

1.1 moves to amend H.F. No. 1535 as follows:

1.2 Page 6, line 16, strike "The commissioner may authorize projects"

1.3 Page 6, strike line 17

1.4 Page 6, delete line 18

1.5 Page 6, lines 19 and 20, delete the new language and strike the old language

1.6 Page 6, line 21, strike everything before the period and insert "The commissioner
1.7 may authorize projects to use alternative methods of (1) investigating and assessing
1.8 reports of child maltreatment, and (2) administrative reconsideration and judicial appeal
1.9 of maltreatment determinations, provided the alternative methods used by the projects
1.10 comply with the provisions of section 626.556 and 256.045 dealing with the rights of
1.11 individuals who are the subjects of reports or investigations, including notice and appeal
1.12 rights and data practices requirements"

1.13 Page 8, line 25, strike "includes" and insert "means"

1.14 Page 8, line 26, strike "extended"

1.15 Page 8, line 29, before the period insert ", paragraphs (2), (6), and (9)"

1.16 Page 10, line 15, strike "includes" and insert "means"

1.17 Page 10, line 16, strike "extended"

1.18 Page 10, line 20, before the period insert ", paragraphs (2), (6), and (9)"

1.19 Page 13, line 31, strike ", upon request,"

1.20 Page 16, line 24, strike "includes" and insert "means"

1.21 Page 16, line 25, strike "extended"

1.22 Page 16, line 27, before the period insert ", paragraphs (2), (6), and (9)"

1.23 Page 25, after line 34, insert:

1.24 "Sec. 35. Minnesota Statutes 2014, section 268.155, subdivision 1, is amended to read:

1.25 Subdivision 1. **Definitions.** As used in this section:

1.26 (1) "Child support obligations" means obligations that are being enforced by a child
1.27 support agency in accordance with a plan described in United States Code, title 42, section

2.1 sections 454 and 455, of the Social Security Act that has been approved by the secretary of
 2.2 health and human services under part D of title IV of the Social Security Act. This does
 2.3 not include any type of spousal maintenance or foster care payments; and

2.4 (2) "Child support agency" means the public agency responsible for child support
 2.5 enforcement, including federally approved comprehensive Tribal IV-D programs.

2.6 **EFFECTIVE DATE.** This section is effective October 15, 2015."

2.7 Page 26, delete section 31

2.8 Page 39, line 15, delete the new language

2.9 Page 39, after line 15, insert:

2.10 "(ii) be a certified peer specialist under section 256B.0615;"

2.11 Page 39, line 16, strike "(ii)" and insert "(iii)"

2.12 Page 39, line 17, strike "(iii)" and insert "(iv)"

2.13 Page 39, line 22, strike "(iv)" and insert "(v)"

2.14 Page 39, line 23, strike "(v)" and insert "(vi)"

2.15 Page 40, delete section 3

2.16 Page 43, line 23, delete "future"

2.17 Page 48, lines 5 to 10, delete the new language

2.18 Page 54, line 18, delete "except as" and insert "unless"

2.19 Page 54, line 19, delete "foreshortened" and insert "shortened"

2.20 Page 76, before line 1, insert:

2.21 "Sec. 17. Minnesota Statutes 2014, section 245A.148, is amended to read:

2.22 **245A.148 FAMILY CHILD CARE DIAPERING AREA DISINFECTION.**

2.23 Notwithstanding Minnesota Rules, part 9502.0435, a family child care provider may
 2.24 disinfect the diaper changing surface with chlorine bleach in a manner consistent with label
 2.25 directions for disinfection or with a surface disinfectant that meets the following criteria:

2.26 (1) the manufacturer's label or instructions state that the product is registered with
 2.27 the United States Environmental Protection Agency;

2.28 (2) the manufacturer's label or instructions state that the disinfectant is effective
 2.29 against *Staphylococcus aureus*, *Salmonella ~~choleraesuis~~ enterica*, and *Pseudomonas*
 2.30 *aeruginosa*;

2.31 (3) the manufacturer's label or instructions state that the disinfectant is effective with
 2.32 a ten minute or less contact time;

2.33 (4) the disinfectant is clearly labeled by the manufacturer with directions for mixing
 2.34 and use;

2.35 (5) the disinfectant is used only in accordance with the manufacturer's directions; and

3.1 (6) the product does not include triclosan or derivatives of triclosan."

3.2 Page 77, after line 24, insert:

3.3 "Sec. 19. Minnesota Statutes 2014, section 245A.1915, is amended to read:

3.4 **245A.1915 OPIOID ADDICTION TREATMENT EDUCATION**
3.5 **REQUIREMENT FOR PROVIDERS LICENSED TO PROVIDE CHEMICAL**
3.6 **DEPENDENCY TREATMENT SERVICES.**

3.7 All programs serving persons with substance use issues licensed by the commissioner
3.8 must provide educational information concerning: treatment options for opioid addiction,
3.9 including the use of a medication for the use of opioid addiction; and recognition of
3.10 and response to opioid overdose and the use and administration of naloxone, to clients
3.11 identified as having or seeking treatment for opioid addiction. The commissioner shall
3.12 develop educational materials that are supported by research and updated periodically that
3.13 must be used by programs to comply with this requirement."

