

1.1 moves to amend H.F. No. 4579 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 **"ARTICLE 1**

1.4 **COMMUNITY SUPPORTS AND BEHAVIORAL HEALTH POLICY**

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

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

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

1.11 (c) "Health care provider" means a health care professional who is licensed or registered
1.12 by the state to perform health care services within the provider's scope of practice and in
1.13 accordance with state law. A health care provider includes a mental health professional as
1.14 ~~defined under section 245.462, subdivision 18, or 245.4871, subdivision 27~~ 245I.04,
1.15 subdivision 2; a mental health practitioner as ~~defined under section 245.462, subdivision~~
1.16 ~~17, or 245.4871, subdivision 26~~ 245I.04, subdivision 4; a clinical trainee under section
1.17 245I.04, subdivision 6; a treatment coordinator under section 245G.11, subdivision 7; an
1.18 alcohol and drug counselor under section 245G.11, subdivision 5; and a recovery peer under
1.19 section 245G.11, subdivision 8.

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

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

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

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

2.8 (h) "Telehealth" means the delivery of health care services or consultations through the
2.9 use of real time two-way interactive audio and visual communications to provide or support
2.10 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
2.11 education, and care management of a patient's health care. Telehealth includes the application
2.12 of secure video conferencing, store-and-forward technology, and synchronous interactions
2.13 between a patient located at an originating site and a health care provider located at a distant
2.14 site. Until July 1, 2023, telehealth also includes audio-only communication between a health
2.15 care provider and a patient in accordance with subdivision 6, paragraph (b). Telehealth does
2.16 not include communication between health care providers that consists solely of a telephone
2.17 conversation, e-mail, or facsimile transmission. Telehealth does not include communication
2.18 between a health care provider and a patient that consists solely of an e-mail or facsimile
2.19 transmission. Telehealth does not include telemonitoring services as defined in paragraph
2.20 (i).

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

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

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

2.31 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
2.32 other professions or occupations from performing functions for which they are qualified or
2.33 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
2.34 licensed practical nurses; licensed psychologists and licensed psychological practitioners;

3.1 members of the clergy provided such services are provided within the scope of regular
 3.2 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
 3.3 licensed marriage and family therapists; licensed social workers; social workers employed
 3.4 by city, county, or state agencies; licensed professional counselors; licensed professional
 3.5 clinical counselors; licensed school counselors; registered occupational therapists or
 3.6 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
 3.7 (UMICAD) certified counselors when providing services to Native American people; city,
 3.8 county, or state employees when providing assessments or case management under Minnesota
 3.9 Rules, chapter 9530; and ~~individuals defined in section 256B.0623, subdivision 5, clauses~~
 3.10 ~~(1) to (6)~~; staff persons providing co-occurring substance use disorder treatment in adult
 3.11 mental health rehabilitative programs certified or licensed by the Department of Human
 3.12 Services under section 245I.23, 256B.0622, or 256B.0623.

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

3.16 (c) Any person who is exempt from licensure under this section must not use a title
 3.17 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug
 3.18 counselor" or otherwise hold himself or herself out to the public by any title or description
 3.19 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,
 3.20 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless
 3.21 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice
 3.22 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the
 3.23 use of one of the titles in paragraph (a).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.30 Subd. 2. **Diagnostic assessment.** ~~Providers~~ A provider of services governed by this
4.31 section ~~shall~~ must complete a diagnostic assessment of a client according to the standards

5.1 of section 245I.10, ~~subdivisions 4 to 6.~~ Notwithstanding the required timelines for completing
 5.2 a diagnostic assessment in section 245I.10, a children's residential facility licensed under
 5.3 Minnesota Rules, chapter 2960, that provides mental health services to children must, within
 5.4 ten days of the client's admission: (1) complete the client's diagnostic assessment; or (2)
 5.5 review and update the client's diagnostic assessment with a summary of the child's current
 5.6 mental health status and service needs if a diagnostic assessment is available that was
 5.7 completed within 180 days preceding admission and the client's mental health status has
 5.8 not changed markedly since the diagnostic assessment.

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

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

5.14 Subd. 3. **Individual treatment plans.** ~~Providers~~ A provider of services governed by
 5.15 this section ~~shall~~ must complete an individual treatment plan for a client according to the
 5.16 standards of section 245I.10, subdivisions 7 and 8. A children's residential facility licensed
 5.17 according to Minnesota Rules, chapter 2960, is exempt from the requirements in section
 5.18 245I.10, subdivisions 7 and 8. Instead, the facility must involve the child and the child's
 5.19 family in all phases of developing and implementing the individual treatment plan to the
 5.20 extent appropriate and must review the individual treatment plan every 90 days after intake.

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

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

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

6.1 (1) comply with state licensing requirements and other requirements issued by the
6.2 commissioner;

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

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

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

6.12 (5) comply with quality assurance reporting requirements and other reporting
6.13 requirements, including any required reporting of encounter data, clinical outcomes data,
6.14 and quality data;

6.15 (6) provide crisis mental health and substance use services, withdrawal management
6.16 services, emergency crisis intervention services, and stabilization services through existing
6.17 mobile crisis services; screening, assessment, and diagnosis services, including risk
6.18 assessments and level of care determinations; person- and family-centered treatment planning;
6.19 outpatient mental health and substance use services; targeted case management; psychiatric
6.20 rehabilitation services; peer support and counselor services and family support services;
6.21 and intensive community-based mental health services, including mental health services
6.22 for members of the armed forces and veterans. CCBHCs must directly provide the majority
6.23 of these services to enrollees, but may coordinate some services with another entity through
6.24 a collaboration or agreement, pursuant to paragraph (b);

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

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

6.32 (ii) other community services, supports, and providers, including schools, child welfare
6.33 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally

7.1 licensed health care and mental health facilities, urban Indian health clinics, Department of
7.2 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
7.3 and hospital outpatient clinics;

7.4 (8) be certified as a mental health ~~clinics~~ clinic under section ~~245.69, subdivision 2~~
7.5 245I.20;

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

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

7.9 (11) be certified to provide children's therapeutic services and supports under section
7.10 256B.0943;

7.11 (12) be certified to provide adult rehabilitative mental health services under section
7.12 256B.0623;

7.13 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section
7.14 256B.0624 and 256B.0944;

7.15 (14) be enrolled to provide mental health targeted case management under section
7.16 256B.0625, subdivision 20;

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

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

7.21 (17) comply with standards relating to peer services under sections 256B.0615,
7.22 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
7.23 services are provided.

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

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

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

8.1 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
8.2 and financial responsibility for the services that the entity provides under the agreement;
8.3 and

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

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

8.13 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
8.14 address similar issues in duplicative or incompatible ways, the commissioner may grant
8.15 variances to state requirements if the variances do not conflict with federal requirements
8.16 for services reimbursed under medical assistance. If standards overlap, the commissioner
8.17 may substitute all or a part of a licensure or certification that is substantially the same as
8.18 another licensure or certification. The commissioner shall consult with stakeholders, as
8.19 described in subdivision 4, before granting variances under this provision. For the CCBHC
8.20 that is certified but not approved for prospective payment under section 256B.0625,
8.21 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance
8.22 does not increase the state share of costs.

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

8.31 (f) The commissioner shall recertify CCBHCs at least every three years. The
8.32 commissioner shall establish a process for decertification and shall require corrective action,
8.33 medical assistance repayment, or decertification of a CCBHC that no longer meets the

9.1 requirements in this section or that fails to meet the standards provided by the commissioner
9.2 in the application and certification process.

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

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

9.8 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
9.9 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
9.10 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
9.11 for a physical location that will not be the primary residence of the license holder for the
9.12 entire period of licensure. If a family child foster care home or family adult foster care home
9.13 license is issued during this moratorium, and the license holder changes the license holder's
9.14 primary residence away from the physical location of the foster care license, the
9.15 commissioner shall revoke the license according to section 245A.07. The commissioner
9.16 shall not issue an initial license for a community residential setting licensed under chapter
9.17 245D. When approving an exception under this paragraph, the commissioner shall consider
9.18 the resource need determination process in paragraph (h), the availability of foster care
9.19 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
9.20 person's choices during their annual assessment and service plan review, and the
9.21 recommendation of the local county board. The determination by the commissioner is final
9.22 and not subject to appeal. Exceptions to the moratorium include:

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

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

9.29 (3) new foster care licenses or community residential setting licenses determined to be
9.30 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
9.31 or regional treatment center; restructuring of state-operated services that limits the capacity
9.32 of state-operated facilities; or allowing movement to the community for people who no
9.33 longer require the level of care provided in state-operated facilities as provided under section
9.34 256B.092, subdivision 13, or 256B.49, subdivision 24;

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

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

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

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

10.20 ~~(6)~~ (5) new foster care licenses or community residential setting licenses for people
 10.21 receiving customized living or 24-hour customized living services under the brain injury
 10.22 or community access for disability inclusion waiver plans under section 256B.49 and residing
 10.23 in the customized living setting before July 1, 2022, for which a license is required. A
 10.24 customized living service provider subject to this exception may rebut the presumption that
 10.25 a license is required by seeking a reconsideration of the commissioner's determination. The
 10.26 commissioner's disposition of a request for reconsideration is final and not subject to appeal
 10.27 under chapter 14. The exception is available until June 30, 2023. This exception is available
 10.28 when:

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

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

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

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

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

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

11.22 (e) A resource need determination process, managed at the state level, using the available
11.23 reports required by section 144A.351, and other data and information shall be used to
11.24 determine where the reduced capacity determined under section 256B.493 will be
11.25 implemented. The commissioner shall consult with the stakeholders described in section
11.26 144A.351, and employ a variety of methods to improve the state's capacity to meet the
11.27 informed decisions of those people who want to move out of corporate foster care or
11.28 community residential settings, long-term service needs within budgetary limits, including
11.29 seeking proposals from service providers or lead agencies to change service type, capacity,
11.30 or location to improve services, increase the independence of residents, and better meet
11.31 needs identified by the long-term services and supports reports and statewide data and
11.32 information.

11.33 (f) At the time of application and reapplication for licensure, the applicant and the license
11.34 holder that are subject to the moratorium or an exclusion established in paragraph (a) are

12.1 required to inform the commissioner whether the physical location where the foster care
12.2 will be provided is or will be the primary residence of the license holder for the entire period
12.3 of licensure. If the primary residence of the applicant or license holder changes, the applicant
12.4 or license holder must notify the commissioner immediately. The commissioner shall print
12.5 on the foster care license certificate whether or not the physical location is the primary
12.6 residence of the license holder.

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

12.13 (h) The commissioner may adjust capacity to address needs identified in section
12.14 144A.351. Under this authority, the commissioner may approve new licensed settings or
12.15 delicense existing settings. Delicensing of settings will be accomplished through a process
12.16 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
12.17 information and data on capacity of licensed long-term services and supports, actions taken
12.18 under the subdivision to manage statewide long-term services and supports resources, and
12.19 any recommendations for change to the legislative committees with jurisdiction over the
12.20 health and human services budget.

12.21 (i) The commissioner must notify a license holder when its corporate foster care or
12.22 community residential setting licensed beds are reduced under this section. The notice of
12.23 reduction of licensed beds must be in writing and delivered to the license holder by certified
12.24 mail or personal service. The notice must state why the licensed beds are reduced and must
12.25 inform the license holder of its right to request reconsideration by the commissioner. The
12.26 license holder's request for reconsideration must be in writing. If mailed, the request for
12.27 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
12.28 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
12.29 reconsideration is made by personal service, it must be received by the commissioner within
12.30 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

12.31 (j) The commissioner shall not issue an initial license for children's residential treatment
12.32 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
12.33 for a program that Centers for Medicare and Medicaid Services would consider an institution
12.34 for mental diseases. Facilities that serve only private pay clients are exempt from the
12.35 moratorium described in this paragraph. The commissioner has the authority to manage

13.1 existing statewide capacity for children's residential treatment services subject to the
 13.2 moratorium under this paragraph and may issue an initial license for such facilities if the
 13.3 initial license would not increase the statewide capacity for children's residential treatment
 13.4 services subject to the moratorium under this paragraph.

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

13.6 Sec. 10. Minnesota Statutes 2020, section 245D.12, is amended to read:

13.7 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**
 13.8 **REPORT.**

13.9 (a) The license holder providing integrated community support, as defined in section
 13.10 245D.03, subdivision 1, paragraph (c), clause (8), must submit a setting capacity report to
 13.11 the commissioner to ensure the identified location of service delivery meets the criteria of
 13.12 the home and community-based service requirements as specified in section 256B.492.

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

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

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

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

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

13.24 ~~(4)~~ (5) the percentage of living units that are controlled by the license holder in the
 13.25 multifamily housing building by dividing clause (2) by clause (3).

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

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

14.1 Sec. 11. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 19, is amended
14.2 to read:

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

14.10 Sec. 12. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 36, is amended
14.11 to read:

14.12 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license
14.13 holder's direction or under a contract with a license holder. Staff person includes an intern,
14.14 consultant, contractor, individual who works part-time, and an individual who does not
14.15 provide direct contact services to clients but does have physical access to clients. Staff
14.16 person includes a volunteer who provides treatment services to a client or a volunteer whom
14.17 the license holder regards as a staff person for the purpose of meeting staffing or service
14.18 delivery requirements. A staff person must be 18 years of age or older.

14.19 Sec. 13. Minnesota Statutes 2021 Supplement, section 245I.03, subdivision 9, is amended
14.20 to read:

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

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

14.28 Sec. 14. Minnesota Statutes 2021 Supplement, section 245I.04, subdivision 4, is amended
14.29 to read:

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

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

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

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

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

15.9 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
15.10 of the individual's clients belong, and completes the additional training described in section
15.11 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

15.12 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
15.13 256B.0943; ~~or~~

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

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

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

15.20 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:

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

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

15.25 (2) receives treatment supervision at least once per week until meeting the requirement
15.26 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing
15.27 services to individuals with:

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

15.29 (ii) a traumatic brain injury or a developmental disability, and completes the additional
15.30 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
15.31 contact services to clients.

16.1 (d) An individual is qualified as a mental health practitioner if the individual has a
 16.2 master's or other graduate degree in behavioral sciences or related fields.

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

16.6 Sec. 15. Minnesota Statutes 2021 Supplement, section 245I.05, subdivision 3, is amended
 16.7 to read:

16.8 Subd. 3. **Initial training.** (a) A staff person must receive training about:

16.9 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and

16.10 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
 16.11 within 72 hours of first providing direct contact services to a client.

16.12 (b) Before providing direct contact services to a client, a staff person must receive training
 16.13 about:

16.14 (1) client rights and protections under section 245I.12;

16.15 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
 16.16 under section 144.294, and client privacy;

16.17 (3) emergency procedures that the staff person must follow when responding to a fire,
 16.18 inclement weather, a report of a missing person, and a behavioral or medical emergency;

16.19 (4) specific activities and job functions for which the staff person is responsible, including
 16.20 the license holder's program policies and procedures applicable to the staff person's position;

16.21 (5) professional boundaries that the staff person must maintain; and

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

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

16.29 (1) mental illnesses;

16.30 (2) client recovery and resiliency;

- 17.1 (3) mental health de-escalation techniques;
- 17.2 (4) co-occurring mental illness and substance use disorders; and
- 17.3 (5) psychotropic medications and medication side effects.
- 17.4 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
- 17.5 trainee, mental health practitioner, mental health certified peer specialist, or mental health
- 17.6 rehabilitation worker must receive training about:
- 17.7 (1) trauma-informed care and secondary trauma;
- 17.8 (2) person-centered individual treatment plans, including seeking partnerships with
- 17.9 family and other natural supports;
- 17.10 (3) co-occurring substance use disorders; and
- 17.11 (4) culturally responsive treatment practices.
- 17.12 (e) Within 90 days of first providing direct contact services to a child client, a clinical
- 17.13 trainee, mental health practitioner, mental health certified family peer specialist, mental
- 17.14 health certified peer specialist, or mental health behavioral aide must receive training about
- 17.15 the topics in clauses (1) to (5). This training must address the developmental characteristics
- 17.16 of each child served by the license holder and address the needs of each child in the context
- 17.17 of the child's family, support system, and culture. Training topics must include:
- 17.18 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
- 17.19 (ACEs);
- 17.20 (2) family-centered treatment plan development, including seeking partnership with a
- 17.21 child client's family and other natural supports;
- 17.22 (3) mental illness and co-occurring substance use disorders in family systems;
- 17.23 (4) culturally responsive treatment practices; and
- 17.24 (5) child development, including cognitive functioning, and physical and mental abilities.
- 17.25 (f) For a mental health behavioral aide, the training under paragraph (e) must include
- 17.26 parent team training using a curriculum approved by the commissioner.
- 17.27 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
- 17.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
- 17.29 when federal approval is obtained.

