related to ASD, as identified under the current version of the DSM, and meets
416.32 all of the following criteria:

416.33 (1) is severe and chronic;

417.1 (2) results in impairment of adaptive behavior and function similar to that of a person
417.2 with ASD;

417.3 (3) requires treatment or services similar to those required for a person with ASD; and

417.4 (4) results in substantial functional limitations in three core developmental deficits of
417.5 ASD: social or interpersonal interaction; functional communication, including nonverbal
417.6 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
417.7 hyporeactivity to sensory input; and may include deficits or a high level of support in one
417.8 or more of the following domains:

417.9 (i) behavioral challenges and self-regulation;

417.10 (ii) cognition;

417.11 (iii) learning and play;

417.12 (iv) self-care; or

417.13 (v) safety.

417.14 ~~(d)~~ "Person" means a person under 21 years of age.

417.15 ~~(e)~~ "Clinical supervision" means the overall responsibility for the control and direction
417.16 of EIDBI service delivery, including individual treatment planning, staff supervision,
417.17 individual treatment plan progress monitoring, and treatment review for each person. Clinical
417.18 supervision is provided by a qualified supervising professional (QSP) who takes full
417.19 professional responsibility for the service provided by each supervisee.

417.20 ~~(f)~~ "Commissioner" means the commissioner of human services, unless otherwise
417.21 specified.

417.22 ~~(g)~~ "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
417.23 evaluation of a person to determine medical necessity for EIDBI services based on the
417.24 requirements in subdivision 5.

417.25 ~~(h)~~ "Department" means the Department of Human Services, unless otherwise specified.

417.26 ~~(i)~~ "Early intensive developmental and behavioral intervention benefit" or "EIDBI
417.27 benefit" means a variety of individualized, intensive treatment modalities approved and
417.28 published by the commissioner that are based in behavioral and developmental science
417.29 consistent with best practices on effectiveness.

227.27 to be closely related to ASD, as identified under the current version of the DSM, and meets
227.28 all of the following criteria:

227.29 (1) is severe and chronic;

227.30 (2) results in impairment of adaptive behavior and function similar to that of a person
227.31 with ASD;

227.32 (3) requires treatment or services similar to those required for a person with ASD; and

228.1 (4) results in substantial functional limitations in three core developmental deficits of
228.2 ASD: social or interpersonal interaction; functional communication, including nonverbal
228.3 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
228.4 hyporeactivity to sensory input; and may include deficits or a high level of support in one
228.5 or more of the following domains:

228.6 (i) behavioral challenges and self-regulation;

228.7 (ii) cognition;

228.8 (iii) learning and play;

228.9 (iv) self-care; or

228.10 (v) safety.

228.11 ~~(e)~~ ~~(e)~~ "Person" means a person under 21 years of age.

228.12 ~~(e)~~ ~~(f)~~ "Clinical supervision" means the overall responsibility for the control and direction
228.13 of EIDBI service delivery, including individual treatment planning, staff supervision,
228.14 individual treatment plan progress monitoring, and treatment review for each person. Clinical
228.15 supervision is provided by a qualified supervising professional (QSP) who takes full
228.16 professional responsibility for the service provided by each supervisee.

228.17 ~~(f)~~ ~~(g)~~ "Commissioner" means the commissioner of human services, unless otherwise
228.18 specified.

228.19 ~~(g)~~ ~~(h)~~ "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
228.20 evaluation of a person to determine medical necessity for EIDBI services based on the
228.21 requirements in subdivision 5.

228.22 ~~(h)~~ ~~(i)~~ "Department" means the Department of Human Services, unless otherwise
228.23 specified.

228.24 ~~(i)~~ ~~(j)~~ "Early intensive developmental and behavioral intervention benefit" or "EIDBI
228.25 benefit" means a variety of individualized, intensive treatment modalities approved and
228.26 published by the commissioner that are based in behavioral and developmental science
228.27 consistent with best practices on effectiveness.

417.30 (j) "Generalizable goals" means results or gains that are observed during a variety of
417.31 activities over time with different people, such as providers, family members, other adults,
418.1 and people, and in different environments including, but not limited to, clinics, homes,
418.2 schools, and the community.

418.3 (k) "Incident" means when any of the following occur:
418.4 (1) an illness, accident, or injury that requires first aid treatment;
418.5 (2) a bump or blow to the head; or
418.6 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,
418.7 including a person leaving the agency unattended.

418.8 (l) "Individual treatment plan" or "ITP" means the person-centered, individualized written
418.9 plan of care that integrates and coordinates person and family information from the CMDE
418.10 for a person who meets medical necessity for the EIDBI benefit. An individual treatment
418.11 plan must meet the standards in subdivision 6.

418.12 (m) "Legal representative" means the parent of a child who is under 18 years of age, a
418.13 court-appointed guardian, or other representative with legal authority to make decisions
418.14 about service for a person. For the purpose of this subdivision, "other representative with
418.15 legal authority to make decisions" includes a health care agent or an attorney-in-fact
418.16 authorized through a health care directive or power of attorney.

418.17 (n) "Mental health professional" means a staff person who is qualified according to
418.18 section 245I.04, subdivision 2.

418.19 (o) "Person-centered" means a service that both responds to the identified needs, interests,
418.20 values, preferences, and desired outcomes of the person or the person's legal representative
418.21 and respects the person's history, dignity, and cultural background and allows inclusion and
418.22 participation in the person's community.