3.14 Page 77, line 32, strike everything after "(3)" and insert "if the physician that
3.15 issued the order is not able to sign the order when issued, the unsigned order must be
3.16 entered in the client record at the time it was received, and the physician must review the
3.17 documentation and sign the order in the client's record within 72 hours of the medication
3.18 being ordered. The license holder must report to the commissioner any medication error
3.19 that endangers a patient's health, as determined by the medical director."

3.20 Page 77, strike lines 33 and 34

3.21 Page 78, strike lines 1 to 3

3.22 Page 78, after line 3, insert:

3.23 "Sec. 21. Minnesota Statutes 2014, section 245A.192, is amended by adding a
3.24 subdivision to read:

3.25 Subd. 3a. **High dose requirements.** A client being administered or dispensed a
3.26 dose, beyond that set forth in subdivision 5, clause (1), that exceeds 150 milligrams of
3.27 methadone or 24 milligrams of buprenorphine daily, and for each subsequent increase,
3.28 must meet face to face with a prescribing physician. The meeting must occur before the
3.29 administering or dispensing of the increased dose.

3.30 Sec. 22. Minnesota Statutes 2014, section 245A.192, subdivision 5, is amended to read:

3.31 Subd. 5. **Criteria for unsupervised use.** (a) To limit the potential for diversion
3.32 of medication used for the treatment of opioid addiction to the illicit market, any such
3.33 medications dispensed to patients for unsupervised use shall be subject to the following
3.34 requirements:

4.1 (1) any patient in an opioid treatment program may receive a single take-home dose
4.2 for a day that the clinic is closed for business, including Sundays and state and federal
4.3 holidays; and

4.4 (2) treatment program decisions on dispensing medications used to treat opioid
4.5 addiction to patients for unsupervised use beyond that set forth in clause (1) shall be
4.6 determined by the medical director.

4.7 (b) ~~The medical director~~ A physician with authority to prescribe must consider the
4.8 criteria in this subdivision in determining whether a client may be permitted unsupervised
4.9 or take-home use of such medications. The criteria must also be considered when
4.10 determining whether dispensing medication for a client's unsupervised use is appropriate to
4.11 increase or to extend the amount of time between visits to the program. The criteria include:

4.12 (1) absence of recent abuse of drugs including but not limited to opioids,
4.13 nonnarcotics, and alcohol;

4.14 (2) regularity of program attendance;

4.15 (3) absence of serious behavioral problems at the program;

4.16 (4) absence of known recent criminal activity such as drug dealing;

4.17 (5) stability of the client's home environment and social relationships;

4.18 (6) length of time in comprehensive maintenance treatment;

4.19 (7) reasonable assurance that take-home medication will be safely stored within the
4.20 client's home; and

4.21 (8) whether the rehabilitative benefit the client derived from decreasing the frequency
4.22 of program attendance outweighs the potential risks of diversion or unsupervised use.

4.23 (c) The determination, including the basis of the determination, must be consistent
4.24 with the criteria in this subdivision and must be documented in the client's medical record.

4.25 Sec. 23. Minnesota Statutes 2014, section 245A.192, subdivision 10, is amended to
4.26 read:

4.27 Subd. 10. **Nonmedication treatment services; documentation.** (a) The program
4.28 must offer at least 50 consecutive minutes of individual or group therapy treatment services
4.29 as defined in Minnesota Rules, part 9530.6430, subpart 1, item A, subitem (1), per week,
4.30 for the first ten weeks following admission, and at least 50 consecutive minutes per month
4.31 thereafter. As clinically appropriate, the program may offer these services cumulatively
4.32 and not consecutively in increments of no less than 15 minutes over the required time
4.33 period, and for a total of 60 minutes of treatment services over the time period, and must
4.34 document the reason for providing services cumulatively in the client's record. The
4.35 program may offer additional levels of service when deemed clinically necessary.

5.1 (b) Notwithstanding the requirements of comprehensive assessments in Minnesota
5.2 Rules, part 9530.6422, the assessment must be completed within 21 days of service
5.3 initiation.

5.4 (c) Notwithstanding the requirements of individual treatment plans set forth in
5.5 Minnesota Rules, part 9530.6425:

5.6 (1) treatment plan contents for maintenance clients are not required to include goals
5.7 the client must reach to complete treatment and have services terminated;

5.8 (2) treatment plans for clients in a taper or detox status must include goals the client
5.9 must reach to complete treatment and have services terminated;

5.10 (3) for the initial ten weeks after admission for all new admissions, readmissions, and
5.11 transfers, progress notes must be entered in a client's file at least weekly and be recorded
5.12 in each of the six dimensions upon the development of the treatment plan and thereafter.