18.1 Sec. 16. Minnesota Statutes 2021 Supplement, section 245I.08, subdivision 4, is amended
18.2 to read:

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

18.6 (1) the type of service;

18.7 (2) the date of service;

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

18.10 (4) the location of the service;

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

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

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

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

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

18.27 Sec. 17. Minnesota Statutes 2021 Supplement, section 245I.09, subdivision 2, is amended
18.28 to read:

18.29 Subd. 2. **Record retention.** A license holder must retain client records of a discharged
18.30 client for a minimum of five years from the date of the client's discharge. A license holder
18.31 who ceases to provide treatment services to a client closes a program must retain the a
18.32 client's records for a minimum of five years from the date that the license holder stopped

19.1 providing services to the client and must notify the commissioner of the location of the
19.2 client records and the name of the individual responsible for storing and maintaining the
19.3 client records.

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

19.7 Sec. 18. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 2, is amended
19.8 to read:

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

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

19.14 (1) an explanation of findings;

19.15 (2) neuropsychological testing, neuropsychological assessment, and psychological
19.16 testing;

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

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

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

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

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

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

19.29 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder
19.30 may provide a client with any combination of psychotherapy sessions, group psychotherapy
19.31 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed

20.1 ten sessions within a 12-month period without prior authorization for any new client or for
20.2 an existing client who the license holder projects will need fewer than ten sessions during
20.3 the next 12 months.

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

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

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

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

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

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

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

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

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

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

21.1 Sec. 19. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 6, is amended
21.2 to read:

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

21.8 (b) When completing a standard diagnostic assessment of a client, the assessor must
21.9 gather and document information about the client's current life situation, including the
21.10 following information:

21.11 (1) the client's age;

21.12 (2) the client's current living situation, including the client's housing status and household
21.13 members;

21.14 (3) the status of the client's basic needs;

21.15 (4) the client's education level and employment status;

21.16 (5) the client's current medications;

21.17 (6) any immediate risks to the client's health and safety;

21.18 (7) the client's perceptions of the client's condition;

21.19 (8) the client's description of the client's symptoms, including the reason for the client's
21.20 referral;

21.21 (9) the client's history of mental health treatment; and

21.22 (10) cultural influences on the client.

21.23 (c) If the assessor cannot obtain the information that this ~~subdivision~~ paragraph requires
21.24 without retraumatizing the client or harming the client's willingness to engage in treatment,
21.25 the assessor must identify which topics will require further assessment during the course
21.26 of the client's treatment. The assessor must gather and document information related to the
21.27 following topics:

21.28 (1) the client's relationship with the client's family and other significant personal
21.29 relationships, including the client's evaluation of the quality of each relationship;

21.30 (2) the client's strengths and resources, including the extent and quality of the client's
21.31 social networks;

- 22.1 (3) important developmental incidents in the client's life;
- 22.2 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;
- 22.3 (5) the client's history of or exposure to alcohol and drug usage and treatment; and
- 22.4 (6) the client's health history and the client's family health history, including the client's
- 22.5 physical, chemical, and mental health history.
- 22.6 (d) When completing a standard diagnostic assessment of a client, an assessor must use
- 22.7 a recognized diagnostic framework.
- 22.8 (1) When completing a standard diagnostic assessment of a client who is five years of
- 22.9 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
- 22.10 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
- 22.11 published by Zero to Three.
- 22.12 (2) When completing a standard diagnostic assessment of a client who is six years of
- 22.13 age or older, the assessor must use the current edition of the Diagnostic and Statistical
- 22.14 Manual of Mental Disorders published by the American Psychiatric Association.
- 22.15 (3) When completing a standard diagnostic assessment of a client who is five years of
- 22.16 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
- 22.17 (ECSII) to the client and include the results in the client's assessment.
- 22.18 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
- 22.19 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
- 22.20 (CASII) to the client and include the results in the client's assessment.
- 22.21 (5) When completing a standard diagnostic assessment of a client who is 18 years of
- 22.22 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
- 22.23 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
- 22.24 published by the American Psychiatric Association to screen and assess the client for a
- 22.25 substance use disorder.
- 22.26 (e) When completing a standard diagnostic assessment of a client, the assessor must
- 22.27 include and document the following components of the assessment:
- 22.28 (1) the client's mental status examination;
- 22.29 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
- 22.30 vulnerabilities; safety needs, including client information that supports the assessor's findings
- 22.31 after applying a recognized diagnostic framework from paragraph (d); and any differential
- 22.32 diagnosis of the client;

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

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

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

23.12 Sec. 20. Minnesota Statutes 2021 Supplement, section 245I.20, subdivision 5, is amended
23.13 to read:

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

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

24.1 Sec. 21. Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 22, is amended
24.2 to read:

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

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

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

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

24.15 Sec. 22. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended
24.16 to read:

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

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

24.20 (1) outpatient treatment services that are licensed according to sections 245G.01 to
24.21 245G.17, or applicable tribal license;

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

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

24.26 (4) peer recovery support services provided according to section 245G.07, subdivision
24.27 2, clause (8);

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

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

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

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

25.6 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
25.7 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
25.8 144.56;

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

25.13 (11) high-intensity residential treatment services that are licensed according to sections
25.14 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
25.15 clinical services each week provided by a state-operated vendor or to clients who have been
25.16 civilly committed to the commissioner, present the most complex and difficult care needs,
25.17 and are a potential threat to the community; and

25.18 (12) room and board facilities that meet the requirements of subdivision 1a.

25.19 (c) The commissioner shall establish higher rates for programs that meet the requirements
25.20 of paragraph (b) and one of the following additional requirements:

25.21 (1) programs that serve parents with their children if the program:

25.22 (i) provides on-site child care during the hours of treatment activity that:

25.23 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
25.24 9503; or

25.25 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
25.26 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

25.27 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
25.28 licensed under chapter 245A as:

25.29 (A) a child care center under Minnesota Rules, chapter 9503; or

25.30 (B) a family child care home under Minnesota Rules, chapter 9502;

26.1 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
26.2 subdivision 4a;

26.3 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;

26.4 (4) programs that offer medical services delivered by appropriately credentialed health
26.5 care staff in an amount equal to two hours per client per week if the medical needs of the
26.6 client and the nature and provision of any medical services provided are documented in the
26.7 client file; or

26.8 (5) programs that offer services to individuals with co-occurring mental health and
26.9 chemical dependency problems if:

26.10 (i) the program meets the co-occurring requirements in section 245G.20;

26.11 (ii) 25 percent of the counseling staff are licensed mental health professionals, ~~as defined~~
26.12 ~~in section 245.462, subdivision 18, clauses (1) to (6)~~ under section 245I.04, subdivision 2,
26.13 or are students or licensing candidates under the supervision of a licensed alcohol and drug
26.14 counselor supervisor and ~~licensed~~ licensed mental health professional under section 245I.04,
26.15 subdivision 2, except that no more than 50 percent of the mental health staff may be students
26.16 or licensing candidates with time documented to be directly related to provisions of
26.17 co-occurring services;

26.18 (iii) clients scoring positive on a standardized mental health screen receive a mental
26.19 health diagnostic assessment within ten days of admission;

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

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

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

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

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

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

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

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

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

27.21 Sec. 23. Minnesota Statutes 2021 Supplement, section 256B.0622, subdivision 2, is
27.22 amended to read:

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

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

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

27.32 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions
27.33 7 and 8.

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

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

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

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

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

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

28.16 (k) "Mental health practitioner" means a staff person who is qualified according to section
28.17 245I.04, subdivision 4.

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

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

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

28.25 Sec. 24. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is
28.26 amended to read:

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

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

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

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

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

29.10 (4) has established protocols addressing how and when to discontinue telehealth services;
29.11 and

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

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

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

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

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

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

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

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

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

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

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

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

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

30.24 (2) "health care provider" means a health care provider as defined under section 62A.673,
 30.25 a community paramedic as defined under section 144E.001, subdivision 5f, a community
 30.26 health worker who meets the criteria under subdivision 49, paragraph (a), a mental health
 30.27 certified peer specialist under section ~~256B.0615~~, subdivision 5 245I.04, subdivision 10, a
 30.28 mental health certified family peer specialist under section ~~256B.0616~~, subdivision 5 245I.04,
 30.29 subdivision 12, a mental health rehabilitation worker under section ~~256B.0623~~, subdivision
 30.30 5, paragraph (a), clause (4), and paragraph (b) 245I.04, subdivision 14, a mental health
 30.31 behavioral aide under section ~~256B.0943~~, subdivision 7, paragraph (b), clause (3) 245I.04,
 30.32 subdivision 16, a treatment coordinator under section 245G.11, subdivision 7, an alcohol
 30.33 and drug counselor under section 245G.11, subdivision 5, a recovery peer under section
 30.34 245G.11, subdivision 8; and

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

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

31.9 Sec. 25. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

32.27 Sec. 26. Minnesota Statutes 2021 Supplement, section 256B.0671, subdivision 6, is
32.28 amended to read:

32.29 Subd. 6. **Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance
32.30 covers intensive mental health outpatient treatment for dialectical behavior therapy for
32.31 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts

33.1 to report individual client outcomes to the commissioner using instruments and protocols
33.2 that are approved by the commissioner.

33.3 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a
33.4 mental health professional or clinical trainee provides to a client or a group of clients in an
33.5 intensive outpatient treatment program using a combination of individualized rehabilitative
33.6 and psychotherapeutic interventions. A dialectical behavior therapy program involves:
33.7 individual dialectical behavior therapy, group skills training, telephone coaching, and team
33.8 consultation meetings.

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

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

33.11 ~~(2)~~ (1) have mental health needs that available community-based services cannot meet
33.12 or that the client must receive concurrently with other community-based services;

33.13 ~~(3)~~ (2) have either:

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

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

33.18 ~~(4)~~ (3) be cognitively capable of participating in dialectical behavior therapy as an
33.19 intensive therapy program and be able and willing to follow program policies and rules to
33.20 ensure the safety of the client and others; and

33.21 ~~(5)~~ (4) be at significant risk of one or more of the following if the client does not receive
33.22 dialectical behavior therapy:

33.23 (i) having a mental health crisis;

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

33.25 (iii) decompensating; or

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

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

- 34.1 (1) identify, prioritize, and sequence the client's behavioral targets;
- 34.2 (2) treat the client's behavioral targets;
- 34.3 (3) assist the client in applying dialectical behavior therapy skills to the client's natural
- 34.4 environment through telephone coaching outside of treatment sessions;
- 34.5 (4) measure the client's progress toward dialectical behavior therapy targets;
- 34.6 (5) help the client manage mental health crises and life-threatening behaviors; and
- 34.7 (6) help the client learn and apply effective behaviors when working with other treatment
- 34.8 providers.
- 34.9 (e) Group skills training combines individualized psychotherapeutic and psychiatric
- 34.10 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and
- 34.11 other dysfunctional coping behaviors and restore function. Group skills training must teach
- 34.12 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal
- 34.13 effectiveness; (3) emotional regulation; and (4) distress tolerance.
- 34.14 (f) Group skills training must be provided by two mental health professionals or by a
- 34.15 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
- 34.16 Individual skills training must be provided by a mental health professional, a clinical trainee,
- 34.17 or a mental health practitioner.
- 34.18 (g) Before a program provides dialectical behavior therapy to a client, the commissioner
- 34.19 must certify the program as a dialectical behavior therapy provider. To qualify for
- 34.20 certification as a dialectical behavior therapy provider, a provider must:
- 34.21 (1) allow the commissioner to inspect the provider's program;
- 34.22 (2) provide evidence to the commissioner that the program's policies, procedures, and
- 34.23 practices meet the requirements of this subdivision and chapter 245I;
- 34.24 (3) be enrolled as a MHCP provider; and
- 34.25 (4) have a manual that outlines the program's policies, procedures, and practices that
- 34.26 meet the requirements of this subdivision.
- 34.27 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
- 34.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
- 34.29 when federal approval is obtained.

35.1 Sec. 27. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3a, is
35.2 amended to read:

35.3 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
35.4 planning, or other assistance intended to support community-based living, including persons
35.5 who need assessment ~~in order~~ to determine waiver or alternative care program eligibility,
35.6 must be visited by a long-term care consultation team within 20 calendar days after the date
35.7 on which an assessment was requested or recommended. Upon statewide implementation
35.8 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
35.9 requesting personal care assistance services. The commissioner shall provide at least a
35.10 90-day notice to lead agencies prior to the effective date of this requirement. Assessments
35.11 must be conducted according to paragraphs (b) to (r).

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

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

35.20 (d) Except as provided in paragraph (r), the assessment must be conducted by a certified
35.21 assessor in a face-to-face conversational interview with the person being assessed. The
35.22 person's legal representative must provide input during the assessment process and may do
35.23 so remotely if requested. At the request of the person, other individuals may participate in
35.24 the assessment to provide information on the needs, strengths, and preferences of the person
35.25 necessary to develop a community support plan that ensures the person's health and safety.
35.26 Except for legal representatives or family members invited by the person, persons
35.27 participating in the assessment may not be a provider of service or have any financial interest
35.28 in the provision of services. For persons who are to be assessed for elderly waiver customized
35.29 living or adult day services under chapter 256S, with the permission of the person being
35.30 assessed or the person's designated or legal representative, the client's current or proposed
35.31 provider of services may submit a copy of the provider's nursing assessment or written
35.32 report outlining its recommendations regarding the client's care needs. The person conducting
35.33 the assessment must notify the provider of the date by which this information is to be
35.34 submitted. This information shall be provided to the person conducting the assessment prior
35.35 to the assessment. For a person who is to be assessed for waiver services under section

36.1 256B.092 or 256B.49, with the permission of the person being assessed or the person's
36.2 designated legal representative, the person's current provider of services may submit a
36.3 written report outlining recommendations regarding the person's care needs the person
36.4 completed in consultation with someone who is known to the person and has interaction
36.5 with the person on a regular basis. The provider must submit the report at least 60 days
36.6 before the end of the person's current service agreement. The certified assessor must consider
36.7 the content of the submitted report prior to finalizing the person's assessment or reassessment.

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

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

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

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

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

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

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

36.22 (iii) all available options for living arrangements;

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

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

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

36.28 (4) referral information; and

36.29 (5) informal caregiver supports, if applicable.

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

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

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

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

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

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

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

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

37.20 (1) written recommendations for community-based services and consumer-directed
37.21 options;

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

37.28 (3) the need for and purpose of preadmission screening conducted by long-term care
37.29 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
37.30 nursing facility placement. If the individual selects nursing facility placement, the lead
37.31 agency shall forward information needed to complete the level of care determinations and
37.32 screening for developmental disability and mental illness collected during the assessment
37.33 to the long-term care options counselor using forms provided by the commissioner;

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

38.5 (5) information about Minnesota health care programs;

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

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

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

38.13 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
38.14 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
38.15 (8), and (b), and incorporating the decision regarding the need for institutional level of care
38.16 or the lead agency's final decisions regarding public programs eligibility according to section
38.17 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
38.18 to the person and must visually point out where in the document the right to appeal is stated;
38.19 and

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

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

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

39.1 (m) If an eligibility update is completed within 90 days of the previous assessment and
39.2 documented in the department's Medicaid Management Information System (MMIS), the
39.3 effective date of eligibility for programs included in paragraph (k) is the date of the previous
39.4 face-to-face assessment when all other eligibility requirements are met.

39.5 (n) If a person who receives home and community-based waiver services under section
39.6 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer
39.7 a hospital, institution of mental disease, nursing facility, intensive residential treatment
39.8 services program, transitional care unit, or inpatient substance use disorder treatment setting,
39.9 the person may return to the community with home and community-based waiver services
39.10 under the same waiver, without requiring an assessment or reassessment under this section,
39.11 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall
39.12 change annual long-term care consultation reassessment requirements, payment for
39.13 institutional or treatment services, medical assistance financial eligibility, or any other law.

39.14 (o) At the time of reassessment, the certified assessor shall assess each person receiving
39.15 waiver residential supports and services currently residing in a community residential setting,
39.16 licensed adult foster care home that is either not the primary residence of the license holder
39.17 or in which the license holder is not the primary caregiver, family adult foster care residence,
39.18 customized living setting, or supervised living facility to determine if that person would
39.19 prefer to be served in a community-living setting as defined in section 256B.49, subdivision
39.20 23, in a setting not controlled by a provider, or to receive integrated community supports
39.21 as described in section 245D.03, subdivision 1, paragraph (c), clause (8). The certified
39.22 assessor shall offer the person, through a person-centered planning process, the option to
39.23 receive alternative housing and service options.