418.23 (p) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II, or
418.24 level III treatment provider.

418.25 (q) "Advanced certification" means a person who has completed advanced certification
418.26 in an approved modality under subdivision 13, paragraph (b).

228.28 ~~(j)~~ (k) "Generalizable goals" means results or gains that are observed during a variety
228.29 of activities over time with different people, such as providers, family members, other adults,
228.30 and people, and in different environments including, but not limited to, clinics, homes,
228.31 schools, and the community.

228.32 ~~(k)~~ (l) "Incident" means when any of the following occur:
229.1 (1) an illness, accident, or injury that requires first aid treatment;
229.2 (2) a bump or blow to the head; or
229.3 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,
229.4 including a person leaving the agency unattended.

229.5 ~~(l)~~ (m) "Individual treatment plan" or "ITP" means the person-centered, individualized
229.6 written plan of care that integrates and coordinates person and family information from the
229.7 CMDE for a person who meets medical necessity for the EIDBI benefit. An individual
229.8 treatment plan must meet the standards in subdivision 6.

229.9 ~~(m)~~ (n) "Legal representative" means the parent of a child who is under 18 years of age,
229.10 a court-appointed guardian, or other representative with legal authority to make decisions
229.11 about service for a person. For the purpose of this subdivision, "other representative with
229.12 legal authority to make decisions" includes a health care agent or an attorney-in-fact
229.13 authorized through a health care directive or power of attorney.

229.14 ~~(n)~~ (o) "Mental health professional" means a staff person who is qualified according to
229.15 section 245I.04, subdivision 2.

229.16 ~~(o)~~ (p) "Person-centered" means a service that both responds to the identified needs,
229.17 interests, values, preferences, and desired outcomes of the person or the person's legal
229.18 representative and respects the person's history, dignity, and cultural background and allows
229.19 inclusion and participation in the person's community.

229.20 ~~(p)~~ (q) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II,
229.21 or level III treatment provider.

227.17 (b) "Advanced certification" means a person who has completed advanced certification
227.18 in an approved modality under subdivision 13, paragraph (b).

229.22 Sec. 48. Minnesota Statutes 2020, section 256B.0949, subdivision 8, is amended to read:
229.23 Subd. 8. **Refining the benefit with stakeholders.** Before making revisions to the EIDBI
229.24 benefit or proposing statutory changes to this section, the commissioner must refine the
229.25 details of the benefit in consultation consult with stakeholders and consider recommendations
229.26 from the Department of Human Services Early Intensive Developmental and Behavioral
229.27 Intervention Advisory Council, the early intensive developmental and behavioral intervention
229.28 learning collaborative, and the Departments of Health, Education, Employment and Economic

418.27 Sec. 33. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 13, is
418.28 amended to read:

418.29 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are
418.30 eligible for reimbursement by medical assistance under this section. Services must be
418.31 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must
418.32 address the person's medically necessary treatment goals and must be targeted to develop,
419.1 enhance, or maintain the individual developmental skills of a person with ASD or a related
419.2 condition to improve functional communication, including nonverbal or social
419.3 communication, social or interpersonal interaction, restrictive or repetitive behaviors,

229.29 ~~Development, and Human Services. The details must~~ Revisions and proposed statutory
229.30 ~~changes subject to this subdivision include, but are not limited to, the following components:~~

229.31 (1) a definition of the qualifications, standards, and roles of the treatment team, including
229.32 recommendations after stakeholder consultation on whether board-certified behavior analysts
230.1 and other professionals certified in other treatment approaches recognized by the department
230.2 or trained in ASD or a related condition and child development should be added as
230.3 professionals qualified to provide EIDBI clinical supervision or other functions under
230.4 medical assistance;

230.5 (2) refinement of uniform parameters for CMDE and ongoing ITP progress monitoring
230.6 standards;

230.7 (3) the design of an effective and consistent process for assessing the person's and the
230.8 person's legal representative's and the person's caregiver's preferences and options to
230.9 participate in the person's early intervention treatment and efficacy of methods to involve
230.10 and educate the person's legal representative and caregiver in the treatment of the person;

230.11 (4) formulation of a collaborative process in which professionals have opportunities to
230.12 collectively inform provider standards and qualifications; standards for CMDE; medical
230.13 necessity determination; efficacy of treatment apparatus, including modality, intensity,
230.14 frequency, and duration; and ITP progress monitoring processes to support quality
230.15 improvement of EIDBI services;

230.16 (5) coordination of this benefit and its interaction with other services provided by the
230.17 Departments of Human Services, Health, Employment and Economic Development, and
230.18 Education;

230.19 (6) evaluation, on an ongoing basis, of EIDBI services outcomes and efficacy of treatment
230.20 modalities provided to people under this benefit; and

230.21 (7) as provided under subdivision 17, determination of the availability of qualified EIDBI
230.22 providers with necessary expertise and training in ASD or a related condition throughout
230.23 the state to assess whether there are sufficient professionals to provide timely access and
230.24 prevent delay in the CMDE and treatment of a person with ASD or a related condition.