5.13 Subsequently, the counselor must document progress no less than one time monthly,
5.14 recorded in the six dimensions or when clinical need warrants more frequent notations; and

5.15 (4) upon the development of the treatment plan and thereafter, treatment plan
5.16 reviews must occur weekly, or after each treatment service, whichever is less frequent,
5.17 for the first ten weeks of treatment for all new admissions, readmissions, and transfers
5.18 after the treatment plan is developed. Following the first ten weeks of treatment, treatment
5.19 plan reviews, reviews may occur monthly, unless the client has needs that warrant more
5.20 frequent revisions or documentation.

5.21 Sec. 24. Minnesota Statutes 2014, section 245A.192, subdivision 11, is amended to read:

5.22 Subd. 11. **Prescription monitoring program.** (a) ~~Upon admission to a methadone~~
5.23 ~~clinic outpatient treatment program, clients shall be notified that the Department of Human~~
5.24 ~~Services and the medical director will monitor the prescription monitoring program to~~
5.25 ~~review the prescribed controlled drugs the clients have received. The medical director or~~
5.26 ~~the medical director's delegate must review data from the Minnesota Board of Pharmacy~~
5.27 ~~prescription monitoring program (PMP) established under section 152.126 prior to the~~
5.28 ~~client being ordered any controlled substance as defined under section 152.126, subdivision~~
5.29 ~~1, paragraph (b), including medications used for the treatment of opioid addiction. The~~
5.30 ~~subsequent reviews of the PMP data must occur quarterly and be documented in the~~
5.31 ~~client's individual file. When the PMP data shows a recent history of multiple prescribers~~
5.32 ~~or multiple prescriptions for controlled substances, then subsequent reviews of the PMP~~
5.33 ~~data must occur monthly and be documented in the client's individual file. If, at any time,~~
5.34 ~~the medical director believes the use of the controlled substances places the client at risk~~
5.35 ~~of harm, the program must seek the client's consent to discuss the client's opioid treatment~~

6.1 ~~with other prescribers and must seek consent for the other prescriber to disclose to the~~
6.2 ~~opioid treatment program's medical director the client's condition that formed the basis of~~
6.3 ~~the other prescriptions. Additionally, any findings from the PMP data that are relevant to~~
6.4 ~~the medical director's course of treatment for the client must be documented in the client's~~
6.5 ~~individual file. A review of the PMP is not required for every medication dose adjustment.~~
6.6 The program must develop and maintain a policy and procedure that requires the ongoing
6.7 monitoring of the data from the prescription monitoring program for each client. The policy
6.8 and procedure must include how the program will meet the requirements in paragraph (b).

6.9 (b) If a medication used for the treatment of opioid addiction is administered or
6.10 dispensed to a client, the license holder shall be subject to the following requirements:

6.11 (1) upon admission to a methadone clinic outpatient treatment program, clients must
6.12 be notified in writing that the commissioner of human services and the medical director
6.13 will monitor the prescription monitoring program to review the prescribed controlled
6.14 drugs the clients have received;

6.15 (2) the medical director or the medical director's delegate must review the data from
6.16 the Minnesota Board of Pharmacy prescription monitoring program (PMP) established
6.17 under section 152.126 prior to the client being ordered any controlled substance, as
6.18 defined under section 152.126, subdivision 1, paragraph (b), including medications used
6.19 for the treatment of opioid addiction, and subsequent reviews of the PMP data must occur
6.20 at least every 90 days;

6.21 (3) a copy of the PMP data reviewed must be maintained in the client file;

6.22 (4) when the PMP data contains a recent history of multiple prescribers or multiple
6.23 prescriptions for controlled substances, the physician's review of the data and subsequent
6.24 actions must be documented in the client's individual file within 72 hours and must contain
6.25 the medical director's determination of whether or not the prescriptions place the client at
6.26 risk of harm and the actions to be taken in response to the PMP findings. In addition, the
6.27 provider must conduct subsequent reviews of the PMP on a monthly basis; and

6.28 (5) if at any time the medical director believes the use of the controlled substances
6.29 places the client at risk of harm, the program must seek the client's consent to discuss
6.30 the client's opioid treatment with other prescribers and must seek consent for the other
6.31 prescriber to disclose to the opioid treatment program's medical director the client's
6.32 condition that formed the basis of the other prescriptions. If the information is not
6.33 obtained within seven days, the medical director must document whether or not changes
6.34 to the client's medication dose or number of take-home doses are necessary until the
6.35 information is obtained.

7.1 (c) The commissioner shall collaborate with the Minnesota Board of Pharmacy
 7.2 to develop and implement an electronic system through which the commissioner shall
 7.3 routinely access the data from the Minnesota Board of Pharmacy prescription monitoring
 7.4 program established under section 152.126 for the purpose of determining whether
 7.5 any client enrolled in an opioid addiction treatment program licensed according to this
 7.6 section has also been prescribed or dispensed a controlled substance in addition to
 7.7 that administered or dispensed by the opioid addiction treatment program. When the
 7.8 commissioner determines there have been multiple prescribers or multiple prescriptions of
 7.9 controlled substances, the commissioner shall:

7.10 (1) inform the medical director of the opioid treatment program only that the
 7.11 commissioner determined the existence of multiple prescribers or multiple prescriptions of
 7.12 controlled substances; and

7.13 (2) direct the medical director of the opioid treatment program to access the data
 7.14 directly, review the effect of the multiple prescribers or multiple prescriptions, and
 7.15 document the review.