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

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

40.1 (r) All assessments performed according to this subdivision must be face-to-face unless
 40.2 the assessment is a reassessment meeting the requirements of this paragraph. Remote
 40.3 reassessments conducted by interactive video or telephone may substitute for face-to-face
 40.4 reassessments. For services provided by the developmental disabilities waiver under section
 40.5 256B.092, and the community access for disability inclusion, community alternative care,
 40.6 and brain injury waiver programs under section 256B.49, remote reassessments may be
 40.7 substituted for two consecutive reassessments if followed by a face-to-face reassessment.
 40.8 For services provided by alternative care under section 256B.0913, essential community
 40.9 supports under section 256B.0922, and the elderly waiver under chapter 256S, remote
 40.10 reassessments may be substituted for one reassessment if followed by a face-to-face
 40.11 reassessment. A remote reassessment is permitted only if the person being reassessed, ~~or~~
 40.12 ~~the person's legal representative, and the lead agency case manager both agree that there is~~
 40.13 ~~no change in the person's condition, there is no need for a change in service, and that a~~
 40.14 ~~remote reassessment is appropriate~~ or the person's legal representative provide informed
 40.15 choice for a remote assessment. The person being reassessed, or the person's legal
 40.16 representative, has the right to refuse a remote reassessment at any time. During a remote
 40.17 reassessment, if the certified assessor determines a face-to-face reassessment is necessary
 40.18 ~~in order~~ to complete the assessment, the lead agency shall schedule a face-to-face
 40.19 reassessment. All other requirements of a face-to-face reassessment shall apply to a remote
 40.20 reassessment, including updates to a person's support plan.

40.21 Sec. 28. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is
 40.22 amended to read:

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

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

40.32 (1) psychotherapy provided by a mental health professional or a clinical trainee;

40.33 (2) crisis planning;

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

41.3 (4) clinical care consultation provided by a mental health professional or a clinical
41.4 trainee;

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

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

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

41.11 Sec. 29. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
41.12 amended to read:

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

41.15 (a) "Intensive nonresidential rehabilitative mental health services" means child
41.16 rehabilitative mental health services as defined in section 256B.0943, except that these
41.17 services are provided by a multidisciplinary staff using a total team approach consistent
41.18 with assertive community treatment, as adapted for youth, and are directed to recipients
41.19 who are eight years of age or older and under 26 years of age who require intensive services
41.20 to prevent admission to an inpatient psychiatric hospital or placement in a residential
41.21 treatment facility or who require intensive services to step down from inpatient or residential
41.22 care to community-based care.

41.23 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
41.24 at least one form of mental illness and at least one substance use disorder. Substance use
41.25 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

41.26 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
41.27 subdivision 6.

41.28 (d) "Medication education services" means services provided individually or in groups,
41.29 which focus on:

41.30 (1) educating the client and client's family or significant nonfamilial supporters about
41.31 mental illness and symptoms;

41.32 (2) the role and effects of medications in treating symptoms of mental illness; and

42.1 (3) the side effects of medications.

42.2 Medication education is coordinated with medication management services and does not
42.3 duplicate it. Medication education services are provided by physicians, pharmacists, or
42.4 registered nurses with certification in psychiatric and mental health care.

42.5 (e) "Mental health professional" means a staff person who is qualified according to
42.6 section 245I.04, subdivision 2.

42.7 (f) "Provider agency" means a for-profit or nonprofit organization established to
42.8 administer an assertive community treatment for youth team.

42.9 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
42.10 and statistical manual of mental disorders, current edition.

42.11 (h) "Transition services" means:

42.12 (1) activities, materials, consultation, and coordination that ensures continuity of the
42.13 client's care in advance of and in preparation for the client's move from one stage of care
42.14 or life to another by maintaining contact with the client and assisting the client to establish
42.15 provider relationships;

42.16 (2) providing the client with knowledge and skills needed posttransition;

42.17 (3) establishing communication between sending and receiving entities;

42.18 (4) supporting a client's request for service authorization and enrollment; and

42.19 (5) establishing and enforcing procedures and schedules.

42.20 ~~A youth's transition from the children's mental health system and services to the adult~~
42.21 ~~mental health system and services and return to the client's home and entry or re-entry into~~
42.22 ~~community-based mental health services following discharge from an out-of-home placement~~
42.23 ~~or inpatient hospital stay.~~

42.24 (i) "Treatment team" means all staff who provide services to recipients under this section.

42.25 (j) "Family peer specialist" means a staff person who is qualified under section
42.26 256B.0616.

42.27 Sec. 30. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 6, is
42.28 amended to read:

42.29 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
42.30 nonresidential rehabilitative mental health services.

43.1 (a) The treatment team must use team treatment, not an individual treatment model.

43.2 (b) Services must be available at times that meet client needs.

43.3 (c) Services must be age-appropriate and meet the specific needs of the client.

43.4 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
43.5 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
43.6 least every ~~90 days~~ six months or prior to discharge from the service, whichever comes
43.7 first.

43.8 (e) The treatment team must complete an individual treatment plan for each client,
43.9 according to section 245I.10, subdivisions 7 and 8, and the individual treatment plan must:

43.10 (1) be completed in consultation with the client's current therapist and key providers and
43.11 provide for ongoing consultation with the client's current therapist to ensure therapeutic
43.12 continuity and to facilitate the client's return to the community. For clients under the age of
43.13 18, the treatment team must consult with parents and guardians in developing the treatment
43.14 plan;

43.15 (2) if a need for substance use disorder treatment is indicated by validated assessment:

43.16 (i) identify goals, objectives, and strategies of substance use disorder treatment;

43.17 (ii) develop a schedule for accomplishing substance use disorder treatment goals and
43.18 objectives; and

43.19 (iii) identify the individuals responsible for providing substance use disorder treatment
43.20 services and supports; and

43.21 (3) provide for the client's transition out of intensive nonresidential rehabilitative mental
43.22 health services by defining the team's actions to assist the client and subsequent providers
43.23 in the transition to less intensive or "stepped down" services; and.

43.24 ~~(4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days~~
43.25 ~~and revised to document treatment progress or, if progress is not documented, to document~~
43.26 ~~changes in treatment.~~

43.27 (f) The treatment team shall actively and assertively engage the client's family members
43.28 and significant others by establishing communication and collaboration with the family and
43.29 significant others and educating the family and significant others about the client's mental
43.30 illness, symptom management, and the family's role in treatment, unless the team knows or
43.31 has reason to suspect that the client has suffered or faces a threat of suffering any physical
43.32 or mental injury, abuse, or neglect from a family member or significant other.

44.1 (g) For a client age 18 or older, the treatment team may disclose to a family member,
44.2 other relative, or a close personal friend of the client, or other person identified by the client,
44.3 the protected health information directly relevant to such person's involvement with the
44.4 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
44.5 client is present, the treatment team shall obtain the client's agreement, provide the client
44.6 with an opportunity to object, or reasonably infer from the circumstances, based on the
44.7 exercise of professional judgment, that the client does not object. If the client is not present
44.8 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
44.9 team may, in the exercise of professional judgment, determine whether the disclosure is in
44.10 the best interests of the client and, if so, disclose only the protected health information that
44.11 is directly relevant to the family member's, relative's, friend's, or client-identified person's
44.12 involvement with the client's health care. The client may orally agree or object to the
44.13 disclosure and may prohibit or restrict disclosure to specific individuals.

44.14 (h) The treatment team shall provide interventions to promote positive interpersonal
44.15 relationships.

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

44.19 Sec. 31. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 2, is
44.20 amended to read:

44.21 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this
44.22 subdivision.

44.23 (b) "Agency" means the legal entity that is enrolled with Minnesota health care programs
44.24 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide
44.25 EIDBI services and that has the legal responsibility to ensure that its employees or contractors
44.26 carry out the responsibilities defined in this section. Agency includes a licensed individual
44.27 professional who practices independently and acts as an agency.

44.28 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
44.29 means either autism spectrum disorder (ASD) as defined in the current version of the
44.30 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found
44.31 to be closely related to ASD, as identified under the current version of the DSM, and meets
44.32 all of the following criteria:

44.33 (1) is severe and chronic;

- 45.1 (2) results in impairment of adaptive behavior and function similar to that of a person
45.2 with ASD;
- 45.3 (3) requires treatment or services similar to those required for a person with ASD; and
- 45.4 (4) results in substantial functional limitations in three core developmental deficits of
45.5 ASD: social or interpersonal interaction; functional communication, including nonverbal
45.6 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
45.7 hyporeactivity to sensory input; and may include deficits or a high level of support in one
45.8 or more of the following domains:
- 45.9 (i) behavioral challenges and self-regulation;
- 45.10 (ii) cognition;
- 45.11 (iii) learning and play;
- 45.12 (iv) self-care; or
- 45.13 (v) safety.
- 45.14 (d) "Person" means a person under 21 years of age.
- 45.15 (e) "Clinical supervision" means the overall responsibility for the control and direction
45.16 of EIDBI service delivery, including individual treatment planning, staff supervision,
45.17 individual treatment plan progress monitoring, and treatment review for each person. Clinical
45.18 supervision is provided by a qualified supervising professional (QSP) who takes full
45.19 professional responsibility for the service provided by each supervisee.
- 45.20 (f) "Commissioner" means the commissioner of human services, unless otherwise
45.21 specified.
- 45.22 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
45.23 evaluation of a person to determine medical necessity for EIDBI services based on the
45.24 requirements in subdivision 5.
- 45.25 (h) "Department" means the Department of Human Services, unless otherwise specified.
- 45.26 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
45.27 benefit" means a variety of individualized, intensive treatment modalities approved and
45.28 published by the commissioner that are based in behavioral and developmental science
45.29 consistent with best practices on effectiveness.
- 45.30 (j) "Generalizable goals" means results or gains that are observed during a variety of
45.31 activities over time with different people, such as providers, family members, other adults,

46.1 and people, and in different environments including, but not limited to, clinics, homes,
46.2 schools, and the community.

46.3 (k) "Incident" means when any of the following occur:

46.4 (1) an illness, accident, or injury that requires first aid treatment;

46.5 (2) a bump or blow to the head; or

46.6 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,
46.7 including a person leaving the agency unattended.

46.8 (l) "Individual treatment plan" or "ITP" means the person-centered, individualized written
46.9 plan of care that integrates and coordinates person and family information from the CMDE
46.10 for a person who meets medical necessity for the EIDBI benefit. An individual treatment
46.11 plan must meet the standards in subdivision 6.

46.12 (m) "Legal representative" means the parent of a child who is under 18 years of age, a
46.13 court-appointed guardian, or other representative with legal authority to make decisions
46.14 about service for a person. For the purpose of this subdivision, "other representative with
46.15 legal authority to make decisions" includes a health care agent or an attorney-in-fact
46.16 authorized through a health care directive or power of attorney.

46.17 (n) "Mental health professional" means a staff person who is qualified according to
46.18 section 245I.04, subdivision 2.

46.19 (o) "Person-centered" means a service that both responds to the identified needs, interests,
46.20 values, preferences, and desired outcomes of the person or the person's legal representative
46.21 and respects the person's history, dignity, and cultural background and allows inclusion and
46.22 participation in the person's community.

46.23 (p) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II, or
46.24 level III treatment provider.

46.25 (q) "Advanced certification" means a person who has completed advanced certification
46.26 in an approved modality under subdivision 13, paragraph (b).

46.27 Sec. 32. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 13, is
46.28 amended to read:

46.29 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are
46.30 eligible for reimbursement by medical assistance under this section. Services must be
46.31 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must
46.32 address the person's medically necessary treatment goals and must be targeted to develop,

47.1 enhance, or maintain the individual developmental skills of a person with ASD or a related
47.2 condition to improve functional communication, including nonverbal or social
47.3 communication, social or interpersonal interaction, restrictive or repetitive behaviors,
47.4 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,
47.5 cognition, learning and play, self-care, and safety.

47.6 (b) EIDBI treatment must be delivered consistent with the standards of an approved
47.7 modality, as published by the commissioner. EIDBI modalities include:

47.8 (1) applied behavior analysis (ABA);

47.9 (2) developmental individual-difference relationship-based model (DIR/Floortime);

47.10 (3) early start Denver model (ESDM);

47.11 (4) PLAY project;

47.12 (5) relationship development intervention (RDI); or

47.13 (6) additional modalities not listed in clauses (1) to (5) upon approval by the
47.14 commissioner.

47.15 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),
47.16 clauses (1) to (5), as the primary modality for treatment as a covered service, or several
47.17 EIDBI modalities in combination as the primary modality of treatment, as approved by the
47.18 commissioner. An EIDBI provider that identifies and provides assurance of qualifications
47.19 for a single specific treatment modality, including an EIDBI provider with advanced
47.20 certification overseeing implementation, must document the required qualifications to meet
47.21 fidelity to the specific model in a manner determined by the commissioner.

47.22 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications
47.23 for professional licensure certification, or training in evidence-based treatment methods,
47.24 and must document the required qualifications outlined in subdivision 15 in a manner
47.25 determined by the commissioner.

47.26 (e) CMDE is a comprehensive evaluation of the person's developmental status to
47.27 determine medical necessity for EIDBI services and meets the requirements of subdivision
47.28 5. The services must be provided by a qualified CMDE provider.

47.29 (f) EIDBI intervention observation and direction is the clinical direction and oversight
47.30 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,
47.31 including developmental and behavioral techniques, progress measurement, data collection,
47.32 function of behaviors, and generalization of acquired skills for the direct benefit of a person.

48.1 EIDBI intervention observation and direction informs any modification of the current
48.2 treatment protocol to support the outcomes outlined in the ITP.

48.3 (g) Intervention is medically necessary direct treatment provided to a person with ASD
48.4 or a related condition as outlined in their ITP. All intervention services must be provided
48.5 under the direction of a QSP. Intervention may take place across multiple settings. The
48.6 frequency and intensity of intervention services are provided based on the number of
48.7 treatment goals, person and family or caregiver preferences, and other factors. Intervention
48.8 services may be provided individually or in a group. Intervention with a higher provider
48.9 ratio may occur when deemed medically necessary through the person's ITP.

48.10 (1) Individual intervention is treatment by protocol administered by a single qualified
48.11 EIDBI provider delivered to one person.

48.12 (2) Group intervention is treatment by protocol provided by one or more qualified EIDBI
48.13 providers, delivered to at least two people who receive EIDBI services.

48.14 (3) Higher provider ratio intervention is treatment with protocol modification provided
48.15 by two or more qualified EIDBI providers delivered to one person in an environment that
48.16 meets the person's needs and under the direction of the QSP or level I provider.

48.17 (h) ITP development and ITP progress monitoring is development of the initial, annual,
48.18 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents
48.19 provide oversight and ongoing evaluation of a person's treatment and progress on targeted
48.20 goals and objectives and integrate and coordinate the person's and the person's legal
48.21 representative's information from the CMDE and ITP progress monitoring. This service
48.22 must be reviewed and completed by the QSP, and may include input from a level I provider
48.23 or a level II provider.

48.24 (i) Family caregiver training and counseling is specialized training and education for a
48.25 family or primary caregiver to understand the person's developmental status and help with
48.26 the person's needs and development. This service must be provided by the QSP, level I
48.27 provider, or level II provider.

48.28 (j) A coordinated care conference is a voluntary meeting with the person and the person's
48.29 family to review the CMDE or ITP progress monitoring and to integrate and coordinate
48.30 services across providers and service-delivery systems to develop the ITP. This service
48.31 ~~must be provided by the QSP and~~ may include the CMDE provider ~~or~~, QSP, a level I
48.32 provider, or a level II provider.

49.1 (k) Travel time is allowable billing for traveling to and from the person's home, school,
 49.2 a community setting, or place of service outside of an EIDBI center, clinic, or office from
 49.3 a specified location to provide in-person EIDBI intervention, observation and direction, or
 49.4 family caregiver training and counseling. The person's ITP must specify the reasons the
 49.5 provider must travel to the person.

49.6 (l) Medical assistance covers medically necessary EIDBI services and consultations
 49.7 delivered ~~by a licensed health care provider~~ via telehealth, as defined under section
 49.8 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered
 49.9 in person.

49.10 Sec. 33. Minnesota Statutes 2020, section 256K.26, subdivision 2, is amended to read:

49.11 Subd. 2. **Implementation.** The commissioner, in consultation with the commissioners
 49.12 of the Department of Corrections and the Minnesota Housing Finance Agency, counties,
 49.13 Tribes, providers, and funders of supportive housing and services, shall develop application
 49.14 requirements and make funds available according to this section, with the goal of providing
 49.15 maximum flexibility in program design.