230.25 Sec. 49. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 13, is
230.26 amended to read:

230.27 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are
230.28 eligible for reimbursement by medical assistance under this section. Services must be
230.29 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must
230.30 address the person's medically necessary treatment goals and must be targeted to develop,
230.31 enhance, or maintain the individual developmental skills of a person with ASD or a related
230.32 condition to improve functional communication, including nonverbal or social
230.33 communication, social or interpersonal interaction, restrictive or repetitive behaviors,

419.4 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,
419.5 cognition, learning and play, self-care, and safety.

419.6 (b) EIDBI treatment must be delivered consistent with the standards of an approved
419.7 modality, as published by the commissioner. EIDBI modalities include:

419.8 (1) applied behavior analysis (ABA);

419.9 (2) developmental individual-difference relationship-based model (DIR/Floortime);

419.10 (3) early start Denver model (ESDM);

419.11 (4) PLAY project;

419.12 (5) relationship development intervention (RDI); or

419.13 (6) additional modalities not listed in clauses (1) to (5) upon approval by the
419.14 commissioner.

419.15 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),
419.16 clauses (1) to (5), as the primary modality for treatment as a covered service, or several
419.17 EIDBI modalities in combination as the primary modality of treatment, as approved by the
419.18 commissioner. An EIDBI provider that identifies and provides assurance of qualifications
419.19 for a single specific treatment modality, including an EIDBI provider with advanced
419.20 certification overseeing implementation, must document the required qualifications to meet
419.21 fidelity to the specific model in a manner determined by the commissioner.

419.22 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications
419.23 for professional licensure certification, or training in evidence-based treatment methods,
419.24 and must document the required qualifications outlined in subdivision 15 in a manner
419.25 determined by the commissioner.

419.26 (e) CMDE is a comprehensive evaluation of the person's developmental status to
419.27 determine medical necessity for EIDBI services and meets the requirements of subdivision
419.28 5. The services must be provided by a qualified CMDE provider.

419.29 (f) EIDBI intervention observation and direction is the clinical direction and oversight
419.30 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,
419.31 including developmental and behavioral techniques, progress measurement, data collection,
419.32 function of behaviors, and generalization of acquired skills for the direct benefit of a person.
420.1 EIDBI intervention observation and direction informs any modification of the current
420.2 treatment protocol to support the outcomes outlined in the ITP.

420.3 (g) Intervention is medically necessary direct treatment provided to a person with ASD
420.4 or a related condition as outlined in their ITP. All intervention services must be provided
420.5 under the direction of a QSP. Intervention may take place across multiple settings. The
420.6 frequency and intensity of intervention services are provided based on the number of
420.7 treatment goals, person and family or caregiver preferences, and other factors. Intervention

231.1 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,
231.2 cognition, learning and play, self-care, and safety.

231.3 (b) EIDBI treatment must be delivered consistent with the standards of an approved
231.4 modality, as published by the commissioner. EIDBI modalities include:

231.5 (1) applied behavior analysis (ABA);

231.6 (2) developmental individual-difference relationship-based model (DIR/Floortime);

231.7 (3) early start Denver model (ESDM);

231.8 (4) PLAY project;

231.9 (5) relationship development intervention (RDI); or

231.10 (6) additional modalities not listed in clauses (1) to (5) upon approval by the
231.11 commissioner.

231.12 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),
231.13 clauses (1) to (5), as the primary modality for treatment as a covered service, or several
231.14 EIDBI modalities in combination as the primary modality of treatment, as approved by the
231.15 commissioner. An EIDBI provider that identifies and provides assurance of qualifications
231.16 for a single specific treatment modality, including an EIDBI provider with advanced
231.17 certification overseeing implementation, must document the required qualifications to meet
231.18 fidelity to the specific model in a manner determined by the commissioner.

231.19 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications
231.20 for professional licensure certification, or training in evidence-based treatment methods,
231.21 and must document the required qualifications outlined in subdivision 15 in a manner
231.22 determined by the commissioner.

231.23 (e) CMDE is a comprehensive evaluation of the person's developmental status to
231.24 determine medical necessity for EIDBI services and meets the requirements of subdivision
231.25 5. The services must be provided by a qualified CMDE provider.

231.26 (f) EIDBI intervention observation and direction is the clinical direction and oversight
231.27 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,
231.28 including developmental and behavioral techniques, progress measurement, data collection,
231.29 function of behaviors, and generalization of acquired skills for the direct benefit of a person.
231.30 EIDBI intervention observation and direction informs any modification of the current
231.31 treatment protocol to support the outcomes outlined in the ITP.

232.1 (g) Intervention is medically necessary direct treatment provided to a person with ASD
232.2 or a related condition as outlined in their ITP. All intervention services must be provided
232.3 under the direction of a QSP. Intervention may take place across multiple settings. The
232.4 frequency and intensity of intervention services are provided based on the number of
232.5 treatment goals, person and family or caregiver preferences, and other factors. Intervention

420.8 services may be provided individually or in a group. Intervention with a higher provider
420.9 ratio may occur when deemed medically necessary through the person's ITP.

420.10 (1) Individual intervention is treatment by protocol administered by a single qualified
420.11 EIDBI provider delivered to one person.

420.12 (2) Group intervention is treatment by protocol provided by one or more qualified EIDBI
420.13 providers, delivered to at least two people who receive EIDBI services.

420.14 (3) Higher provider ratio intervention is treatment with protocol modification provided
420.15 by two or more qualified EIDBI providers delivered to one person in an environment that
420.16 meets the person's needs and under the direction of the QSP or level I provider.