7.16 (e) (d) If determined necessary, the commissioner shall seek a federal waiver of, or
 7.17 exception to, any applicable provision of Code of Federal Regulations, title 42, section
 7.18 2.34(c), prior to implementing this subdivision."

7.19 Page 78, delete lines 6 to 13 and insert:

7.20 "Subd. 15. **A program's duty to report suspected drug diversion.** (a) To the
 7.21 fullest extent permitted under Code of Federal Regulations, title 42, sections 2.1 to 2.67,
 7.22 a program shall report to law enforcement any credible evidence that the program or its
 7.23 personnel knows, or reasonably should know, that is directly related to a diversion crime
 7.24 on the premises of the program, or a threat to commit a diversion crime.

7.25 (b) "Diversion crime" for the purposes of this section, means diverting, attempting
 7.26 to divert, or conspiring to divert schedule I, II, III, or IV drugs, as defined in section
 7.27 152.02, on the program's premises.

7.28 (c) The program must document its compliance with the requirement in paragraph
 7.29 (a) in either a client's record or an incident report.

7.30 (d) Failure to comply with the duty in paragraph (a) may result in sanctions as
 7.31 provided in sections 245A.06 and 245A.07."

7.32 Page 78, before line 14, insert:

7.33 "Sec. 26. Minnesota Statutes 2014, section 245A.192, is amended by adding a
 7.34 subdivision to read:

7.35 Subd. 16. **Variance.** The commissioner may grant a variance to the requirements of
 7.36 this section."

8.1 Page 78, line 20, delete everything after "(b)"

8.2 Page 78, delete lines 21 to 23 and insert "Notwithstanding paragraph (a), which
8.3 allows 90 days to complete training, at least one staff person who has satisfactorily
8.4 completed first aid training must be present at all times in the center, during field trips,
8.5 and when transporting children in care."

8.6 Page 79, line 5, delete everything after "(b)"

8.7 Page 79, delete lines 6 to 9 and insert "Notwithstanding paragraph (a), which allows
8.8 90 days to complete training, at least one staff person who has satisfactorily completed
8.9 cardiopulmonary resuscitation training must be present at all times in the center, during
8.10 field trips, and when transporting children in care."

8.11 Page 84, delete section 30

8.12 Page 90, line 22, after "by" insert "and serving at the pleasure of"

8.13 Page 91, delete lines 22 and 23

8.14 Page 91, line 24, delete "(4)" and insert "(3)"

8.15 Page 91, line 26, delete "(5)" and insert "(4)"

8.16 Page 91, line 29, delete "(6)" and insert "(5)"

8.17 Page 93, line 28, delete everything after "(10)" and insert "emergency general
8.18 assistance and emergency assistance."

8.19 Page 94, delete section 44 and insert:

8.20 "Sec. 44. Minnesota Statutes 2014, section 256B.0625, is amended by adding a
8.21 subdivision to read:

8.22 Subd. 17b. **Documentation required.** (a) As a condition for payment,
8.23 nonemergency medical transportation providers must document each occurrence of a
8.24 service provided to a recipient according to this subdivision. Providers must maintain
8.25 odometer and other records sufficient to distinguish individual trips with specific vehicles
8.26 and drivers. The documentation may be maintained in an electronic or paper form but
8.27 must be made available and produced upon request. Program funds paid for transportation
8.28 that is not documented according to this subdivision shall be recovered by the department.

8.29 (b) A nonemergency medical transportation provider must compile transportation
8.30 records that meet the following requirements:

8.31 (1) the record must be in English and must be legible according to the standard
8.32 of a reasonable person;

8.33 (2) the recipient's name must be on each page of the record; and

8.34 (3) each entry in the record must document:

8.35 (i) the date on which the entry is made;

8.36 (ii) the date or dates the service is provided;