49.16 Sec. 34. Minnesota Statutes 2020, section 256K.26, subdivision 6, is amended to read:

49.17 Subd. 6. **Outcomes.** Projects will be selected to further the following outcomes:

49.18 (1) reduce the number of Minnesota individuals and families that experience long-term
 49.19 homelessness;

49.20 (2) increase the number of housing opportunities with supportive services;

49.21 (3) develop integrated, cost-effective service models that address the multiple barriers
 49.22 to obtaining housing stability faced by people experiencing long-term homelessness,
 49.23 including abuse, neglect, chemical dependency, disability, chronic health problems, or other
 49.24 factors including ethnicity and race that may result in poor outcomes or service disparities;

49.25 (4) encourage partnerships among counties, Tribes, community agencies, schools, and
 49.26 other providers so that the service delivery system is seamless for people experiencing
 49.27 long-term homelessness;

49.28 (5) increase employability, self-sufficiency, and other social outcomes for individuals
 49.29 and families experiencing long-term homelessness; and

50.1 (6) reduce inappropriate use of emergency health care, shelter, ~~chemical dependency~~
 50.2 substance use disorder treatment, foster care, child protection, corrections, and similar
 50.3 services used by people experiencing long-term homelessness.

50.4 Sec. 35. Minnesota Statutes 2020, section 256K.26, subdivision 7, is amended to read:

50.5 Subd. 7. **Eligible services.** Services eligible for funding under this section are all services
 50.6 needed to maintain households in permanent supportive housing, as determined by the
 50.7 ~~county or counties~~ or Tribes administering the project or projects.

50.8 Sec. 36. Minnesota Statutes 2021 Supplement, section 256P.01, subdivision 6a, is amended
 50.9 to read:

50.10 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified
 50.11 professional" means a licensed physician, physician assistant, advanced practice registered
 50.12 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their
 50.13 scope of practice.

50.14 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
 50.15 professional" means a licensed physician, physician assistant, advanced practice registered
 50.16 nurse, licensed independent clinical social worker, licensed psychologist, certified school
 50.17 psychologist, or certified psychometrist working under the supervision of a licensed
 50.18 psychologist.

50.19 (c) For mental health, a "qualified professional" means a licensed physician, advanced
 50.20 practice registered nurse, or qualified mental health professional under section 245I.04,
 50.21 subdivision 2.

50.22 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
 50.23 qualified mental health professional under section ~~245.462, subdivision 18, clauses (1) to~~
 50.24 ~~(6)~~ 245I.04, subdivision 2, or an individual as defined in section 245G.11, subdivision 3,
 50.25 4, or 5.

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

51.1 Sec. 37. Minnesota Statutes 2020, section 256Q.06, is amended by adding a subdivision
51.2 to read:

51.3 Subd. 6. **Account creation.** If an eligible individual is unable to establish the eligible
51.4 individual's own ABLE account, an ABLE account may be established on behalf of the
51.5 eligible individual by the eligible individual's agent under a power of attorney or, if none,
51.6 by the eligible individual's conservator or legal guardian, spouse, parent, sibling, or
51.7 grandparent or a representative payee appointed for the eligible individual by the Social
51.8 Security Administration, in that order.

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

51.10 Sec. 38. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended
51.11 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

51.12 Subdivision 1. **Waivers and modifications; federal funding extension.** When the
51.13 peacetime emergency declared by the governor in response to the COVID-19 outbreak
51.14 expires, is terminated, or is rescinded by the proper authority, the following waivers and
51.15 modifications to human services programs issued by the commissioner of human services
51.16 pursuant to Executive Orders 20-11 and 20-12 ~~that are required to comply with federal law~~
51.17 may remain in effect for the time period set out in applicable federal law or for the time
51.18 period set out in any applicable federally approved waiver or state plan amendment,
51.19 whichever is later:

51.20 (1) CV15: allowing telephone or video visits for waiver programs;

51.21 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare;

51.22 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance
51.23 Program;

51.24 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;

51.25 (5) CV24: allowing telephone or video use for targeted case management visits;

51.26 (6) CV30: expanding telemedicine in health care, mental health, and substance use
51.27 disorder settings;

51.28 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance
51.29 Program;

51.30 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance
51.31 Program;

52.1 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance
52.2 Program;

52.3 (10) CV43: expanding remote home and community-based waiver services;

52.4 (11) CV44: allowing remote delivery of adult day services;

52.5 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance
52.6 Program;

52.7 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services
52.8 Program; and

52.9 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and
52.10 Minnesota Family Investment Program maximum food benefits.

52.11 Sec. 39. **REVISOR INSTRUCTION.**

52.12 In Minnesota Statutes, the revisor of statutes shall change the term "chemical dependency"
52.13 or similar terms to "substance use disorder." The revisor may make grammatical changes
52.14 related to the term change.

52.15 Sec. 40. **REPEALER.**

52.16 (a) Minnesota Statutes 2020, sections 254A.04; and 254B.14, subdivisions 1, 2, 3, 4,
52.17 and 6, are repealed.

52.18 (b) Minnesota Statutes 2021 Supplement, section 254B.14, subdivision 5, is repealed.

52.19 **ARTICLE 2**

52.20 **COMMUNITY SUPPORTS**

52.21 Section 1. Minnesota Statutes 2020, section 245D.10, subdivision 3a, is amended to read:

52.22 Subd. 3a. **Service termination.** (a) The license holder must establish policies and
52.23 procedures for service termination that promote continuity of care and service coordination
52.24 with the person and the case manager and with other licensed caregivers, if any, who also
52.25 provide support to the person. The policy must include the requirements specified in
52.26 paragraphs (b) to (f).

52.27 (b) The license holder must permit each person to remain in the program or to continue
52.28 receiving services and must not terminate services unless:

53.1 (1) the termination is necessary for the person's welfare and the ~~facility~~ license holder
53.2 cannot meet the person's needs;

53.3 (2) the safety of the person ~~or~~ others in the program, or staff is endangered and positive
53.4 support strategies were attempted and have not achieved and effectively maintained safety
53.5 for the person or others;

53.6 (3) the health of the person ~~or~~ others in the program, or staff would otherwise be
53.7 endangered;

53.8 (4) the ~~program~~ license holder has not been paid for services;

53.9 (5) the program or license holder ceases to operate;

53.10 (6) the person has been terminated by the lead agency from waiver eligibility; or

53.11 (7) for state-operated community-based services, the person no longer demonstrates
53.12 complex behavioral needs that cannot be met by private community-based providers
53.13 identified in section 252.50, subdivision 5, paragraph (a), clause (1).

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

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

53.19 (2) a request to the case manager for intervention services identified in section 245D.03,
53.20 subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention
53.21 services to support the person in the program. This requirement does not apply to notices
53.22 of service termination issued under paragraph (b), clauses (4) and (7); and

53.23 (3) for state-operated community-based services terminating services under paragraph
53.24 (b), clause (7), the state-operated community-based services must engage in consultation
53.25 with the person's support team or expanded support team to:

53.26 (i) identify that the person no longer demonstrates complex behavioral needs that cannot
53.27 be met by private community-based providers identified in section 252.50, subdivision 5,
53.28 paragraph (a), clause (1);

53.29 (ii) provide notice of intent to issue a termination of services to the lead agency when a
53.30 finding has been made that a person no longer demonstrates complex behavioral needs that
53.31 cannot be met by private community-based providers identified in section 252.50, subdivision
53.32 5, paragraph (a), clause (1);

54.1 (iii) assist the lead agency and case manager in developing a person-centered transition
54.2 plan to a private community-based provider to ensure continuity of care; and

54.3 (iv) coordinate with the lead agency to ensure the private community-based service
54.4 provider is able to meet the person's needs and criteria established in a person's
54.5 person-centered transition plan.

54.6 If, based on the best interests of the person, the circumstances at the time of the notice were
54.7 such that the license holder was unable to take the action specified in clauses (1) and (2),
54.8 the license holder must document the specific circumstances and the reason for being unable
54.9 to do so.

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

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

54.15 (2) the notice must include:

54.16 (i) the reason for the action;

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

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

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

54.25 (e) Notice of the proposed termination of service, including those situations that began
54.26 with a temporary service suspension, must be given at least 90 days prior to termination of
54.27 services under paragraph (b), clause (7), 60 days prior to termination when a license holder
54.28 is providing intensive supports and services identified in section 245D.03, subdivision 1,
54.29 paragraph (c), and 30 days prior to termination for all other services licensed under this
54.30 chapter. This notice may be given in conjunction with a notice of temporary service
54.31 suspension under subdivision 3.

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

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

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

55.4 (3) maintain information about the service termination, including the written notice of
55.5 intended service termination, in the service recipient record.

55.6 (g) For notices issued under paragraph (b), clause (7), the lead agency shall provide
55.7 notice to the commissioner and state-operated services at least 30 days before the conclusion
55.8 of the 90-day termination period, if an appropriate alternative provider cannot be secured.
55.9 Upon receipt of this notice, the commissioner and state-operated services shall reassess
55.10 whether a private community-based service can meet the person's needs. If the commissioner
55.11 determines that a private provider can meet the person's needs, state-operated services shall,
55.12 if necessary, extend notice of service termination until placement can be made. If the
55.13 commissioner determines that a private provider cannot meet the person's needs,
55.14 state-operated services shall rescind the notice of service termination and re-engage with
55.15 the lead agency in service planning for the person.

55.16 (h) For state-operated community-based services, the license holder shall prioritize the
55.17 capacity created within the existing service site by the termination of services under paragraph
55.18 (b), clause (7), to serve persons described in section 252.50, subdivision 5, paragraph (a),
55.19 clause (1).

55.20 Sec. 2. Minnesota Statutes 2020, section 256.01, is amended by adding a subdivision to
55.21 read:

55.22 **Subd. 12b. Department of Human Services systemic critical incident review team. (a)**
55.23 **The commissioner may establish a Department of Human Services systemic critical incident**
55.24 **review team to review required critical incident reports under section 626.557 for which**
55.25 **the Department of Human Services is responsible under section 626.5572, subdivision 13;**
55.26 **chapter 245D; or Minnesota Rules, chapter 9544. When reviewing a critical incident, the**
55.27 **systemic critical incident review team must identify systemic influences to the incident**
55.28 **rather than determining the culpability of any actors involved in the incident. The systemic**
55.29 **critical incident review may assess the entire critical incident process from the point of an**
55.30 **entity reporting the critical incident through the ongoing case management process.**
55.31 **Department staff must lead and conduct the reviews and may utilize county staff as reviewers.**
55.32 **The systemic critical incident review process may include but is not limited to:**

56.1 (1) data collection about the incident and actors involved. Data may include the critical
56.2 incident report under review; previous incident reports pertaining to the person receiving
56.3 services; the service provider's policies and procedures applicable to the incident; the
56.4 coordinated service and support plan as defined in section 245D.02, subdivision 4b, for the
56.5 person receiving services; or an interview of an actor involved in the critical incident or the
56.6 review of the critical incident. Actors may include:

56.7 (i) staff of the provider agency;

56.8 (ii) lead agency staff administering home and community-based services delivered by
56.9 the provider;

56.10 (iii) Department of Human Services staff with oversight of home and community-based
56.11 services;

56.12 (iv) Department of Health staff with oversight of home and community-based services;

56.13 (v) members of the community including advocates, legal representatives, health care
56.14 providers, pharmacy staff, or others with knowledge of the incident or the actors in the
56.15 incident; and

56.16 (vi) staff from the Office of the Ombudsman for Mental Health and Developmental
56.17 Disabilities;

56.18 (2) systemic mapping of the critical incident. The team conducting the systemic mapping
56.19 of the incident may include any actors identified in clause (1), designated representatives
56.20 of other provider agencies, regional teams, and representatives of the local regional quality
56.21 council identified in section 256B.097; and

56.22 (3) analysis of the case for systemic influences.

56.23 (b) The critical incident review team must aggregate data collected and provide the
56.24 aggregated data to regional teams, participating regional quality councils, and the
56.25 commissioner. The regional teams and quality councils must analyze the data and make
56.26 recommendations to the commissioner regarding systemic changes that would decrease the
56.27 number and severity of critical incidents in the future or improve the quality of the home
56.28 and community-based service system.

56.29 (c) A selection committee must select cases for the systemic critical incident review
56.30 process from among the following critical incident categories:

56.31 (1) cases of caregiver neglect identified in section 626.5572, subdivision 17;

56.32 (2) cases involving financial exploitation identified in section 626.5572, subdivision 9;

57.1 (3) incidents identified in section 245D.02, subdivision 11;

57.2 (4) incidents identified in Minnesota Rules, part 9544.0110; and

57.3 (5) service terminations reported to the department in accordance with section 245D.10,
57.4 subdivision 3a.

57.5 (d) The systemic critical incident review under this section must not replace the process
57.6 for screening or investigating cases of alleged maltreatment of an adult under section 626.557.

57.7 The department, under the jurisdiction of the commissioner, may select for systemic critical
57.8 incident review cases reported for suspected maltreatment and closed following initial or
57.9 final disposition.

57.10 (e) A member of the systemic critical incident review team must not disclose what
57.11 transpired during the review, except to carry out the duties of the review. The proceedings
57.12 and records of the review team are protected nonpublic data as defined in section 13.02,
57.13 subdivision 13, and are not subject to discovery or introduction into evidence in a civil or
57.14 criminal action against a professional, the state, or a county agency arising out of the matters
57.15 that the team reviews. Information, documents, and records otherwise available from other
57.16 sources are not immune from discovery or use in a civil or criminal action solely because
57.17 the information, documents, and records were assessed or presented during review team
57.18 proceedings. A person who presented information before the systemic critical incident
57.19 review team or who is a member of the team must not be prevented from testifying about
57.20 matters within the person's knowledge. In a civil or criminal proceeding, a person must not
57.21 be questioned about the person's presentation of information to the review team or opinions
57.22 formed by the person as a result of the review.

57.23 Sec. 3. Minnesota Statutes 2020, section 256.045, subdivision 3, is amended to read:

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

57.25 (1) any person applying for, receiving or having received public assistance, medical
57.26 care, or a program of social services granted by the state agency or a county agency or the
57.27 federal Food and Nutrition Act whose application for assistance is denied, not acted upon
57.28 with reasonable promptness, or whose assistance is suspended, reduced, terminated, or
57.29 claimed to have been incorrectly paid;

57.30 (2) any patient or relative aggrieved by an order of the commissioner under section
57.31 252.27;

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

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

58.4 (5) any person whose claim for foster care payment according to a placement of the
58.5 child resulting from a child protection assessment under chapter 260E is denied or not acted
58.6 upon with reasonable promptness, regardless of funding source;

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

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

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

58.13 (9) except as provided under chapter 245A, an individual or facility determined to have
58.14 maltreated a minor under chapter 260E, after the individual or facility has exercised the
58.15 right to administrative reconsideration under chapter 260E;

58.16 (10) except as provided under chapter 245C, an individual disqualified under sections
58.17 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,
58.18 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the
58.19 individual has committed an act or acts that meet the definition of any of the crimes listed
58.20 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section
58.21 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding a maltreatment
58.22 determination under clause (4) or (9) and a disqualification under this clause in which the
58.23 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into
58.24 a single fair hearing. In such cases, the scope of review by the human services judge shall
58.25 include both the maltreatment determination and the disqualification. The failure to exercise
58.26 the right to an administrative reconsideration shall not be a bar to a hearing under this section
58.27 if federal law provides an individual the right to a hearing to dispute a finding of
58.28 maltreatment;

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

59.1 (12) a person issued a notice of service termination under section 245D.10, subdivision
59.2 3a, ~~from~~ by a licensed provider of any residential supports and or services as defined listed
59.3 in section 245D.03, subdivision 1, ~~paragraph~~ paragraphs (b) and (c), ~~clause (3),~~ that is not
59.4 otherwise subject to appeal under subdivision 4a;

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

59.7 (14) a person issued a notice of service termination under section 245A.11, subdivision
59.8 11, that is not otherwise subject to appeal under subdivision 4a.

59.9 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),
59.10 is the only administrative appeal to the final agency determination specifically, including
59.11 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested
59.12 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or
59.13 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged
59.14 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case
59.15 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),
59.16 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A
59.17 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only
59.18 available when there is no district court action pending. If such action is filed in district
59.19 court while an administrative review is pending that arises out of some or all of the events
59.20 or circumstances on which the appeal is based, the administrative review must be suspended
59.21 until the judicial actions are completed. If the district court proceedings are completed,
59.22 dismissed, or overturned, the matter may be considered in an administrative hearing.