420.17 (h) ITP development and ITP progress monitoring is development of the initial, annual,
420.18 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents
420.19 provide oversight and ongoing evaluation of a person's treatment and progress on targeted
420.20 goals and objectives and integrate and coordinate the person's and the person's legal
420.21 representative's information from the CMDE and ITP progress monitoring. This service
420.22 must be reviewed and completed by the QSP, and may include input from a level I provider
420.23 or a level II provider.

420.24 (i) Family caregiver training and counseling is specialized training and education for a
420.25 family or primary caregiver to understand the person's developmental status and help with
420.26 the person's needs and development. This service must be provided by the QSP, level I
420.27 provider, or level II provider.

420.28 (j) A coordinated care conference is a voluntary meeting with the person and the person's
420.29 family to review the CMDE or ITP progress monitoring and to integrate and coordinate
420.30 services across providers and service-delivery systems to develop the ITP. This service
420.31 ~~must be provided by the QSP and~~ may include the CMDE provider ~~or, QSP,~~ a level I
420.32 provider, or a level II provider.

421.1 (k) Travel time is allowable billing for traveling to and from the person's home, school,
421.2 a community setting, or place of service outside of an EIDBI center, clinic, or office from
421.3 a specified location to provide in-person EIDBI intervention, observation and direction, or
421.4 family caregiver training and counseling. The person's ITP must specify the reasons the
421.5 provider must travel to the person.

421.6 (l) Medical assistance covers medically necessary EIDBI services and consultations
421.7 delivered ~~by a licensed health care provider~~ via telehealth, as defined under section
421.8 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered
421.9 in person.

232.6 services may be provided individually or in a group. Intervention with a higher provider
232.7 ratio may occur when deemed medically necessary through the person's ITP.

232.8 (1) Individual intervention is treatment by protocol administered by a single qualified
232.9 EIDBI provider delivered to one person.

232.10 (2) Group intervention is treatment by protocol provided by one or more qualified EIDBI
232.11 providers, delivered to at least two people who receive EIDBI services.

232.12 (3) Higher provider ratio intervention is treatment with protocol modification provided
232.13 by two or more qualified EIDBI providers delivered to one person in an environment that
232.14 meets the person's needs and under the direction of the QSP or level I provider.

232.15 (h) ITP development and ITP progress monitoring is development of the initial, annual,
232.16 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents
232.17 provide oversight and ongoing evaluation of a person's treatment and progress on targeted
232.18 goals and objectives and integrate and coordinate the person's and the person's legal
232.19 representative's information from the CMDE and ITP progress monitoring. This service
232.20 must be reviewed and completed by the QSP, and may include input from a level I provider
232.21 or a level II provider.

232.22 (i) Family caregiver training and counseling is specialized training and education for a
232.23 family or primary caregiver to understand the person's developmental status and help with
232.24 the person's needs and development. This service must be provided by the QSP, level I
232.25 provider, or level II provider.

232.26 (j) A coordinated care conference is a voluntary meeting with the person and the person's
232.27 family to review the CMDE or ITP progress monitoring and to integrate and coordinate
232.28 services across providers and service-delivery systems to develop the ITP. This service
232.29 ~~must be provided by the QSP and~~ may include the CMDE provider ~~or, QSP,~~ a level I
232.30 provider, or a level II provider.

232.31 (k) Travel time is allowable billing for traveling to and from the person's home, school,
232.32 a community setting, or place of service outside of an EIDBI center, clinic, or office from
232.33 a specified location to provide in-person EIDBI intervention, observation and direction, or
233.1 family caregiver training and counseling. The person's ITP must specify the reasons the
233.2 provider must travel to the person.

233.3 (l) Medical assistance covers medically necessary EIDBI services and consultations
233.4 delivered ~~by a licensed health care provider~~ via telehealth, as defined under section
233.5 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered
233.6 in person.

233.7 Sec. 50. Minnesota Statutes 2020, section 256B.49, subdivision 23, is amended to read:

233.8 Subd. 23. **Community-living settings.** (a) For the purposes of this chapter,
233.9 "community-living settings" means a single-family home or multifamily dwelling unit where
233.10 a service recipient or a service recipient's family owns or rents, and maintains control over