- 9.1 (iii) the printed last name, first name, and middle initial of the driver;
- 9.2 (iv) the signature of the driver attesting to the following: "I certify that I have
- 9.3 accurately reported in this mileage log the miles I actually drove and the dates and times I
- 9.4 actually drove them. I understand that misreporting the miles driven and hours worked is
- 9.5 fraud for which I could face criminal prosecution or civil proceedings.";
- 9.6 (v) the signature of the recipient attesting to the following: "I certify that I received
- 9.7 the reported transportation service.";
- 9.8 (vi) the description and address of both the origin and destination, and the mileage
- 9.9 for the most direct route from the origin to the destination;
- 9.10 (vii) the mode of transportation in which the service is provided;
- 9.11 (viii) the license plate number of the vehicle used to transport the recipient;
- 9.12 (ix) whether the service was ambulatory or nonambulatory until the modes under
- 9.13 subdivision 17 are implemented;
- 9.14 (x) the time of the pickup and the time of the drop-off with "a.m." and "p.m."
- 9.15 designations;
- 9.16 (xi) the number of medical assistance occupants in the vehicle;
- 9.17 (xii) the name of the extra attendant when an extra attendant is used to provide
- 9.18 special transportation service; and
- 9.19 (xiii) the electronic source documentation used to calculate driving directions and
- 9.20 mileage."
- 9.21 Page 95, line 22, after the period, insert "Only qualified professional" and delete "not"
- 9.22 Page 95, line 24, delete ", for no"
- 9.23 Page 95, delete line 25
- 9.24 Page 95, line 26, delete everything before the period
- 9.25 Page 96, line 3, after "system" insert "or other methods" and delete "verifies" and
- 9.26 insert "verify"
- 9.27 Page 101, line 14, delete "felony" and insert "crime" and delete everything after "
- 9.28 sentenced" and insert "as provided in section 609.52, subdivision 3, clauses (1) to (5)"
- 9.29 Page 101, line 15, delete everything before the third comma
- 9.30 Page 101, line 22, after the first comma, insert "in order to obtain child assistance
- 9.31 program funds,"
- 9.32 Page 101, line 24, delete everything after "effective" and insert "August 1, 2015,"
- 9.33 Page 105, line 5, delete everything after "effective" and insert "August 1, 2015,"
- 9.34 Page 107, line 27, strike "(a)"
- 9.35 Page 108, lines 1 and 3, strike the old language
- 9.36 Page 108, delete section 3, and insert:

10.1 "Sec. Minnesota Statutes 2014, section 245D.10, subdivision 3, is amended to read:

10.2 Subd. 3. **Service suspension and service termination.** (a) The license holder
10.3 must establish policies and procedures for temporary service suspension ~~and service~~
10.4 ~~termination~~ that promote continuity of care and service coordination with the person and
10.5 the case manager and with other licensed caregivers, if any, who also provide support to
10.6 the person. The policy must include the requirements specified in paragraphs (b) to (e).

10.7 (b) The license holder must limit temporary service suspension to situations in which:

10.8 (1) the person's conduct poses an imminent risk of physical harm to self or others
10.9 and either positive support strategies have been implemented to resolve the issues leading
10.10 to the temporary service suspension but have not been effective and additional positive
10.11 support strategies would not achieve and maintain safety, or less restrictive measures
10.12 would not resolve the issues leading to the suspension;

10.13 (2) the person has emergent medical issues that exceed the license holder's ability to
10.14 meet the individual's needs; or

10.15 (3) the program has not been paid for services.

10.16 (c) Prior to giving notice of temporary service suspension, the license holder must
10.17 document actions taken to minimize or eliminate the need for service suspension or
10.18 termination. Action taken by the license holder must include, at a minimum:

10.19 (1) consultation with the person's support team or expanded support team to identify
10.20 and resolve issues leading to issuance of the notice; and

10.21 (2) a request to the case manager for intervention services identified in section
10.22 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or
10.23 intervention services to support the person in the program. This requirement does not
10.24 apply to temporary suspensions issued under paragraph (b), clause (3).

10.25 If, based on the best interests of the individual, the circumstances at the time of the
10.26 notice were such that the license holder was unable to take the action specified in clauses
10.27 (1) and (2), the license holder must document the specific circumstances and the reason
10.28 for being unable to do so.

10.29 ~~(b)~~ (d) The policy notice of temporary service suspension must include meet the
10.30 following requirements:

10.31 (1) the license holder must notify the person or the person's legal representative and
10.32 case manager in writing of the intended ~~termination~~ or temporary service suspension;
10.33 and the person's right to seek a temporary order staying the termination of service
10.34 according to the procedures in section 256.045, subdivision 4a, or 6, paragraph (c). If
10.35 the temporary service suspension is from residential supports and services as defined in

11.1 section 245D.03, subdivision 1, paragraph (c), clause (3), the license holder must also
11.2 notify the commissioner in writing;

11.3 ~~(2) notice of the proposed termination of services, including those situations that~~
11.4 ~~began with a temporary service suspension, must be given at least 60 days before the~~
11.5 ~~proposed termination is to become effective when a license holder is providing intensive~~
11.6 ~~supports and services identified in section 245D.03, subdivision 1, paragraph (c), and 30~~
11.7 ~~days prior to termination for all other services licensed under this chapter. This notice may~~
11.8 ~~be given in conjunction with a notice of temporary service suspension;~~

11.9 ~~(3) notice of temporary service suspension must be given on the first day of the~~
11.10 ~~service suspension; and~~

11.11 ~~(3) the notice must include the reason for the action, a summary of actions taken~~
11.12 ~~to minimize or eliminate the need for temporary service suspension as required under~~
11.13 ~~paragraph (d), and why these measures failed to prevent the suspension.~~

11.14 ~~(e) During the temporary suspension period, the license holder must:~~

11.15 ~~(4) the license holder must (1) provide information requested by the person or case~~
11.16 ~~manager when services are temporarily suspended or upon notice of termination;~~