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

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

59.30 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to
59.31 whether the proposed termination of services is authorized under section 245D.10,
59.32 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements
59.33 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,
59.34 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of

60.1 termination of services, the scope of the hearing shall also include whether the case
60.2 management provider has finalized arrangements for a residential facility, a program, or
60.3 services that will meet the assessed needs of the recipient by the effective date of the service
60.4 termination.

60.5 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor
60.6 under contract with a county agency to provide social services is not a party and may not
60.7 request a hearing under this section, except if assisting a recipient as provided in subdivision
60.8 4.

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

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

60.15 (i) Unless federal or Minnesota law specifies a different time frame in which to file an
60.16 appeal, an individual or organization specified in this section may contest the specified
60.17 action, decision, or final disposition before the state agency by submitting a written request
60.18 for a hearing to the state agency within 30 days after receiving written notice of the action,
60.19 decision, or final disposition, or within 90 days of such written notice if the applicant,
60.20 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision
60.21 13, why the request was not submitted within the 30-day time limit. The individual filing
60.22 the appeal has the burden of proving good cause by a preponderance of the evidence.

60.23 Sec. 4. Minnesota Statutes 2020, section 256B.0651, subdivision 1, is amended to read:

60.24 Subdivision 1. **Definitions.** (a) For the purposes of sections 256B.0651 to 256B.0654
60.25 and 256B.0659, the terms in paragraphs (b) to ~~(g)~~ (i) have the meanings given.

60.26 (b) "Activities of daily living" has the meaning given in section 256B.0659, subdivision
60.27 1, paragraph (b).

60.28 (c) "Assessment" means a review and evaluation of a recipient's need for home care
60.29 services conducted in person.

60.30 (d) "Care coordination" means a service performed by a licensed professional to
60.31 coordinate both skilled and unskilled home care services, except personal care assistance,
60.32 for a recipient, and may include documentation and coordination activities not carried out
60.33 in conjunction with a care evaluation visit.

61.1 (e) "Care evaluation" means a start-of-care visit, a resumption-of-care visit, or a
 61.2 recertification visit that is a face-to-face assessment of a person by a licensed professional
 61.3 to develop, update, or review the service plan for both skilled and unskilled home care
 61.4 services, except personal care assistance.

61.5 ~~(d)~~ (f) "Home care services" means medical assistance covered services that are home
 61.6 health agency services, including skilled nurse visits; home health aide visits; physical
 61.7 therapy, occupational therapy, respiratory therapy, and language-speech pathology therapy;
 61.8 home care nursing; and personal care assistance.

61.9 ~~(e)~~ (g) "Home residence," effective January 1, 2010, means a residence owned or rented
 61.10 by the recipient either alone, with roommates of the recipient's choosing, or with an unpaid
 61.11 responsible party or legal representative; or a family foster home where the license holder
 61.12 lives with the recipient and is not paid to provide home care services for the recipient except
 61.13 as allowed under sections 256B.0652, subdivision 10, and 256B.0654, subdivision 4.

61.14 ~~(f)~~ (h) "Medically necessary" has the meaning given in Minnesota Rules, parts 9505.0170
 61.15 to 9505.0475.

61.16 ~~(g)~~ (i) "Ventilator-dependent" means an individual who receives mechanical ventilation
 61.17 for life support at least six hours per day and is expected to be or has been dependent on a
 61.18 ventilator for at least 30 consecutive days.

61.19 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 61.20 whichever is later. The commissioner of human services shall notify the revisor of statutes
 61.21 when federal approval is obtained.

61.22 Sec. 5. Minnesota Statutes 2020, section 256B.0651, subdivision 2, is amended to read:

61.23 Subd. 2. **Services covered.** Home care services covered under this section and sections
 61.24 256B.0652 to 256B.0654 and 256B.0659 include:

61.25 (1) care coordination services under subdivision 1, paragraph (d);

61.26 (2) care evaluation services under subdivision 1, paragraph (e);

61.27 ~~(+)~~ (3) nursing services under sections 256B.0625, subdivision 6a, and 256B.0653;

61.28 ~~(2)~~ (4) home care nursing services under sections 256B.0625, subdivision 7, and
 61.29 256B.0654;

61.30 ~~(3)~~ (5) home health services under sections 256B.0625, subdivision 6a, and 256B.0653;

62.1 ~~(4)~~ (6) personal care assistance services under sections 256B.0625, subdivision 19a, and
 62.2 256B.0659;

62.3 ~~(5)~~ (7) supervision of personal care assistance services provided by a qualified
 62.4 professional under sections 256B.0625, subdivision 19a, and 256B.0659;

62.5 ~~(6)~~ (8) face-to-face assessments by county public health nurses for services under sections
 62.6 256B.0625, subdivision 19a, and 256B.0659; and

62.7 ~~(7)~~ (9) service updates and review of temporary increases for personal care assistance
 62.8 services by the county public health nurse for services under sections 256B.0625, subdivision
 62.9 19a, and 256B.0659.

62.10 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 62.11 whichever is later. The commissioner of human services shall notify the revisor of statutes
 62.12 when federal approval is obtained.

62.13 Sec. 6. Minnesota Statutes 2020, section 256B.0652, subdivision 11, is amended to read:

62.14 Subd. 11. **Limits on services without authorization.** A recipient may receive the
 62.15 following home care services during a calendar year:

62.16 (1) up to two face-to-face assessments to determine a recipient's need for personal care
 62.17 assistance services;

62.18 (2) one service update done to determine a recipient's need for personal care assistance
 62.19 services; ~~and~~

62.20 (3) up to nine face-to-face visits that may include both skilled nurse visits; and care
 62.21 evaluations; and

62.22 (4) up to four 15-minute units of care coordination per episode of care to coordinate
 62.23 home health services for a recipient.

62.24 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 62.25 whichever is later. The commissioner of human services shall notify the revisor of statutes
 62.26 when federal approval is obtained.

62.27 Sec. 7. Minnesota Statutes 2020, section 256B.0653, subdivision 6, is amended to read:

62.28 Subd. 6. **Noncovered home health agency services.** The following are not eligible for
 62.29 payment under medical assistance as a home health agency service:

63.1 (1) telehomecare skilled nurses services that is communication between the home care
 63.2 nurse and recipient that consists solely of a telephone conversation, facsimile, electronic
 63.3 mail, or a consultation between two health care practitioners;

63.4 (2) the following skilled nurse visits:

63.5 (i) for the purpose of monitoring medication compliance with an established medication
 63.6 program for a recipient;

63.7 (ii) administering or assisting with medication administration, including injections,
 63.8 prefilling syringes for injections, or oral medication setup of an adult recipient, when, as
 63.9 determined and documented by the registered nurse, the need can be met by an available
 63.10 pharmacy or the recipient or a family member is physically and mentally able to
 63.11 self-administer or prefill a medication;

63.12 (iii) services done for the sole purpose of supervision of the home health aide or personal
 63.13 care assistant;

63.14 (iv) services done for the sole purpose to train other home health agency workers;

63.15 (v) services done for the sole purpose of blood samples or lab draw when the recipient
 63.16 is able to access these services outside the home; and

63.17 (vi) Medicare evaluation or administrative nursing visits required by Medicare, with the
 63.18 exception of care evaluation as defined in section 256B.0651, subdivision 1, paragraph (e);

63.19 (3) home health aide visits when the following activities are the sole purpose for the
 63.20 visit: companionship, socialization, household tasks, transportation, and education;

63.21 (4) home care therapies provided in other settings such as a clinic or as an inpatient or
 63.22 when the recipient can access therapy outside of the recipient's residence; and

63.23 (5) home health agency services without qualifying documentation of a face-to-face
 63.24 encounter as specified in subdivision 7.

63.25 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 63.26 whichever is later. The commissioner of human services shall notify the revisor of statutes
 63.27 when federal approval is obtained.

63.28 Sec. 8. Minnesota Statutes 2020, section 256B.0659, subdivision 1, is amended to read:

63.29 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in
 63.30 paragraphs (b) to (r) have the meanings given unless otherwise provided in text.

64.1 (b) "Activities of daily living" means grooming, dressing, bathing, transferring, mobility,
64.2 positioning, eating, and toileting.

64.3 (c) "Behavior," effective January 1, 2010, means a category to determine the home care
64.4 rating and is based on the criteria found in this section. "Level I behavior" means physical
64.5 aggression ~~towards~~ toward self, others, or destruction of property that requires the immediate
64.6 response of another person.

64.7 (d) "Complex health-related needs," effective January 1, 2010, means a category to
64.8 determine the home care rating and is based on the criteria found in this section.

64.9 (e) "Critical activities of daily living," effective January 1, 2010, means transferring,
64.10 mobility, eating, and toileting.

64.11 (f) "Dependency in activities of daily living" means a person requires assistance to begin
64.12 and complete one or more of the activities of daily living.

64.13 (g) "Extended personal care assistance service" means personal care assistance services
64.14 included in a service plan under one of the home and community-based services waivers
64.15 authorized under chapter 256S and sections 256B.092, subdivision 5, and 256B.49, which
64.16 exceed the amount, duration, and frequency of the state plan personal care assistance services
64.17 for participants who:

64.18 (1) need assistance provided periodically during a week, but less than daily will not be
64.19 able to remain in their homes without the assistance, and other replacement services are
64.20 more expensive or are not available when personal care assistance services are to be reduced;
64.21 or

64.22 (2) need additional personal care assistance services beyond the amount authorized by
64.23 the state plan personal care assistance assessment in order to ensure that their safety, health,
64.24 and welfare are provided for in their homes.

64.25 (h) "Health-related procedures and tasks" means procedures and tasks that can be
64.26 delegated or assigned by a licensed health care professional under state law to be performed
64.27 by a personal care assistant.

64.28 (i) "Instrumental activities of daily living" means activities to include meal planning and
64.29 preparation; basic assistance with paying bills; shopping for food, clothing, and other
64.30 essential items; performing household tasks integral to the personal care assistance services;
64.31 communication by telephone and other media; and traveling, including to medical
64.32 appointments and to participate in the community. For purposes of this paragraph, traveling

65.1 includes driving and accompanying the recipient in the recipient's chosen mode of
65.2 transportation and according to the recipient's personal care assistance care plan.

65.3 (j) "Managing employee" has the same definition as Code of Federal Regulations, title
65.4 42, section 455.

65.5 (k) "Qualified professional" means a professional providing supervision of personal care
65.6 assistance services and staff as defined in section 256B.0625, subdivision 19c.

65.7 (l) "Personal care assistance provider agency" means a medical assistance enrolled
65.8 provider that provides or assists with providing personal care assistance services and includes
65.9 a personal care assistance provider organization, personal care assistance choice agency,
65.10 class A licensed nursing agency, and Medicare-certified home health agency.

65.11 (m) "Personal care assistant" or "PCA" means an individual employed by a personal
65.12 care assistance agency who provides personal care assistance services.

65.13 (n) "Personal care assistance care plan" means a written description of personal care
65.14 assistance services developed by the personal care assistance provider according to the
65.15 service plan.

65.16 (o) "Responsible party" means an individual who is capable of providing the support
65.17 necessary to assist the recipient to live in the community.

65.18 (p) "Self-administered medication" means medication taken orally, by injection, nebulizer,
65.19 or insertion, or applied topically without the need for assistance.

65.20 (q) "Service plan" means a written summary of the assessment and description of the
65.21 services needed by the recipient.

65.22 (r) "Wages and benefits" means wages and salaries, the employer's share of FICA taxes,
65.23 Medicare taxes, state and federal unemployment taxes, workers' compensation, mileage
65.24 reimbursement, health and dental insurance, life insurance, disability insurance, long-term
65.25 care insurance, uniform allowance, and contributions to employee retirement accounts.

65.26 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The
65.27 commissioner of human services shall inform the revisor of statutes when federal approval
65.28 is obtained.

65.29 Sec. 9. Minnesota Statutes 2020, section 256B.0659, subdivision 12, is amended to read:

65.30 Subd. 12. **Documentation of personal care assistance services provided.** (a) Personal
65.31 care assistance services for a recipient must be documented daily by each personal care
65.32 assistant, on a time sheet form approved by the commissioner. All documentation may be

66.1 web-based, electronic, or paper documentation. The completed form must be submitted on
66.2 a monthly basis to the provider and kept in the recipient's health record.

66.3 (b) The activity documentation must correspond to the personal care assistance care plan
66.4 and be reviewed by the qualified professional.

66.5 (c) The personal care assistant time sheet must be on a form approved by the
66.6 commissioner documenting time the personal care assistant provides services in the home.
66.7 The following criteria must be included in the time sheet:

66.8 (1) full name of personal care assistant and individual provider number;

66.9 (2) provider name and telephone numbers;

66.10 (3) full name of recipient and either the recipient's medical assistance identification
66.11 number or date of birth;

66.12 (4) consecutive dates, including month, day, and year, and arrival and departure times
66.13 with a.m. or p.m. notations;

66.14 (5) signatures of recipient or the responsible party;

66.15 (6) personal signature of the personal care assistant;

66.16 (7) any shared care provided, if applicable;

66.17 (8) a statement that it is a federal crime to provide false information on personal care
66.18 service billings for medical assistance payments; ~~and~~

66.19 (9) dates and location of recipient stays in a hospital, care facility, or incarceration; and

66.20 (10) any time spent traveling, as described in subdivision 1, paragraph (i), including
66.21 start and stop times with a.m. and p.m. designations, the origination site, and the destination
66.22 site.

66.23 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The
66.24 commissioner of human services shall inform the revisor of statutes when federal approval
66.25 is obtained.

66.26 Sec. 10. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

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

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

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

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

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

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

67.10 (6) engage in an annual face-to-face reassessment to determine continuing eligibility
67.11 and service authorization; ~~and~~

67.12 (7) use the same personal care assistance choice provider agency if shared personal
67.13 assistance care is being used; and

67.14 (8) ensure that a personal care assistant driving the recipient under subdivision 1,
67.15 paragraph (i), has a valid driver's license and the vehicle used is registered and insured
67.16 according to Minnesota law.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

68.16 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The
68.17 commissioner of human services shall inform the revisor of statutes when federal approval
68.18 is obtained.

68.19 Sec. 11. Minnesota Statutes 2020, section 256B.0659, subdivision 24, is amended to read:

68.20 Subd. 24. **Personal care assistance provider agency; general duties.** A personal care
68.21 assistance provider agency shall:

68.22 (1) enroll as a Medicaid provider meeting all provider standards, including completion
68.23 of the required provider training;

68.24 (2) comply with general medical assistance coverage requirements;

68.25 (3) demonstrate compliance with law and policies of the personal care assistance program
68.26 to be determined by the commissioner;

68.27 (4) comply with background study requirements;

68.28 (5) verify and keep records of hours worked by the personal care assistant and qualified
68.29 professional;

69.1 (6) not engage in any agency-initiated direct contact or marketing in person, by phone,
69.2 or other electronic means to potential recipients, guardians, or family members;

69.3 (7) pay the personal care assistant and qualified professional based on actual hours of
69.4 services provided;

69.5 (8) withhold and pay all applicable federal and state taxes;

69.6 (9) document that the agency uses a minimum of 72.5 percent of the revenue generated
69.7 by the medical assistance rate for personal care assistance services for employee personal
69.8 care assistant wages and benefits. The revenue generated by the qualified professional and
69.9 the reasonable costs associated with the qualified professional shall not be used in making
69.10 this calculation;

69.11 (10) make the arrangements and pay unemployment insurance, taxes, workers'
69.12 compensation, liability insurance, and other benefits, if any;

69.13 (11) enter into a written agreement under subdivision 20 before services are provided;

69.14 (12) report suspected neglect and abuse to the common entry point according to section
69.15 256B.0651;

69.16 (13) provide the recipient with a copy of the home care bill of rights at start of service;

69.17 (14) request reassessments at least 60 days prior to the end of the current authorization
69.18 for personal care assistance services, on forms provided by the commissioner;

69.19 (15) comply with the labor market reporting requirements described in section 256B.4912,
69.20 subdivision 1a; ~~and~~

69.21 (16) document that the agency uses the additional revenue due to the enhanced rate under
69.22 subdivision 17a for the wages and benefits of the PCAs whose services meet the requirements
69.23 under subdivision 11, paragraph (d); and

69.24 (17) ensure that a personal care assistant driving a recipient under subdivision 1,
69.25 paragraph (i), has a valid driver's license and the vehicle used is registered and insured
69.26 according to Minnesota law.

69.27 **EFFECTIVE DATE.** This section is effective 90 days following federal approval. The
69.28 commissioner of human services shall inform the revisor of statutes when federal approval
69.29 is obtained.