- 233.11 the individual unit as demonstrated by a lease agreement. Community-living settings does
233.12 not include a home or dwelling unit that the service provider owns, operates, or leases or
233.13 in which the service provider has a direct or indirect financial interest.
- 233.14 (b) To ensure a service recipient or the service recipient's family maintains control over
233.15 the home or dwelling unit, community-living settings are subject to the following
233.16 requirements:
- 233.17 (1) service recipients must not be required to receive services or share services;
- 233.18 (2) service recipients must not be required to have a disability or specific diagnosis to
233.19 live in the community-living setting;
- 233.20 (3) service recipients may hire service providers of their choice;
- 233.21 (4) service recipients may choose whether to share their household and with whom;
- 233.22 (5) the home or multifamily dwelling unit must include living, sleeping, bathing, and
233.23 cooking areas;
- 233.24 (6) service recipients must have lockable access and egress;
- 233.25 (7) service recipients must be free to receive visitors and leave the settings at times and
233.26 for durations of their own choosing;
- 233.27 (8) leases must comply with chapter 504B;
- 233.28 (9) landlords must not charge different rents to tenants who are receiving home and
233.29 community-based services; and
- 233.30 (10) access to the greater community must be easily facilitated based on the service
233.31 recipient's needs and preferences.
- 234.1 (c) Nothing in this section prohibits a service recipient from having another person or
234.2 entity not affiliated with the service provider cosign a lease. Nothing in this section prohibits
234.3 a service recipient, during any period in which a service provider has cosigned the service
234.4 recipient's lease, from modifying services with an existing cosigning service provider and,
234.5 subject to the approval of the landlord, maintaining a lease cosigned by the service provider.
234.6 Nothing in this section prohibits a service recipient, during any period in which a service
234.7 provider has cosigned the service recipient's lease, from terminating services with the
234.8 cosigning service provider, receiving services from a new service provider, and, subject to
234.9 the approval of the landlord, maintaining a lease cosigned by the new service provider.
- 234.10 (d) A lease cosigned by a service provider meets the requirements of paragraph (a) if
234.11 the service recipient and service provider develop and implement a transition plan which
234.12 must provide that, within two years of cosigning the initial lease, the service provider shall
234.13 transfer the lease to the service recipient and other cosigners, if any.

234.14 (e) In the event the landlord has not approved the transfer of the lease within two years
234.15 of the service provider cosigning the initial lease, the service provider must submit a
234.16 time-limited extension request to the commissioner of human services to continue the
234.17 cosigned lease arrangement. The extension request must include:

234.18 (1) the reason the landlord denied the transfer;

234.19 (2) the plan to overcome the denial to transfer the lease;

234.20 (3) the length of time needed to successfully transfer the lease, not to exceed an additional
234.21 two years;

234.22 (4) a description of the information provided to the person to help the person make an
234.23 informed choice about entering into a time-limited cosigned lease extension with the service
234.24 provider;

234.25 ~~(4)~~ (5) a description of how the transition plan was followed, what occurred that led to
234.26 the landlord denying the transfer, and what changes in circumstances or condition, if any,
234.27 the service recipient experienced; and

234.28 ~~(5)~~ (6) a revised transition plan to transfer the cosigned lease between the service provider
234.29 and the service recipient to the service recipient.

234.30 The commissioner must approve an extension within sufficient time to ensure the continued
234.31 occupancy by the service recipient.

234.32 (f) In the event the landlord has not approved the transfer of the lease within the timelines
234.33 of an approved time-limited extension request, the service provider must submit another
235.1 time-limited extension request to the commissioner of human services to continue the
235.2 cosigned lease arrangement. A time-limited extension request submitted under this paragraph
235.3 must include the same information required for an initial time-limited extension request
235.4 under paragraph (e). The commissioner must approve or deny an extension within 60 days.

235.5 (g) The commissioner may grant a service recipient no more than three additional
235.6 time-limited extensions under paragraph (f).

235.7 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
235.8 whichever is later. The commissioner of human services shall notify the revisor of statutes
235.9 when federal approval is obtained.

235.10 Sec. 51. Minnesota Statutes 2021 Supplement, section 256B.49, subdivision 28, is amended
235.11 to read:

235.12 Subd. 28. **Customized living moratorium for brain injury and community access**
235.13 **for disability inclusion waivers.** (a) Notwithstanding section 245A.03, subdivision 2,
235.14 paragraph (a), clause (23), to prevent new development of customized living settings that
235.15 otherwise meet the residential program definition under section 245A.02, subdivision 14,
235.16 the commissioner shall not enroll new customized living settings serving four or fewer

- 235.17 people in a single-family home to deliver customized living services as defined under the
235.18 brain injury or community access for disability inclusion waiver plans under this section.
- 235.19 (b) The commissioner may approve an exception to paragraph (a) when:
- 235.20 (1) an existing customized living setting changes ownership at the same address; or
- 235.21 (2) an existing customized living setting relocates under the same ownership to a different
235.22 address, provided the setting to which the customized services are relocated complies with
235.23 the home and community-based services rule requirements. The exception under this clause
235.24 is available until March 16, 2023, unless federal approval is obtained to permanently allow
235.25 this exception.
- 235.26 (c) Customized living settings operational on or before June 30, 2021, are considered
235.27 existing customized living settings.
- 235.28 (d) For any new customized living settings serving four or fewer people in a single-family
235.29 home to deliver customized living services as defined in paragraph (a) ~~and~~ that was not
235.30 operational on or before June 30, 2021, or that was operational on or before June 30, 2021,
235.31 but relocated under the same ownership to a different address without receiving an exception
235.32 under paragraph (b), clause (2), the authorizing lead agency is financially responsible for
235.33 all home and community-based service payments in the setting.
- 236.1 (e) For purposes of this subdivision, "operational" means customized living services are
236.2 authorized and delivered to a person in the customized living setting.
- 236.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 236.4 Sec. 52. Minnesota Statutes 2020, section 256G.02, subdivision 6, is amended to read:
- 236.5 Subd. 6. **Excluded time.** "Excluded time" means:
- 236.6 (1) any period an applicant spends in a hospital, sanitarium, nursing home, shelter other
236.7 than an emergency shelter, halfway house, foster home, community residential setting
236.8 licensed under chapter 245D, semi-independent living domicile or services program,
236.9 residential facility offering care, board and lodging facility or other institution for the
236.10 hospitalization or care of human beings, as defined in section 144.50, 144A.01, or 245A.02,
236.11 subdivision 14; maternity home, battered women's shelter, or correctional facility; or any
236.12 facility based on an emergency hold under section 253B.05, subdivisions 1 and 2;
- 236.13 (2) any period an applicant spends on a placement basis in a training and habilitation
236.14 program, including: a rehabilitation facility or work or employment program as defined in
236.15 section 268A.01; semi-independent living services provided under section 252.275, and
236.16 chapter 245D; or day training and habilitation programs ~~and~~;
- 236.17 (3) any period an applicant is receiving assisted living services, integrated community
236.18 supports, or day support services; and