11.17 ~~(5) prior to giving notice of service termination or temporary service suspension,~~
11.18 ~~the license holder must document actions taken to minimize or eliminate the need for~~
11.19 ~~service suspension or termination;~~

11.20 ~~(6) during the temporary service suspension or service termination notice period,~~
11.21 ~~the license holder must (2) work with the support team or expanded support team to~~
11.22 ~~develop reasonable alternatives to protect the person and others and to support continuity~~
11.23 ~~of care; and~~

11.24 ~~(7) the license holder must (3) maintain information about the service suspension or~~
11.25 ~~termination, including the written termination notice of temporary service suspension, in~~
11.26 ~~the service recipient record; and~~

11.27 ~~(8) the license holder must restrict temporary service suspension to situations in~~
11.28 ~~which the person's conduct poses an imminent risk of physical harm to self or others and~~
11.29 ~~less restrictive or positive support strategies would not achieve and maintain safety.~~

11.30 ~~(f) If, based on a review by the person's support team or expanded support team,~~
11.31 ~~that team determines the person no longer poses an imminent risk of physical harm to~~
11.32 ~~self or others, the person has a right to return to receiving services. If, at the time of the~~
11.33 ~~service suspension or at any time during the suspension, the person is receiving treatment~~
11.34 ~~related to the conduct that resulted in the service suspension, the support team or expanded~~
11.35 ~~support team must consider the recommendation of the licensed health professional,~~
11.36 ~~mental health professional, or other licensed professional involved in the person's care~~

12.1 or treatment when determining whether the person no longer poses an imminent risk of
12.2 physical harm to self or others and can return to the program. If the support team or
12.3 expanded support team makes a determination that is contrary to the recommendation of a
12.4 licensed professional treating the person, the license holder must document the specific
12.5 reasons why a contrary decision was made.

12.6 Sec. Minnesota Statutes 2014, section 245D.10, is amended by adding a subdivision
12.7 to read:

12.8 Subd. 3a. **Service termination.** (a) The license holder must establish policies
12.9 and procedures for service termination that promote continuity of care and service
12.10 coordination with the person and the case manager and with other licensed caregivers, if
12.11 any, who also provide support to the person. The policy must include the requirements
12.12 specified in paragraphs (b) through (e).

12.13 (b) The license holder must permit each person to remain in the program and must
12.14 not terminate services unless:

12.15 (1) the termination is necessary for the person's welfare and the person's needs
12.16 cannot be met in the facility;

12.17 (2) the safety of the person or others in the program is endangered and positive
12.18 support strategies were attempted and have not achieved and effectively maintained safety
12.19 for the person or others;

12.20 (3) the health of the person or others in the program would otherwise be endangered;

12.21 (4) the program has not been paid for services;

12.22 (5) the program ceases to operate; or

12.23 (6) the person has been terminated by the lead agency from waiver eligibility.

12.24 (c) Prior to giving notice of service termination , the license holder must document
12.25 actions taken to minimize or eliminate the need for termination. Action taken by the
12.26 license holder must include, at a minimum:

12.27 (1) consultation with the person's support team or expanded support team to identify
12.28 and resolve issues leading to issuance of the notice; and

12.29 (2) a request to the case manager for intervention services identified in section
12.30 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or
12.31 intervention services to support the person in the program. This requirement does not
12.32 apply to notice of service termination issued based on paragraph (b), clause (4).

12.33 If, based on the best interests of the individual, the circumstances at the time of the notice
12.34 were such that the license holder was unable to take the action specified in clauses (1)

13.1 and (2), the license holder must document the specific circumstances and the reason
 13.2 for being unable to do so.

13.3 (d) The notice of service termination must meet the following requirements:

13.4 (1) the license holder must notify the person or the person's legal representative and
 13.5 the case manager in writing of the intended service termination. If the service termination
 13.6 is from residential supports and services as defined in section 245D.03, subdivision 1,
 13.7 paragraph (c), clause (3), the license holder must also notify the commissioner in writing;
 13.8 and

13.9 (2) the notice must include:

13.10 (i) the reason for the action;

13.11 (ii) except for a service termination under paragraph (b), clause (5), a summary of
 13.12 actions taken to minimize or eliminate the need for service termination or temporary
 13.13 service suspension as required under paragraph (c), and why these measures failed to
 13.14 prevent the termination or suspension;

13.15 (iii) the person's right to appeal the termination of services under section 256.045,
 13.16 subdivision 3, paragraph (a); and

13.17 (iv) the person's right to seek a temporary order staying the termination of services
 13.18 according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).

13.19 (e) Notice of the proposed termination of service, including those situations that
 13.20 began with a temporary service suspension , must be given at least 60 days before the
 13.21 proposed termination is to become effective when a license holder is providing intensive
 13.22 supports and services identified in section 245D.03, subdivision 1, paragraph (c), and 30
 13.23 days prior to termination for all other services licensed under this chapter. This notice may
 13.24 be given in conjunction with a notice of temporary service suspension under subdivision 3.