70.1 Sec. 12. Minnesota Statutes 2020, section 256B.4911, is amended by adding a subdivision
70.2 to read:

70.3 Subd. 6. **Services provided by parents and spouses.** (a) Upon federal approval, this
70.4 subdivision limits medical assistance payments under the consumer-directed community
70.5 supports option for personal assistance services provided by a parent to the parent's minor
70.6 child or by a spouse. This subdivision applies to the consumer-directed community supports
70.7 option available under all of the following:

70.8 (1) alternative care program;

70.9 (2) brain injury waiver;

70.10 (3) community alternative care waiver;

70.11 (4) community access for disability inclusion waiver;

70.12 (5) developmental disabilities waiver;

70.13 (6) elderly waiver; and

70.14 (7) Minnesota senior health option.

70.15 (b) For the purposes of this subdivision, "parent" means a parent, stepparent, or legal
70.16 guardian of a minor.

70.17 (c) If multiple parents are providing personal assistance services to their minor child or
70.18 children, each parent may provide up to 40 hours of personal assistance services in any
70.19 seven-day period regardless of the number of children served. The total number of hours
70.20 of personal assistance services provided by all of the parents must not exceed 80 hours in
70.21 a seven-day period regardless of the number of children served.

70.22 (d) If only one parent is providing personal assistance services to a minor child or
70.23 children, the parent may provide up to 60 hours of personal assistance services in a seven-day
70.24 period regardless of the number of children served.

70.25 (e) If a spouse is providing personal assistance services, the spouse may provide up to
70.26 60 hours of personal assistance services in a seven-day period.

70.27 (f) This subdivision must not be construed to permit an increase in the total authorized
70.28 consumer-directed community supports budget for an individual.

70.29 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
70.30 whichever is later. The commissioner of human services shall inform the revisor of statutes
70.31 when federal approval is obtained.

71.1 Sec. 13. Minnesota Statutes 2021 Supplement, section 256B.4914, subdivision 5, as
71.2 amended by Laws 2022, chapter 33, section 1, is amended to read:

71.3 Subd. 5. **Base wage index; establishment and updates.** (a) The base wage index is
71.4 established to determine staffing costs associated with providing services to individuals
71.5 receiving home and community-based services. For purposes of calculating the base wage,
71.6 Minnesota-specific wages taken from job descriptions and standard occupational
71.7 classification (SOC) codes from the Bureau of Labor Statistics as defined in the Occupational
71.8 Handbook must be used.

71.9 (b) The commissioner shall update the base wage index in subdivision 5a, publish these
71.10 updated values, and load them into the rate management system as follows:

71.11 (1) on January 1, 2022, based on wage data by SOC from the Bureau of Labor Statistics
71.12 available as of December 31, 2019; and

71.13 (2) on ~~November 1, 2024~~ January 1, 2025, and every two years thereafter, based on the
71.14 most recently available wage data by SOC from the Bureau of Labor Statistics ~~available as~~
71.15 ~~of December 31, 2021; and~~

71.16 ~~(3) on July 1, 2026, and every two years thereafter, based on wage data by SOC from~~
71.17 ~~the Bureau of Labor Statistics available 30 months and one day prior to the scheduled update.~~

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

71.21 Sec. 14. Minnesota Statutes 2020, section 256B.4914, subdivision 8, as amended by Laws
71.22 2022, chapter 33, section 1, is amended to read:

71.23 Subd. 8. **Unit-based services with programming; component values and calculation**
71.24 **of payment rates.** (a) For the purpose of this section, unit-based services with programming
71.25 include employment exploration services, employment development services, employment
71.26 support services, individualized home supports with family training, individualized home
71.27 supports with training, and positive support services provided to an individual outside of
71.28 any service plan for a day program or residential support service.

71.29 (b) Component values for unit-based services with programming are:

71.30 (1) competitive workforce factor: 4.7 percent;

71.31 (2) supervisory span of control ratio: 11 percent;

71.32 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

- 72.1 (4) employee-related cost ratio: 23.6 percent;
- 72.2 (5) program plan support ratio: 15.5 percent;
- 72.3 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision
- 72.4 5b;
- 72.5 (7) general administrative support ratio: 13.25 percent;
- 72.6 (8) program-related expense ratio: 6.1 percent; and
- 72.7 (9) absence and utilization factor ratio: 3.9 percent.
- 72.8 (c) A unit of service for unit-based services with programming is 15 minutes.
- 72.9 (d) Payments for unit-based services with programming must be calculated as follows,
- 72.10 unless the services are reimbursed separately as part of a residential support services or day
- 72.11 program payment rate:
- 72.12 (1) determine the number of units of service to meet a recipient's needs;
- 72.13 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
- 72.14 provided in subdivisions 5 and 5a;
- 72.15 (3) except for subdivision 5a, clauses ~~(1)~~ (2) to (4), multiply the result of clause (2) by
- 72.16 the product of one plus the competitive workforce factor;
- 72.17 (4) for a recipient requiring customization for deaf and hard-of-hearing language
- 72.18 accessibility under subdivision 12, add the customization rate provided in subdivision 12
- 72.19 to the result of clause (3);
- 72.20 (5) multiply the number of direct staffing hours by the appropriate staff wage;
- 72.21 (6) multiply the number of direct staffing hours by the product of the supervisory span
- 72.22 of control ratio and the appropriate supervisory staff wage as calculated in subdivision 5a,
- 72.23 clause ~~(1)~~ (3);
- 72.24 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
- 72.25 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
- 72.26 rate;
- 72.27 (8) for program plan support, multiply the result of clause (7) by one plus the program
- 72.28 plan support ratio;
- 72.29 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
- 72.30 employee-related cost ratio;

73.1 (10) for client programming and supports, multiply the result of clause (9) by one plus
73.2 the client programming and support ratio;

73.3 (11) this is the subtotal rate;

73.4 (12) sum the standard general administrative support ratio, the program-related expense
73.5 ratio, and the absence and utilization factor ratio;

73.6 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
73.7 total payment amount;

73.8 (14) for services provided in a shared manner, divide the total payment in clause (13)
73.9 as follows:

73.10 (i) for employment exploration services, divide by the number of service recipients, not
73.11 to exceed five;

73.12 (ii) for employment support services, divide by the number of service recipients, not to
73.13 exceed six; and

73.14 (iii) for individualized home supports with training and individualized home supports
73.15 with family training, divide by the number of service recipients, not to exceed ~~two~~ three;
73.16 and

73.17 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
73.18 to adjust for regional differences in the cost of providing services.

73.19 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
73.20 whichever occurs later, except that the changes to paragraph (d), clauses (3) and (6), are
73.21 effective July 1, 2022, or upon federal approval, whichever occurs later. The commissioner
73.22 of human services shall notify the revisor of statutes when federal approval is obtained.

73.23 Sec. 15. Minnesota Statutes 2020, section 256B.4914, subdivision 9, as amended by Laws
73.24 2022, chapter 33, section 1, is amended to read:

73.25 **Subd. 9. Unit-based services without programming; component values and**
73.26 **calculation of payment rates.** (a) For the purposes of this section, unit-based services
73.27 without programming include individualized home supports without training and night
73.28 supervision provided to an individual outside of any service plan for a day program or
73.29 residential support service. Unit-based services without programming do not include respite.

73.30 (b) Component values for unit-based services without programming are:

73.31 (1) competitive workforce factor: 4.7 percent;

- 74.1 (2) supervisory span of control ratio: 11 percent;
- 74.2 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 74.3 (4) employee-related cost ratio: 23.6 percent;
- 74.4 (5) program plan support ratio: 7.0 percent;
- 74.5 (6) client programming and support ratio: 2.3 percent, updated as specified in subdivision
- 74.6 5b;
- 74.7 (7) general administrative support ratio: 13.25 percent;
- 74.8 (8) program-related expense ratio: 2.9 percent; and
- 74.9 (9) absence and utilization factor ratio: 3.9 percent.
- 74.10 (c) A unit of service for unit-based services without programming is 15 minutes.
- 74.11 (d) Payments for unit-based services without programming must be calculated as follows
- 74.12 unless the services are reimbursed separately as part of a residential support services or day
- 74.13 program payment rate:
- 74.14 (1) determine the number of units of service to meet a recipient's needs;
- 74.15 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
- 74.16 provided in subdivisions 5 to 5a;
- 74.17 (3) except for subdivision 5a, clauses ~~(1)~~ (2) to (4), multiply the result of clause (2) by
- 74.18 the product of one plus the competitive workforce factor;
- 74.19 (4) for a recipient requiring customization for deaf and hard-of-hearing language
- 74.20 accessibility under subdivision 12, add the customization rate provided in subdivision 12
- 74.21 to the result of clause (3);
- 74.22 (5) multiply the number of direct staffing hours by the appropriate staff wage;
- 74.23 (6) multiply the number of direct staffing hours by the product of the supervisory span
- 74.24 of control ratio and the appropriate supervisory staff wage as calculated in subdivision 5a,
- 74.25 ~~clause (1)~~ (3);
- 74.26 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
- 74.27 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
- 74.28 rate;
- 74.29 (8) for program plan support, multiply the result of clause (7) by one plus the program
- 74.30 plan support ratio;

75.1 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
75.2 employee-related cost ratio;

75.3 (10) for client programming and supports, multiply the result of clause (9) by one plus
75.4 the client programming and support ratio;

75.5 (11) this is the subtotal rate;

75.6 (12) sum the standard general administrative support ratio, the program-related expense
75.7 ratio, and the absence and utilization factor ratio;

75.8 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
75.9 total payment amount;

75.10 (14) for individualized home supports without training provided in a shared manner,
75.11 divide the total payment amount in clause (13) by the number of service recipients, not to
75.12 exceed ~~two~~ three; and

75.13 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
75.14 to adjust for regional differences in the cost of providing services.

75.15 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
75.16 whichever occurs later, except that the changes to paragraph (d), clauses (3) and (6), are
75.17 effective July 1, 2022, or upon federal approval, whichever occurs later. The commissioner
75.18 of human services shall notify the revisor of statutes when federal approval is obtained.

75.19 Sec. 16. Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 7, is amended
75.20 to read:

75.21 Subd. 7. **Community first services and supports; covered services.** Services and
75.22 supports covered under CFSS include:

75.23 (1) assistance to accomplish activities of daily living (ADLs), instrumental activities of
75.24 daily living (IADLs), and health-related procedures and tasks through hands-on assistance
75.25 to accomplish the task or constant supervision and cueing to accomplish the task;

75.26 (2) assistance to acquire, maintain, or enhance the skills necessary for the participant to
75.27 accomplish activities of daily living, instrumental activities of daily living, or health-related
75.28 tasks;

75.29 (3) expenditures for items, services, supports, environmental modifications, or goods,
75.30 including assistive technology. These expenditures must:

75.31 (i) relate to a need identified in a participant's CFSS service delivery plan; and

76.1 (ii) increase independence or substitute for human assistance, to the extent that
 76.2 expenditures would otherwise be made for human assistance for the participant's assessed
 76.3 needs;

76.4 (4) observation and redirection for behavior or symptoms where there is a need for
 76.5 assistance;

76.6 (5) back-up systems or mechanisms, such as the use of pagers or other electronic devices,
 76.7 to ensure continuity of the participant's services and supports;

76.8 (6) services provided by a consultation services provider as defined under subdivision
 76.9 17, that is under contract with the department and enrolled as a Minnesota health care
 76.10 program provider;

76.11 (7) services provided by an FMS provider as defined under subdivision 13a, that is an
 76.12 enrolled provider with the department;

76.13 (8) CFSS services provided by a support worker who is a parent, stepparent, or legal
 76.14 guardian of a participant under age 18, or who is the participant's spouse. ~~These support~~
 76.15 ~~workers shall not:~~ Covered services under this clause are subject to the limitations described
 76.16 in subdivision 7b; and

76.17 ~~(i) provide any medical assistance home and community-based services in excess of 40~~
 76.18 ~~hours per seven-day period regardless of the number of parents providing services,~~
 76.19 ~~combination of parents and spouses providing services, or number of children who receive~~
 76.20 ~~medical assistance services; and~~

76.21 ~~(ii) have a wage that exceeds the current rate for a CFSS support worker including the~~
 76.22 ~~wage, benefits, and payroll taxes; and~~

76.23 (9) worker training and development services as described in subdivision 18a.

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

76.27 Sec. 17. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
 76.28 to read:

76.29 **Subd. 7b. Services provided by parents and spouses.** (a) This subdivision applies to
 76.30 services and supports described in subdivision 7, clause (8).

76.31 (b) If multiple parents are support workers providing CFSS services to their minor child
 76.32 or children, each parent may provide up to 40 hours of medical assistance home and

77.1 community-based services in any seven-day period regardless of the number of children
 77.2 served. The total number of hours of medical assistance home and community-based services
 77.3 provided by all of the parents must not exceed 80 hours in a seven-day period regardless of
 77.4 the number of children served.

77.5 (c) If only one parent is a support worker providing CFSS services to the parent's minor
 77.6 child or children, the parent may provide up to 60 hours of medical assistance home and
 77.7 community-based services in a seven-day period regardless of the number of children served.

77.8 (d) If a spouse is a support worker providing CFSS services, the spouse may provide up
 77.9 to 60 hours of medical assistance home and community-based services in a seven-day period.

77.10 (e) Paragraphs (b) to (d) must not be construed to permit an increase in either the total
 77.11 authorized service budget for an individual or the total number of authorized service units.

77.12 (f) A parent or spouse must not receive a wage that exceeds the current rate for a CFSS
 77.13 support worker, including the wage, benefits, and payroll taxes.

77.14 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
 77.15 whichever is later. The commissioner of human services shall inform the revisor of statutes
 77.16 when federal approval is obtained.

77.17 Sec. 18. Minnesota Statutes 2021 Supplement, section 256B.851, subdivision 5, is amended
 77.18 to read:

77.19 Subd. 5. **Payment rates; component values.** (a) The commissioner must use the
 77.20 following component values:

77.21 (1) employee vacation, sick, and training factor, 8.71 percent;

77.22 (2) employer taxes and workers' compensation factor, 11.56 percent;

77.23 (3) employee benefits factor, 12.04 percent;

77.24 (4) client programming and supports factor, 2.30 percent;

77.25 (5) program plan support factor, 7.00 percent;

77.26 (6) general business and administrative expenses factor, 13.25 percent;

77.27 (7) program administration expenses factor, 2.90 percent; and

77.28 (8) absence and utilization factor, 3.90 percent.

77.29 (b) For purposes of implementation, the commissioner shall use the following
 77.30 implementation components:

78.1 (1) personal care assistance services and CFSS: ~~75.45~~ 79.5 percent;

78.2 (2) enhanced rate personal care assistance services and enhanced rate CFSS: ~~75.45~~ 79.5
78.3 percent; and

78.4 (3) qualified professional services and CFSS worker training and development: ~~75.45~~
78.5 79.5 percent.

78.6 **EFFECTIVE DATE.** This section is effective January 1, 2023, or 60 days following
78.7 federal approval, whichever is later. The commissioner of human services shall notify the
78.8 revisor of statutes when federal approval is obtained.