421.10 Sec. 34. Minnesota Statutes 2020, section 256K.26, subdivision 2, is amended to read:

421.11 Subd. 2. **Implementation.** The commissioner, in consultation with the commissioners
421.12 of the Department of Corrections and the Minnesota Housing Finance Agency, counties,
421.13 Tribes, providers, and funders of supportive housing and services, shall develop application
421.14 requirements and make funds available according to this section, with the goal of providing
421.15 maximum flexibility in program design.

421.16 Sec. 35. Minnesota Statutes 2020, section 256K.26, subdivision 6, is amended to read:

421.17 Subd. 6. **Outcomes.** Projects will be selected to further the following outcomes:

421.18 (1) reduce the number of Minnesota individuals and families that experience long-term
421.19 homelessness;

421.20 (2) increase the number of housing opportunities with supportive services;

421.21 (3) develop integrated, cost-effective service models that address the multiple barriers
421.22 to obtaining housing stability faced by people experiencing long-term homelessness,
421.23 including abuse, neglect, chemical dependency, disability, chronic health problems, or other
421.24 factors including ethnicity and race that may result in poor outcomes or service disparities;

421.25 (4) encourage partnerships among counties, Tribes, community agencies, schools, and
421.26 other providers so that the service delivery system is seamless for people experiencing
421.27 long-term homelessness;

421.28 (5) increase employability, self-sufficiency, and other social outcomes for individuals
421.29 and families experiencing long-term homelessness; and

422.1 (6) reduce inappropriate use of emergency health care, shelter, ~~chemical dependency~~
422.2 ~~substance use disorder treatment~~, foster care, child protection, corrections, and similar
422.3 services used by people experiencing long-term homelessness.

422.4 Sec. 36. Minnesota Statutes 2020, section 256K.26, subdivision 7, is amended to read:

422.5 Subd. 7. **Eligible services.** Services eligible for funding under this section are all services
422.6 needed to maintain households in permanent supportive housing, as determined by the
422.7 ~~county or counties~~ or Tribes administering the project or projects.

422.8 Sec. 37. Minnesota Statutes 2021 Supplement, section 256P.01, subdivision 6a, is amended
422.9 to read:

422.10 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified
422.11 professional" means a licensed physician, physician assistant, advanced practice registered
422.12 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their
422.13 scope of practice.

236.19 ~~(4) any placement for a person with an indeterminate commitment, including~~
236.20 ~~independent living.~~

236.21 Sec. 53. Minnesota Statutes 2020, section 256K.26, subdivision 2, is amended to read:

236.22 Subd. 2. **Implementation.** The commissioner, in consultation with the commissioners
236.23 of the Department of Corrections and the Minnesota Housing Finance Agency, counties,
236.24 Tribes, providers and funders of supportive housing and services, shall develop application
236.25 requirements and make funds available according to this section, with the goal of providing
236.26 maximum flexibility in program design.

236.27 Sec. 54. Minnesota Statutes 2020, section 256K.26, subdivision 6, is amended to read:

236.28 Subd. 6. **Outcomes.** Projects will be selected to further the following outcomes:

236.29 (1) reduce the number of Minnesota individuals and families that experience long-term
236.30 homelessness;

237.1 (2) increase the number of housing opportunities with supportive services;

237.2 (3) develop integrated, cost-effective service models that address the multiple barriers
237.3 to obtaining housing stability faced by people experiencing long-term homelessness,
237.4 including abuse, neglect, chemical dependency, disability, chronic health problems, or other
237.5 factors including ethnicity and race that may result in poor outcomes or service disparities;

237.6 (4) encourage partnerships among counties, Tribes, community agencies, schools, and
237.7 other providers so that the service delivery system is seamless for people experiencing
237.8 long-term homelessness;

237.9 (5) increase employability, self-sufficiency, and other social outcomes for individuals
237.10 and families experiencing long-term homelessness; and

237.11 (6) reduce inappropriate use of emergency health care, shelter, ~~chemical dependency~~
237.12 ~~substance use disorder treatment~~, foster care, child protection, corrections, and similar
237.13 services used by people experiencing long-term homelessness.

237.14 Sec. 55. Minnesota Statutes 2020, section 256K.26, subdivision 7, is amended to read:

237.15 Subd. 7. **Eligible services.** Services eligible for funding under this section are all services
237.16 needed to maintain households in permanent supportive housing, as determined by the
237.17 ~~county or counties~~ or Tribes administering the project or projects.

237.18 Sec. 56. Minnesota Statutes 2021 Supplement, section 256P.01, subdivision 6a, is amended
237.19 to read:

237.20 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified
237.21 professional" means a licensed physician, physician assistant, advanced practice registered
237.22 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their
237.23 scope of practice.