13.25 (f) During the service termination notice period, the license holder must:

13.26 (1) work with the support team or expanded support team to develop reasonable
 13.27 alternatives to protect the person and others and to support continuity of care;

13.28 (2) provide information requested by the person or case manager; and

13.29 (3) maintain information about the service termination, including the written notice
 13.30 of intended service termination, in the service recipient record."

13.31 Page 108, lines 1 and 3, strike the old language

13.32 Page 111, line 23, delete "3" and insert "3a"

13.33 Page 112, line 16, delete "3" and insert "3a" and delete "(c)" and insert "(b)"

13.34 Page 112, line 17, delete "3" and insert "3a" and delete "(d), clause (5)" and insert "
 13.35 (c)" and after the period, insert "If the appeal includes a request for a temporary stay of
 13.36 termination of services, the scope of the hearing shall also include whether the county

14.1 agency has finalized arrangements for a residential facility, a program, or services that will
 14.2 meet the assessed needs of the recipient by the effective date of the service termination."

14.3 Page 113, line 19, strike everything after "pending" and insert "; or"

14.4 Page 113, line 20, strike the old language and insert "(2) for the period of time
 14.5 necessary for the county agency to implement the commissioner's order"

14.6 Page 113, delete lines 21 to 31 and insert:

14.7 "(3) for appeals under subdivision 3, clause (12), when the individual is seeking
 14.8 a temporary stay of demission on the basis that the county has not yet finalized an
 14.9 alternative arrangement for a residential facility, a program, or services that will meet
 14.10 the assessed needs of the individual by the effective date of the service termination, a
 14.11 temporary stay of demission may be issued for no more than 30 calendar days to allow for
 14.12 such arrangements to be finalized."

14.13 Page 125, line 29, delete ", education," and insert "and education"

14.14 Page 125, line 30, delete the new language

14.15 Page 125, after line 30, insert:

14.16 "(15) coaching and counseling;"

14.17 Page 125, line 31, strike "(15)" and insert "(16)"

14.18 Page 125, line 33, strike "(16)" and insert "(17)"

14.19 Page 126, line 3, strike "(17)" and insert "(18)"

14.20 Page 126, line 4, strike "(18)" and insert "(19)"

14.21 Page 127, delete lines 6 to 9 and insert:

14.22 "(d) Alternative care covers sign language interpreter services and spoken language
 14.23 interpreter services for recipients eligible for alternative care when the services are
 14.24 necessary to help deaf and hard-of-hearing recipients or recipients with limited English
 14.25 proficiency obtain covered services. Coverage for face-to-face oral language interpreter
 14.26 services shall be provided only if the oral language interpreter used by the enrolled health
 14.27 care provider is listed in the registry or roster established under section 144.058."

14.28 Page 132, line 23, strike "contractor" and insert "provider"

14.29 Page 134, line 1, strike "services" and insert "service"

14.30 Page 134, line 25, strike "contractor or vendor" and insert "provider" and strike "
 14.31 contractor" and insert "provider"

14.32 Page 134, line 27, strike "has a written contract" and insert "is an enrolled provider"

14.33 Page 135, lines 35 and 36, delete the new language

14.34 Page 138, lines 15 and 33, strike "contractor" and insert "provider"

14.35 Page 138, line 31, strike "services" and insert "service"

14.36 Page 139, line 4, strike "contractor" and insert "provider"

- 15.1 Page 139, line 36, strike "services" and insert "service" and strike "supports" and
- 15.2 insert "support"
- 15.3 Page 140, line 3, strike "contractor" and insert "provider"
- 15.4 Page 141, line 21, strike "contractor" and delete the new language
- 15.5 Page 141, line 22, strike "under contract" and insert "provider as defined under
- 15.6 subdivision 13a, that is an enrolled provider"
- 15.7 Page 145, line 16, strike "contractor" and insert "provider"
- 15.8 Page 145, line 18, strike "contractors"
- 15.9 Page 145, line 19, before "identified" insert "providers"
- 15.10 Page 146, line 7, strike "contractors" and insert "providers"
- 15.11 Page 147, line 14, strike "contractor" and insert "provider"
- 15.12 Page 147, line 18, after "plan" insert "as identified in subdivision 18, paragraph
- 15.13 (c), clause (4)"
- 15.14 Page 152, line 25, strike "contractor" and before the period, insert "provider"
- 15.15 Page 153, line 24, delete the new language and strike the old language
- 15.16 Page 153, strike line 25 and insert:
- 15.17 "(b) Agency-provider services shall not be provided by the FMS provider."
- 15.18 Page 153, line 26, strike "contractor" and insert "provider"
- 15.19 Page 154, line 2, strike "in the contract with" and insert "by"
- 15.20 Page 154, lines 5, 11, and 35, strike "contractor" and insert "provider"
- 15.21 Page 154, line 6, strike the second "for"
- 15.22 Page 154, line 7, strike "agency-provider participants"
- 15.23 Page 154, line 8, delete "contractor" and insert "provider"
- 15.24 Page 155, line 4, strike "contractor" and insert "provider"
- 15.25 Page 155, line 6, strike "contractor" and insert "provider" and strike "contractors"
- 15.26 and insert "providers"
- 15.27 Page 155, line 8, strike "contractors" and insert "providers"
- 15.28 Page 155, lines 22 and 24, delete "contractor" and insert "provider"
- 15.29 Page 155, line 26, after the semicolon, insert "and"
- 15.30 Page 155, line 28, delete "; and" and insert a period
- 15.31 Page 155, delete line 29
- 15.32 Page 156, line 1, delete "contractor or vendor" and insert "provider" and delete "
- 15.33 under contract" and insert "enrolled"
- 15.34 Page 156, line 2, delete "community"
- 15.35 Page 156, line 3, delete "and services" and insert "coordinated service and" and
- 15.36 delete "contractor" and insert "provider"