78.9 Sec. 19. Minnesota Statutes 2020, section 256I.04, subdivision 3, is amended to read:

78.10 **Subd. 3. Moratorium on development of housing support beds.** (a) Agencies shall
78.11 not enter into agreements for new housing support beds with total rates in excess of the
78.12 MSA equivalent rate except:

78.13 (1) for establishments licensed under chapter 245D provided the facility is needed to
78.14 meet the census reduction targets for persons with developmental disabilities at regional
78.15 treatment centers;

78.16 (2) up to 80 beds in a single, specialized facility located in Hennepin County that will
78.17 provide housing for chronic inebriates who are repetitive users of detoxification centers and
78.18 are refused placement in emergency shelters because of their state of intoxication, and
78.19 planning for the specialized facility must have been initiated before July 1, 1991, in
78.20 anticipation of receiving a grant from the Housing Finance Agency under section 462A.05,
78.21 subdivision 20a, paragraph (b);

78.22 (3) notwithstanding the provisions of subdivision 2a, for up to 226 supportive housing
78.23 units in Anoka, Carver, Dakota, Hennepin, or Ramsey, Scott, or Washington County for
78.24 homeless adults with a disability, including but not limited to mental illness, a history of
78.25 substance abuse, or human immunodeficiency virus or acquired immunodeficiency syndrome.
78.26 For purposes of this ~~section~~ clause, "homeless adult" means a person who is: (i) living on
78.27 the street or in a shelter; or (ii) discharged from a regional treatment center, community
78.28 hospital, or residential treatment program and has no appropriate housing available and
78.29 lacks the resources and support necessary to access appropriate housing. ~~At least 70 percent~~
78.30 ~~of the supportive housing units must serve homeless adults with mental illness, substance~~
78.31 ~~abuse problems, or human immunodeficiency virus or acquired immunodeficiency syndrome~~
78.32 ~~who are about to be or, within the previous six months, have been discharged from a regional~~
78.33 ~~treatment center, or a state contracted psychiatric bed in a community hospital, or a residential~~

79.1 ~~mental health or chemical dependency treatment program.~~ If a person meets the requirements
 79.2 of subdivision 1, paragraph (a) or (b), and receives a federal or state housing subsidy, the
 79.3 housing support rate for that person is limited to the supplementary rate under section
 79.4 256I.05, subdivision 1a, ~~and is determined by subtracting the amount of the person's~~
 79.5 ~~countable income that exceeds the MSA equivalent rate from the housing support~~
 79.6 ~~supplementary service rate.~~ A resident in a demonstration project site who no longer
 79.7 participates in the demonstration program shall retain eligibility for a housing support
 79.8 payment in an amount determined under section 256I.06, subdivision 8, using the MSA
 79.9 equivalent rate. ~~Service funding under section 256I.05, subdivision 1a, will end June 30,~~
 79.10 ~~1997, if federal matching funds are available and the services can be provided through a~~
 79.11 ~~managed care entity. If federal matching funds are not available, then service funding will~~
 79.12 ~~continue under section 256I.05, subdivision 1a;~~

79.13 (4) for an additional two beds, resulting in a total of 32 beds, for a facility located in
 79.14 Hennepin County providing services for recovering and chemically dependent men that has
 79.15 had a housing support contract with the county and has been licensed as a board and lodge
 79.16 facility with special services since 1980;

79.17 (5) for a housing support provider located in the city of St. Cloud, or a county contiguous
 79.18 to the city of St. Cloud, that operates a 40-bed facility, that received financing through the
 79.19 Minnesota Housing Finance Agency Ending Long-Term Homelessness Initiative and serves
 79.20 chemically dependent clientele, providing 24-hour-a-day supervision;

79.21 (6) for a new 65-bed facility in Crow Wing County that will serve chemically dependent
 79.22 persons, operated by a housing support provider that currently operates a 304-bed facility
 79.23 in Minneapolis, and a 44-bed facility in Duluth;

79.24 (7) for a housing support provider that operates two ten-bed facilities, one located in
 79.25 Hennepin County and one located in Ramsey County, that provide community support and
 79.26 24-hour-a-day supervision to serve the mental health needs of individuals who have
 79.27 chronically lived unsheltered; and

79.28 (8) for a facility authorized for recipients of housing support in Hennepin County with
 79.29 a capacity of up to 48 beds that has been licensed since 1978 as a board and lodging facility
 79.30 and that until August 1, 2007, operated as a licensed chemical dependency treatment program.

79.31 (b) An agency may enter into a housing support agreement for beds with rates in excess
 79.32 of the MSA equivalent rate in addition to those currently covered under a housing support
 79.33 agreement if the additional beds are only a replacement of beds with rates in excess of the
 79.34 MSA equivalent rate which have been made available due to closure of a setting, a change

80.1 of licensure or certification which removes the beds from housing support payment, or as
80.2 a result of the downsizing of a setting authorized for recipients of housing support. The
80.3 transfer of available beds from one agency to another can only occur by the agreement of
80.4 both agencies.

80.5 Sec. 20. Minnesota Statutes 2020, section 256S.16, is amended to read:

80.6 **256S.16 AUTHORIZATION OF ELDERLY WAIVER SERVICES AND SERVICE**
80.7 **RATES.**

80.8 Subdivision 1. Service rates; generally. A lead agency must use the service rates and
80.9 service rate limits published by the commissioner to authorize services.

80.10 Subd. 2. Shared services; rates. The commissioner shall provide a rate system for
80.11 shared homemaker services and shared chore services, based on homemaker rates for a
80.12 single individual under section 256S.215, subdivisions 9 to 11, and the chore rate for a
80.13 single individual under section 256S.215, subdivision 7. For two persons sharing services,
80.14 the rate paid to a provider must not exceed 1-1/2 times the rate paid for serving a single
80.15 individual, and for three persons sharing services, the rate paid to a provider must not exceed
80.16 two times the rate paid for serving a single individual. These rates apply only when all of
80.17 the criteria for the shared service have been met.

80.18 Sec. 21. Laws 2022, chapter 33, section 1, subdivision 5a, is amended to read:

80.19 Subd. 5a. **Base wage index; calculations.** The base wage index must be calculated as
80.20 follows:

80.21 (1) for supervisory staff, 100 percent of the median wage for community and social
80.22 services specialist (SOC code 21-1099), with the exception of the supervisor of positive
80.23 supports professional, positive supports analyst, and positive supports specialist, which is
80.24 100 percent of the median wage for clinical counseling and school psychologist (SOC code
80.25 19-3031);

80.26 (2) for registered nurse staff, 100 percent of the median wage for registered nurses (SOC
80.27 code 29-1141);

80.28 (3) for licensed practical nurse staff, 100 percent of the median wage for licensed practical
80.29 nurses (SOC code 29-2061);

80.30 (4) for residential asleep-overnight staff, the minimum wage in Minnesota for large
80.31 employers, with the exception of asleep-overnight staff for family residential services, which
80.32 is 36 percent of the minimum wage in Minnesota for large employers;

81.1 (5) for residential direct care staff, the sum of:

81.2 (i) 15 percent of the subtotal of 50 percent of the median wage for home health and
81.3 personal care aide (SOC code 31-1120); 30 percent of the median wage for nursing assistant
81.4 (SOC code 31-1131); and 20 percent of the median wage for social and human services
81.5 aide (SOC code 21-1093); and

81.6 (ii) 85 percent of the subtotal of 40 percent of the median wage for home health and
81.7 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
81.8 (SOC code 31-1014); 20 percent of the median wage for psychiatric technician (SOC code
81.9 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
81.10 21-1093);

81.11 (6) for adult day services staff, 70 percent of the median wage for nursing assistant (SOC
81.12 code 31-1131); and 30 percent of the median wage for home health and personal care aide
81.13 (SOC code 31-1120);

81.14 (7) for day support services staff and prevocational services staff, 20 percent of the
81.15 median wage for nursing assistant (SOC code 31-1131); 20 percent of the median wage for
81.16 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social
81.17 and human services aide (SOC code 21-1093);

81.18 (8) for positive supports analyst staff, 100 percent of the median wage for substance
81.19 abuse, behavioral disorder, and mental health counselor (SOC code 21-1018);

81.20 (9) for positive supports professional staff, 100 percent of the median wage for clinical
81.21 counseling and school psychologist (SOC code 19-3031);

81.22 (10) for positive supports specialist staff, 100 percent of the median wage for psychiatric
81.23 technicians (SOC code 29-2053);

81.24 (11) for individualized home supports with family training staff, 20 percent of the median
81.25 wage for nursing aide (SOC code 31-1131); 30 percent of the median wage for community
81.26 social service specialist (SOC code 21-1099); 40 percent of the median wage for social and
81.27 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
81.28 technician (SOC code 29-2053);

81.29 (12) for individualized home supports with training services staff, 40 percent of the
81.30 median wage for community social service specialist (SOC code 21-1099); 50 percent of
81.31 the median wage for social and human services aide (SOC code 21-1093); and ten percent
81.32 of the median wage for psychiatric technician (SOC code 29-2053);

82.1 (13) for employment support services staff, 50 percent of the median wage for
 82.2 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
 82.3 community and social services specialist (SOC code 21-1099);

82.4 (14) for employment exploration services staff, 50 percent of the median wage for
 82.5 ~~rehabilitation counselor (SOC code 21-1015)~~ education, guidance, school, and vocational
 82.6 counselors (SOC code 21-1012); and 50 percent of the median wage for community and
 82.7 social services specialist (SOC code 21-1099);

82.8 (15) for employment development services staff, 50 percent of the median wage for
 82.9 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
 82.10 of the median wage for community and social services specialist (SOC code 21-1099);

82.11 (16) for individualized home support without training staff, 50 percent of the median
 82.12 wage for home health and personal care aide (SOC code 31-1120); and 50 percent of the
 82.13 median wage for nursing assistant (SOC code 31-1131);

82.14 (17) for night supervision staff, 40 percent of the median wage for home health and
 82.15 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
 82.16 (SOC code 31-1131); 20 percent of the median wage for psychiatric technician (SOC code
 82.17 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
 82.18 21-1093); and

82.19 (18) for respite staff, 50 percent of the median wage for home health and personal care
 82.20 aide (SOC code 31-1131); and 50 percent of the median wage for nursing assistant (SOC
 82.21 code 31-1014).-

82.22 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 82.23 whichever is later. The commissioner of human services shall notify the revisor of statutes
 82.24 when federal approval is obtained.

82.25 Sec. 22. Laws 2022, chapter 33, section 1, subdivision 5b, is amended to read:

82.26 Subd. 5b. **Standard component value adjustments.** The commissioner shall update
 82.27 the client and programming support, transportation, and program facility cost component
 82.28 values as required in subdivisions 6 to 9a for changes in the Consumer Price Index. The
 82.29 commissioner shall adjust these values higher or lower, publish these updated values, and
 82.30 load them into the rate management system as follows:

82.31 (1) on January 1, 2022, by the percentage change in the CPI-U from the date of the
 82.32 previous update to the data available on December 31, 2019; and

83.1 (2) on ~~November 1, 2024~~ January 1, 2025, and every two years thereafter, by the
 83.2 percentage change in the CPI-U from the date of the ~~previous update to the data available~~
 83.3 ~~as of December 31, 2021; and~~

83.4 ~~(3) on July 1, 2026, and every two years thereafter, by the percentage change in the~~
 83.5 ~~CPI-U from the date of the previous update to the data available~~ 30 six months and one day
 83.6 prior to the scheduled update.

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

83.10 Sec. 23. Laws 2022, chapter 33, section 1, subdivision 5c, is amended to read:

83.11 Subd. 5c. **Removal of after-framework adjustments.** Any rate adjustments applied to
 83.12 the service rates calculated under this section outside of the cost components and rate
 83.13 methodology specified in this section shall be removed from rate calculations upon
 83.14 implementation of the updates under subdivisions 5 ~~and~~, 5b, and 5f.

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

83.18 Sec. 24. Laws 2022, chapter 33, section 1, subdivision 5d, is amended to read:

83.19 Subd. 5d. **Unavailable data for updates and adjustments.** If Bureau of Labor Statistics
 83.20 occupational codes or Consumer Price Index items specified in subdivisions 5 ~~or~~, 5b, or 5f
 83.21 are unavailable in the future, the commissioner shall recommend to the legislature codes or
 83.22 items to update and replace.

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

83.26 Sec. 25. Laws 2022, chapter 33, section 1, is amended by adding a subdivision to read:

83.27 Subd. 5f. **Competitive workforce factor adjustments.** (a) On January 1, 2023, and
 83.28 every two years thereafter, the commissioner shall update the competitive workforce factor
 83.29 to equal the differential between:

83.30 (1) the most recently available wage data by SOC code for the weighted average wage
 83.31 for direct care staff for residential services and direct care staff for day services; and

84.1 (2) the most recently available wage data by SOC code of the weighted average wage
 84.2 of comparable occupations.

84.3 (b) For each update of the competitive workforce factor, if the competitive workforce
 84.4 factor is less than or equal to zero, then the competitive workforce factor is zero.

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

84.8 Sec. 26. Laws 2022, chapter 33, section 1, is amended by adding a subdivision to read:

84.9 Subd. 5g. **Inflationary update spending requirement; competitive workforce**
 84.10 **factor.** (a) One hundred percent of the marginal increase in revenue from the rate adjustment
 84.11 applied to the service rates calculated under this section in subdivision 5f, beginning on
 84.12 January 1, 2023, for services rendered between January 1, 2023, and December 31, 2023,
 84.13 must be used to increase compensation-related costs for employees directly employed by
 84.14 the program on or after January 1, 2023.

84.15 (b) For the purposes of this subdivision, compensation-related costs include:

84.16 (1) wages and salaries;

84.17 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
 84.18 taxes, workers' compensation, and mileage reimbursement;

84.19 (3) the employer's paid share of health and dental insurance, life insurance, disability
 84.20 insurance, long-term care insurance, uniform allowance, pensions, and contributions to
 84.21 employee retirement accounts; and

84.22 (4) benefits that address direct support professional workforce needs above and beyond
 84.23 what employees were offered prior to January 1, 2023, including retention and recruitment
 84.24 bonuses and tuition reimbursement.

84.25 (c) Compensation-related costs for persons employed in the central office of a corporation
 84.26 or entity that has an ownership interest in the provider or exercises control over the provider,
 84.27 or for persons paid by the provider under a management contract, do not count toward the
 84.28 100 percent requirement under this subdivision.

84.29 (d) A provider agency or individual provider that receives a rate subject to the
 84.30 requirements of this subdivision shall prepare, and upon request submit to the commissioner,
 84.31 a distribution plan that specifies the amount of money the provider expects to receive that
 84.32 is subject to the requirements of this subdivision, including how that money was or will be

85.1 distributed to increase compensation-related costs for employees. Within 60 days of final
 85.2 implementation of a rate adjustment subject to the requirements of this subdivision, the
 85.3 provider must post the distribution plan and leave it posted for a period of at least six months
 85.4 in an area of the provider's operation to which all direct support professionals have access.

85.5 (e) This subdivision expires June 30, 2024.

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

85.9 Sec. 27. Laws 2022, chapter 33, section 1, subdivision 6a, is amended to read:

85.10 Subd. 6a. **Community residential services; component values and calculation of**
 85.11 **payment rates.** (a) Component values for community residential services are:

85.12 (1) competitive workforce factor: 4.7 percent;

85.13 (2) supervisory span of control ratio: 11 percent;

85.14 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

85.15 (4) employee-related cost ratio: 23.6 percent;

85.16 (5) general administrative support ratio: 13.25 percent;

85.17 (6) program-related expense ratio: 1.3 percent; and

85.18 (7) absence and utilization factor ratio: 3.9 percent.

85.19 (b) Payments for community residential services must be calculated as follows:

85.20 (1) determine the number of shared direct staffing and individual direct staffing hours
 85.21 to meet a recipient's needs provided on site or through monitoring technology;

85.22 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
 85.23 provided in subdivisions 5 and 5a;

85.24 (3) except for subdivision 5a, clauses ~~(1)~~ (2) to (4), multiply the result of clause (2) by
 85.25 the product of one plus the competitive workforce factor;

85.26 (4) for a recipient requiring customization for deaf and hard-of-hearing language
 85.27 accessibility under subdivision 12, add the customization rate provided in subdivision 12
 85.28 to the result of clause (3);

86.1 (5) multiply the number of shared direct staffing and individual direct staffing hours
86.2 provided on site or through monitoring technology and nursing hours by the appropriate
86.3 staff wages;

86.4 (6) multiply the number of shared direct staffing and individual direct staffing hours
86.5 provided on site or through monitoring technology and nursing hours by the product of the
86.6 supervision span of control ratio and the appropriate supervisory staff wage as calculated
86.7 in subdivision 5a, clause (1) (3);

86.8 (7) combine the results of clauses (5) and (6), excluding any shared direct staffing and
86.9 individual direct staffing hours provided through monitoring technology, and multiply the
86.10 result by one plus the employee vacation, sick, and training allowance ratio. This is defined
86.11 as the direct staffing cost;

86.12 (8) for employee-related expenses, multiply the direct staffing cost, excluding any shared
86.13 direct staffing and individual hours provided through monitoring technology, by one plus
86.14 the employee-related cost ratio;

86.15 (9) for client programming and supports, add \$2,260.21 divided by 365. The
86.16 commissioner shall update the amount in this clause as specified in subdivision 5b;

86.17 (10) for transportation, if provided, add \$1,742.62 divided by 365, or \$3,111.81 divided
86.18 by 365 if customized for adapted transport, based on the resident with the highest assessed
86.19 need. The commissioner shall update the amounts in this clause as specified in subdivision
86.20 5b;

86.21 (11) subtotal clauses (8) to (10) and the direct staffing cost of any shared direct staffing
86.22 and individual direct staffing hours provided through monitoring technology that was
86.23 excluded in clause (8);

86.24 (12) sum the standard general administrative support ratio, the program-related expense
86.25 ratio, and the absence and utilization factor ratio;

86.26 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
86.27 total payment amount; and

86.28 (14) adjust the result of clause (13) by a factor to be determined by the commissioner
86.29 to adjust for regional differences in the cost of providing services.