422.14 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
422.15 professional" means a licensed physician, physician assistant, advanced practice registered
422.16 nurse, licensed independent clinical social worker, licensed psychologist, certified school
422.17 psychologist, or certified psychometrist working under the supervision of a licensed
422.18 psychologist.

422.19 (c) For mental health, a "qualified professional" means a licensed physician, advanced
422.20 practice registered nurse, or qualified mental health professional under section 245I.04,
422.21 subdivision 2.

422.22 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
422.23 qualified mental health professional under section ~~245.462, subdivision 18, clauses (1) to~~
422.24 ~~(6) 245I.04, subdivision 2~~, or an individual as defined in section 245G.11, subdivision 3,
422.25 4, or 5.

422.26 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
422.27 whichever is later. The commissioner of human services shall notify the revisor of statutes
422.28 when federal approval is obtained.

423.1 Sec. 38. Minnesota Statutes 2020, section 256Q.06, is amended by adding a subdivision
423.2 to read:

423.3 Subd. 6. **Account creation.** If an eligible individual is unable to establish the eligible
423.4 individual's own ABLÉ account, an ABLÉ account may be established on behalf of the
423.5 eligible individual by the eligible individual's agent under a power of attorney or, if none,
423.6 by the eligible individual's conservator or legal guardian, spouse, parent, sibling, or
423.7 grandparent or a representative payee appointed for the eligible individual by the Social
423.8 Security Administration, in that order.

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

423.10 Sec. 39. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended
423.11 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

423.12 Subdivision 1. **Waivers and modifications; federal funding extension.** When the
423.13 peacetime emergency declared by the governor in response to the COVID-19 outbreak
423.14 expires, is terminated, or is rescinded by the proper authority, the following waivers and
423.15 modifications to human services programs issued by the commissioner of human services
423.16 pursuant to Executive Orders 20-11 and 20-12 ~~that are required to comply with federal law~~
423.17 may remain in effect for the time period set out in applicable federal law or for the time
423.18 period set out in any applicable federally approved waiver or state plan amendment,
423.19 whichever is later:

423.20 (1) CV15: allowing telephone or video visits for waiver programs;

423.21 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare;

237.24 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
237.25 professional" means a licensed physician, physician assistant, advanced practice registered
237.26 nurse, licensed independent clinical social worker, licensed psychologist, certified school
237.27 psychologist, or certified psychometrist working under the supervision of a licensed
237.28 psychologist.

237.29 (c) For mental health, a "qualified professional" means a licensed physician, advanced
237.30 practice registered nurse, or qualified mental health professional under section 245I.04,
237.31 subdivision 2.

238.1 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
238.2 qualified mental health professional under section ~~245.462, subdivision 18, clauses (1) to~~
238.3 ~~(6) 245I.04, subdivision 2~~, or an individual as defined in section 245G.11, subdivision 3,
238.4 4, or 5.

238.5 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
238.6 whichever is later. The commissioner of human services shall notify the revisor of statutes
238.7 when federal approval is obtained.

238.8 Sec. 57. Minnesota Statutes 2020, section 256Q.06, is amended by adding a subdivision
238.9 to read:

238.10 Subd. 6. **Account creation.** If an eligible individual is unable to establish the eligible
238.11 individual's own ABLÉ account, an ABLÉ account may be established on behalf of the
238.12 eligible individual by the eligible individual's agent under a power of attorney or, if none,
238.13 by the eligible individual's conservator or legal guardian, spouse, parent, sibling, or
238.14 grandparent or a representative payee appointed for the eligible individual by the Social
238.15 Security Administration, in that order.

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

238.17 Sec. 58. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended
238.18 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

238.19 Subdivision 1. **Waivers and modifications; federal funding extension.** When the
238.20 peacetime emergency declared by the governor in response to the COVID-19 outbreak
238.21 expires, is terminated, or is rescinded by the proper authority, the following waivers and
238.22 modifications to human services programs issued by the commissioner of human services
238.23 pursuant to Executive Orders 20-11 and 20-12 ~~that are required to comply with federal law~~
238.24 may remain in effect for the time period set out in applicable federal law or for the time
238.25 period set out in any applicable federally approved waiver or state plan amendment,
238.26 whichever is later:

238.27 (1) CV15: allowing telephone or video visits for waiver programs;

238.28 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare;

423.22 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance
423.23 Program;
423.24 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;
423.25 (5) CV24: allowing telephone or video use for targeted case management visits;
423.26 (6) CV30: expanding telemedicine in health care, mental health, and substance use
423.27 disorder settings;
423.28 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance
423.29 Program;
423.30 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance
423.31 Program;
424.1 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance
424.2 Program;
424.3 (10) CV43: expanding remote home and community-based waiver services;
424.4 (11) CV44: allowing remote delivery of adult day services;
424.5 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance
424.6 Program;
424.7 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services
424.8 Program; and
424.9 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and
424.10 Minnesota Family Investment Program maximum food benefits.