- 16.1 Page 156, lines 5, and 10, delete "contractor" and insert "provider"
- 16.2 Page 156, line 4, delete "vendors" and insert "providers"
- 16.3 Page 156, line 26, delete "and"
- 16.4 Page 156, line 32, delete the period and insert "; and"
- 16.5 Page 156, after line 32, insert:
- 16.6 "(9) participating in the evaluation of CFSS services."
- 16.7 Page 157, lines 26, 27, and 35, delete "contractor" and insert "provider"
- 16.8 Page 158, line 7, after "for" insert "the"
- 16.9 Page 158, line 10, delete "contractor" and insert "provider"
- 16.10 Page 160, lines 3, 8, 9, 12, and 14, strike "contractor" and insert "provider"
- 16.11 Page 160, line 29, delete "contractors" and insert "providers"
- 16.12 Page 161, line 5, delete "contractor" and insert "provider"
- 16.13 Page 161, line 19, strike "contractor" and insert "provider"
- 16.14 Page 162, lines 4 and 18, strike "contractor" and insert "provider"
- 16.15 Page 163, line 6, after "plan" insert a semicolon and after "and" insert "evaluate
- 16.16 the support worker"
- 16.17 Page 164, line 19, delete "must" and strike "include" and delete "that explains"
- 16.18 and insert "must explain"
- 16.19 Page 166, line 13, after "agency-provider" insert "or through an FMS provider"
- 16.20 Page 166, line 14, delete "agency provider" and insert "agency-provider or through
- 16.21 an FMS provider"
- 16.22 Page 166, line 17, after "agency-provider" insert "or FMS provider"
- 16.23 Page 166, line 18, after "agency-provider's" insert "or FMS provider's"
- 16.24 Page 166, line 19, delete "as required by subdivision 12a" and after "
- 16.25 agency-provider" insert "or FMS provider"
- 16.26 Page 166, line 25, after "agency-provider" insert "or FMS provider" and after "
- 16.27 agency-provider's" insert "or FMS provider's"
- 16.28 Page 167 line 26, strike "contractor's" and insert "provider's"
- 16.29 Page 167, line 29, after "enrollment" insert "or FMS provider's enrollment"
- 16.30 Page 167, line 30, strike "FMS contract" and delete "or"
- 16.31 Page 167, line 33, delete "contractors" and insert "providers"
- 16.32 Page 167, line 36, delete "contractor" and insert "provider"
- 16.33 Page 168, line 18, after "services" insert "or FMS providers"
- 16.34 Page 168, line 19, delete "20a" and insert "20c"
- 16.35 Page 168, lines 22, 24, 27, 28, 29, 32, 34, and 35, after "agency-provider" insert "
- 16.36 or FMS provider"

- 17.1 Page 169, line 1, after "agency-provider" insert "or FMS provider"
- 17.2 Page 169, line 4, delete "contractors" and insert "providers"
- 17.3 Page 169, line 5, delete "contractors" and insert "providers"
- 17.4 Page 169, line 13, after "owners" insert "and"
- 17.5 Page 170, line 1, delete "Licensure" and insert "Oversight"
- 17.6 Page 170, line 3, delete "a plan to implement licensure" and insert "recommendations
- 17.7 for the oversight"
- 17.8 Page 170, line 12 before "adult" insert "emergency"
- 17.9 Page 170, line 25, after "for" insert "emergency adult"
- 17.10 Page 171, line 4, after "for" insert "emergency"
- 17.11 Page 171, line 24, before "adult" insert "emergency" and delete "makes a referral
- 17.12 to" and insert "requests assistance from"
- 17.13 Page 173, line 8, strike "to serve adults"
- 17.14 Page 173, line 12, strike "sections" and insert "section"
- 17.15 Page 173, line 13, delete "and" and insert "or"
- 17.16 Page 173, line 32, strike "sections" and insert "section"
- 17.17 Page 173, line 33, delete "and" and insert "or"
- 17.18 Page 175, line 12, delete "section" and insert "sections" and delete ", is" and insert ";
- 17.19 and 256B.0911, subdivision 6a, are"
- 17.20 Renumber the sections in sequence and correct the internal references
- 17.21 Amend the title accordingly