238.29 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance
238.30 Program;
238.31 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;
239.1 (5) CV24: allowing telephone or video use for targeted case management visits;
239.2 (6) CV30: expanding telemedicine in health care, mental health, and substance use
239.3 disorder settings;
239.4 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance
239.5 Program;
239.6 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance
239.7 Program;
239.8 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance
239.9 Program;
239.10 (10) CV43: expanding remote home and community-based waiver services;
239.11 (11) CV44: allowing remote delivery of adult day services;
239.12 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance
239.13 Program;
239.14 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services
239.15 Program; and
239.16 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and
239.17 Minnesota Family Investment Program maximum food benefits.
239.18 Sec. 59. **Laws 2021, First Special Session chapter 7, article 11, section 38, is amended to**
239.19 **read:**
239.20 **Sec. 38. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
239.21 **TREATMENT PAPERWORK REDUCTION.**
239.22 (a) **The commissioner of human services, in consultation with counties, tribes, managed**
239.23 **care organizations, substance use disorder treatment professional associations, and other**
239.24 **relevant stakeholders, shall develop, assess, and recommend systems improvements to**
239.25 **minimize regulatory paperwork and improve systems for substance use disorder programs**
239.26 **licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,**
239.27 **chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner**
239.28 **of human services shall make available any resources needed from other divisions within**
239.29 **the department to implement systems improvements.**
239.30 (b) **The commissioner of health shall make available needed information and resources**
239.31 **from the Division of Health Policy.**

240.1 (c) The Office of MN.IT Services shall provide advance consultation and implementation
240.2 of the changes needed in data systems.

240.3 (d) The commissioner of human services shall contract with a vendor that has experience
240.4 with developing statewide system changes for multiple states at the payer and provider
240.5 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a
240.6 vendor with the requisite qualifications, the commissioner may select the best qualified
240.7 vendor available. When developing recommendations, the commissioner shall consider
240.8 input from all stakeholders. The commissioner's recommendations shall maximize benefits
240.9 for clients and utility for providers, regulatory agencies, and payers.

240.10 (e) The commissioner of human services and the contracted vendor shall follow the
240.11 recommendations from the report issued in response to Laws 2019, First Special Session
240.12 chapter 9, article 6, section 76.

240.13 (f) ~~By December 15, 2022~~ Within two years of contracting with a qualified vendor
240.14 according to paragraph (d), the commissioner of human services shall take steps to implement
240.15 paperwork reductions and systems improvements within the commissioner's authority and
240.16 submit to the chairs and ranking minority members of the legislative committees with
240.17 jurisdiction over health and human services a report that includes recommendations for
240.18 changes in statutes that would further enhance systems improvements to reduce paperwork.
240.19 The report shall include a summary of the approaches developed and assessed by the
240.20 commissioner of human services and stakeholders and the results of any assessments
240.21 conducted.

240.22 Sec. 60. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
240.23 **INFORMED CHOICE UPON CLOSURE.**

240.24 The commissioner of human services shall direct department staff, lead agency staff,
240.25 and lead agency partners to ensure that solutions to workforce shortages in licensed home
240.26 and community-based disability settings are consistent with the state's policy priority of
240.27 informed choice and the integration mandate under the state's Olmstead Plan. Specifically,
240.28 the commissioner shall direct department staff, lead agency staff, and lead agency partners
240.29 to ensure that when a licensed setting cannot continue providing services as a result of
240.30 staffing shortages, a person who had been receiving services in that setting is not discharged
240.31 to a more restrictive setting than the person was in previously and the person receives an
240.32 informed choice process about how and where the person will receive services following
240.33 the suspension or closure of the program or setting in which the person had previously been
240.34 receiving services.

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

241.2 Sec. 61. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; HOME**
241.3 **AND COMMUNITY-BASED SERVICES RULE STATEWIDE TRANSITION PLAN.**

241.4 By September 1, 2022, the commissioner of human services shall submit for approval
241.5 an amendment to Minnesota's home and community-based services rule statewide transition

424.11 Sec. 40. **REVISOR INSTRUCTION.**

424.12 In Minnesota Statutes and Minnesota Rules, the revisor of statutes shall change the term
424.13 "chemical dependency" or similar terms to "substance use disorder." The revisor may make
424.14 grammatical changes related to the term change.

424.15 Sec. 41. **REPEALER.**

424.16 (a) Minnesota Statutes 2020, sections 254A.04; and 254B.14, subdivisions 1, 2, 3, 4,
424.17 and 6, are repealed.
424.18 (b) Minnesota Statutes 2021 Supplement, section 254B.14, subdivision 5, is repealed.

241.6 plan to modify the residential tiered standards for BI, CAC, CADI, and DD waivers to
241.7 specify that an existing customized living setting that relocates under the same ownership
241.8 to a different address must be treated as a Tier 1 customized living setting, provided the
241.9 setting to which the customized services are relocated complies with the home and
241.10 community-based services rule requirements. The commissioner shall inform the revisor
241.11 of statutes when federal approval is obtained.

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

241.13 Sec. 62. **REVISOR INSTRUCTION.**

241.14 The revisor of statutes shall change the term "chemical dependency" or similar terms to
241.15 "substance use disorder" wherever the term appears in Minnesota Statutes. The revisor may
241.16 make grammatical changes related to the term change.

241.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

241.18 Sec. 63. **REPEALER.**

241.19 (a) Minnesota Statutes 2020, sections 254A.04; and 254B.14, subdivisions 1, 2, 3, 4,
241.20 and 6, are repealed.
241.21 (b) Minnesota Statutes 2021 Supplement, section 254B.14, subdivision 5, is repealed.