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

87.1 Sec. 28. Laws 2022, chapter 33, section 1, subdivision 6b, is amended to read:

87.2 Subd. 6b. **Family residential services; component values and calculation of payment**
87.3 **rates.** (a) Component values for family residential services are:

87.4 (1) competitive workforce factor: 4.7 percent;

87.5 (2) supervisory span of control ratio: 11 percent;

87.6 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

87.7 (4) employee-related cost ratio: 23.6 percent;

87.8 (5) general administrative support ratio: 3.3 percent;

87.9 (6) program-related expense ratio: 1.3 percent; and

87.10 (7) absence factor: 1.7 percent.

87.11 (b) Payments for family residential services must be calculated as follows:

87.12 (1) determine the number of shared direct staffing and individual direct staffing hours
87.13 to meet a recipient's needs provided on site or through monitoring technology;

87.14 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
87.15 provided in subdivisions 5 and 5a;

87.16 (3) except for subdivision 5a, clauses ~~(1)~~ (2) to (4), multiply the result of clause (2) by
87.17 the product of one plus the competitive workforce factor;

87.18 (4) for a recipient requiring customization for deaf and hard-of-hearing language
87.19 accessibility under subdivision 12, add the customization rate provided in subdivision 12
87.20 to the result of clause (3);

87.21 (5) multiply the number of shared direct staffing and individual direct staffing hours
87.22 provided on site or through monitoring technology and nursing hours by the appropriate
87.23 staff wages;

87.24 (6) multiply the number of shared direct staffing and individual direct staffing hours
87.25 provided on site or through monitoring technology and nursing hours by the product of the
87.26 supervisory span of control ratio and the appropriate supervisory staff wage as calculated
87.27 ~~in subdivision 5a~~, clause ~~(1)~~ (3);

87.28 (7) combine the results of clauses (5) and (6), excluding any shared direct staffing and
87.29 individual direct staffing hours provided through monitoring technology, and multiply the
87.30 result by one plus the employee vacation, sick, and training allowance ratio. This is defined
87.31 as the direct staffing cost;

88.1 (8) for employee-related expenses, multiply the direct staffing cost, excluding any shared
88.2 and individual direct staffing hours provided through monitoring technology, by one plus
88.3 the employee-related cost ratio;

88.4 (9) for client programming and supports, add \$2,260.21 divided by 365. The
88.5 commissioner shall update the amount in this clause as specified in subdivision 5b;

88.6 (10) for transportation, if provided, add \$1,742.62 divided by 365, or \$3,111.81 divided
88.7 by 365 if customized for adapted transport, based on the resident with the highest assessed
88.8 need. The commissioner shall update the amounts in this clause as specified in subdivision
88.9 5b;

88.10 (11) subtotal clauses (8) to (10) and the direct staffing cost of any shared direct staffing
88.11 and individual direct staffing hours provided through monitoring technology that was
88.12 excluded in clause (8);

88.13 (12) sum the standard general administrative support ratio, the program-related expense
88.14 ratio, and the absence and utilization factor ratio;

88.15 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
88.16 total payment rate; and

88.17 (14) adjust the result of clause (13) by a factor to be determined by the commissioner
88.18 to adjust for regional differences in the cost of providing services.

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

88.22 Sec. 29. Laws 2022, chapter 33, section 1, subdivision 6c, is amended to read:

88.23 Subd. 6c. **Integrated community supports; component values and calculation of**
88.24 **payment rates.** (a) Component values for integrated community supports are:

88.25 (1) competitive workforce factor: 4.7 percent;

88.26 (2) supervisory span of control ratio: 11 percent;

88.27 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

88.28 (4) employee-related cost ratio: 23.6 percent;

88.29 (5) general administrative support ratio: 13.25 percent;

88.30 (6) program-related expense ratio: 1.3 percent; and

89.1 (7) absence and utilization factor ratio: 3.9 percent.

89.2 (b) Payments for integrated community supports must be calculated as follows:

89.3 (1) determine the number of shared direct staffing and individual direct staffing hours
89.4 to meet a recipient's needs. The base shared direct staffing hours must be eight hours divided
89.5 by the number of people receiving support in the integrated community support setting, and
89.6 the individual direct staffing hours must be the average number of direct support hours
89.7 provided directly to the service recipient;

89.8 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
89.9 provided in subdivisions 5 and 5a;

89.10 (3) except for subdivision 5a, clauses ~~(1)~~ (2) to (4), multiply the result of clause (2) by
89.11 the product of one plus the competitive workforce factor;

89.12 (4) for a recipient requiring customization for deaf and hard-of-hearing language
89.13 accessibility under subdivision 12, add the customization rate provided in subdivision 12
89.14 to the result of clause (3);

89.15 (5) multiply the number of shared direct staffing and individual direct staffing hours in
89.16 clause (1) by the appropriate staff wages;

89.17 (6) multiply the number of shared direct staffing and individual direct staffing hours in
89.18 clause (1) by the product of the supervisory span of control ratio and the appropriate
89.19 supervisory staff wage as calculated in subdivision 5a, clause ~~(1)~~ (3);

89.20 (7) combine the results of clauses (5) and (6) and multiply the result by one plus the
89.21 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
89.22 cost;

89.23 (8) for employee-related expenses, multiply the direct staffing cost by one plus the
89.24 employee-related cost ratio;

89.25 (9) for client programming and supports, add \$2,260.21 divided by 365. The
89.26 commissioner shall update the amount in this clause as specified in subdivision 5b;

89.27 (10) add the results of clauses (8) and (9);

89.28 (11) add the standard general administrative support ratio, the program-related expense
89.29 ratio, and the absence and utilization factor ratio;

89.30 (12) divide the result of clause (10) by one minus the result of clause (11). This is the
89.31 total payment amount; and

90.1 (13) adjust the result of clause (12) by a factor to be determined by the commissioner
90.2 to adjust for regional differences in the cost of providing services.

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

90.6 Sec. 30. Laws 2022, chapter 33, section 1, subdivision 7a, is amended to read:

90.7 Subd. 7a. **Adult day services; component values and calculation of payment rates.** (a)

90.8 Component values for adult day services are:

90.9 (1) competitive workforce factor: 4.7 percent;

90.10 (2) supervisory span of control ratio: 11 percent;

90.11 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

90.12 (4) employee-related cost ratio: 23.6 percent;

90.13 (5) program plan support ratio: 5.6 percent;

90.14 (6) client programming and support ratio: 7.4 percent, updated as specified in subdivision
90.15 5b;

90.16 (7) general administrative support ratio: 13.25 percent;

90.17 (8) program-related expense ratio: 1.8 percent; and

90.18 (9) absence and utilization factor ratio: 9.4 percent.

90.19 (b) A unit of service for adult day services is either a day or 15 minutes. A day unit of
90.20 service is six or more hours of time spent providing direct service.

90.21 (c) Payments for adult day services must be calculated as follows:

90.22 (1) determine the number of units of service and the staffing ratio to meet a recipient's
90.23 needs;

90.24 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
90.25 provided in subdivisions 5 and 5a;

90.26 (3) except for subdivision 5a, clauses ~~(1)~~ (2) to (4), multiply the result of clause (2) by
90.27 the product of one plus the competitive workforce factor;

90.28 (4) for a recipient requiring customization for deaf and hard-of-hearing language
90.29 accessibility under subdivision 12, add the customization rate provided in subdivision 12
90.30 to the result of clause (3);

91.1 (5) multiply the number of day program direct staffing hours and nursing hours by the
91.2 appropriate staff wage;

91.3 (6) multiply the number of day program direct staffing hours by the product of the
91.4 supervisory span of control ratio and the appropriate supervisory staff wage as calculated
91.5 ~~in subdivision 5a, clause (1)~~ (3);

91.6 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
91.7 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
91.8 rate;

91.9 (8) for program plan support, multiply the result of clause (7) by one plus the program
91.10 plan support ratio;

91.11 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
91.12 employee-related cost ratio;

91.13 (10) for client programming and supports, multiply the result of clause (9) by one plus
91.14 the client programming and support ratio;

91.15 (11) for program facility costs, add \$19.30 per week with consideration of staffing ratios
91.16 to meet individual needs, updated as specified in subdivision 5b;

91.17 (12) for adult day bath services, add \$7.01 per 15 minute unit;

91.18 (13) this is the subtotal rate;

91.19 (14) sum the standard general administrative rate support ratio, the program-related
91.20 expense ratio, and the absence and utilization factor ratio;

91.21 (15) divide the result of clause (13) by one minus the result of clause (14). This is the
91.22 total payment amount; and

91.23 (16) adjust the result of clause (15) by a factor to be determined by the commissioner
91.24 to adjust for regional differences in the cost of providing services.

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

91.28 Sec. 31. Laws 2022, chapter 33, section 1, subdivision 7b, is amended to read:

91.29 Subd. 7b. **Day support services; component values and calculation of payment**
91.30 **rates.** (a) Component values for day support services are:

91.31 (1) competitive workforce factor: 4.7 percent;

- 92.1 (2) supervisory span of control ratio: 11 percent;
- 92.2 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;
- 92.3 (4) employee-related cost ratio: 23.6 percent;
- 92.4 (5) program plan support ratio: 5.6 percent;
- 92.5 (6) client programming and support ratio: 10.37 percent, updated as specified in
- 92.6 subdivision 5b;
- 92.7 (7) general administrative support ratio: 13.25 percent;
- 92.8 (8) program-related expense ratio: 1.8 percent; and
- 92.9 (9) absence and utilization factor ratio: 9.4 percent.
- 92.10 (b) A unit of service for day support services is 15 minutes.
- 92.11 (c) Payments for day support services must be calculated as follows:
- 92.12 (1) determine the number of units of service and the staffing ratio to meet a recipient's
- 92.13 needs;
- 92.14 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
- 92.15 provided in subdivisions 5 and 5a;
- 92.16 (3) except for subdivision 5a, clauses ~~(1)~~ (2) to (4), multiply the result of clause (2) by
- 92.17 the product of one plus the competitive workforce factor;
- 92.18 (4) for a recipient requiring customization for deaf and hard-of-hearing language
- 92.19 accessibility under subdivision 12, add the customization rate provided in subdivision 12
- 92.20 to the result of clause (3);
- 92.21 (5) multiply the number of day program direct staffing hours and nursing hours by the
- 92.22 appropriate staff wage;
- 92.23 (6) multiply the number of day program direct staffing hours by the product of the
- 92.24 supervisory span of control ratio and the appropriate supervisory staff wage as calculated
- 92.25 ~~in subdivision 5a~~, clause ~~(1)~~ (3);
- 92.26 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
- 92.27 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
- 92.28 rate;
- 92.29 (8) for program plan support, multiply the result of clause (7) by one plus the program
- 92.30 plan support ratio;

93.1 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
93.2 employee-related cost ratio;

93.3 (10) for client programming and supports, multiply the result of clause (9) by one plus
93.4 the client programming and support ratio;

93.5 (11) for program facility costs, add \$19.30 per week with consideration of staffing ratios
93.6 to meet individual needs, updated as specified in subdivision 5b;

93.7 (12) this is the subtotal rate;

93.8 (13) sum the standard general administrative rate support ratio, the program-related
93.9 expense ratio, and the absence and utilization factor ratio;

93.10 (14) divide the result of clause (12) by one minus the result of clause (13). This is the
93.11 total payment amount; and

93.12 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
93.13 to adjust for regional differences in the cost of providing services.

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

93.17 Sec. 32. Laws 2022, chapter 33, section 1, subdivision 7c, is amended to read:

93.18 Subd. 7c. **Prevocational services; component values and calculation of payment**
93.19 **rates.** (a) Component values for prevocational services are:

93.20 (1) competitive workforce factor: 4.7 percent;

93.21 (2) supervisory span of control ratio: 11 percent;

93.22 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

93.23 (4) employee-related cost ratio: 23.6 percent;

93.24 (5) program plan support ratio: 5.6 percent;

93.25 (6) client programming and support ratio: 10.37 percent, updated as specified in
93.26 subdivision 5b;

93.27 (7) general administrative support ratio: 13.25 percent;

93.28 (8) program-related expense ratio: 1.8 percent; and

93.29 (9) absence and utilization factor ratio: 9.4 percent.

94.1 (b) A unit of service for prevocational services is either a day or 15 minutes. A day unit
94.2 of service is six or more hours of time spent providing direct service.

94.3 (c) Payments for prevocational services must be calculated as follows:

94.4 (1) determine the number of units of service and the staffing ratio to meet a recipient's
94.5 needs;

94.6 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
94.7 provided in subdivisions 5 and 5a;

94.8 (3) except for subdivision 5a, clauses ~~(1)~~ (2) to (4), multiply the result of clause (2) by
94.9 the product of one plus the competitive workforce factor;

94.10 (4) for a recipient requiring customization for deaf and hard-of-hearing language
94.11 accessibility under subdivision 12, add the customization rate provided in subdivision 12
94.12 to the result of clause (3);

94.13 (5) multiply the number of day program direct staffing hours and nursing hours by the
94.14 appropriate staff wage;

94.15 (6) multiply the number of day program direct staffing hours by the product of the
94.16 supervisory span of control ratio and the appropriate supervisory staff wage as calculated
94.17 in ~~subdivision 5a~~, clause ~~(1)~~ (3);

94.18 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
94.19 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
94.20 rate;

94.21 (8) for program plan support, multiply the result of clause (7) by one plus the program
94.22 plan support ratio;

94.23 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
94.24 employee-related cost ratio;

94.25 (10) for client programming and supports, multiply the result of clause (9) by one plus
94.26 the client programming and support ratio;

94.27 (11) for program facility costs, add \$19.30 per week with consideration of staffing ratios
94.28 to meet individual needs, updated as specified in subdivision 5b;

94.29 (12) this is the subtotal rate;

94.30 (13) sum the standard general administrative rate support ratio, the program-related
94.31 expense ratio, and the absence and utilization factor ratio;

95.1 (14) divide the result of clause (12) by one minus the result of clause (13). This is the
95.2 total payment amount; and

95.3 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
95.4 to adjust for regional differences in the cost of providing services.

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

95.8 Sec. 33. Laws 2022, chapter 33, section 1, subdivision 9a, is amended to read:

95.9 Subd. 9a. **Respite services; component values and calculation of payment rates.** (a)

95.10 For the purposes of this section, respite services include respite services provided to an
95.11 individual outside of any service plan for a day program or residential support service.

95.12 (b) Component values for respite services are:

95.13 (1) competitive workforce factor: 4.7 percent;

95.14 (2) supervisory span of control ratio: 11 percent;

95.15 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

95.16 (4) employee-related cost ratio: 23.6 percent;

95.17 (5) general administrative support ratio: 13.25 percent;

95.18 (6) program-related expense ratio: 2.9 percent; and

95.19 (7) absence and utilization factor ratio: 3.9 percent.

95.20 (c) A unit of service for respite services is 15 minutes.

95.21 (d) Payments for respite services must be calculated as follows unless the service is
95.22 reimbursed separately as part of a residential support services or day program payment rate:

95.23 (1) determine the number of units of service to meet an individual's needs;

95.24 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
95.25 provided in subdivisions 5 and 5a;

95.26 (3) except for subdivision 5a, clauses ~~(1)~~ (2) to (4), multiply the result of clause (2) by
95.27 the product of one plus the competitive workforce factor;

95.28 (4) for a recipient requiring deaf and hard-of-hearing customization under subdivision
95.29 12, add the customization rate provided in subdivision 12 to the result of clause (3);

96.1 (5) multiply the number of direct staffing hours by the appropriate staff wage;

96.2 (6) multiply the number of direct staffing hours by the product of the supervisory span
96.3 of control ratio and the appropriate supervisory staff wage as calculated in subdivision 5a,
96.4 ~~clause (4)~~ (3);

96.5 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
96.6 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
96.7 rate;

96.8 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
96.9 employee-related cost ratio;

96.10 (9) this is the subtotal rate;

96.11 (10) sum the standard general administrative support ratio, the program-related expense
96.12 ratio, and the absence and utilization factor ratio;

96.13 (11) divide the result of clause (9) by one minus the result of clause (10). This is the
96.14 total payment amount;

96.15 (12) for respite services provided in a shared manner, divide the total payment amount
96.16 in clause (11) by the number of service recipients, not to exceed three; ~~and~~

96.17 (13) for night supervision provided in a shared manner, divide the total payment amount
96.18 in clause (11) by the number of service recipients, not to exceed two; and

96.19 ~~(13)~~ (14) adjust the result of ~~clause~~ clauses (12) and (13) by a factor to be determined
96.20 by the commissioner to adjust for regional differences in the cost of providing services.

96.21 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
96.22 whichever occurs later, except that the changes to paragraph (d), clauses (3) and (6), are
96.23 effective July 1, 2022, or upon federal approval, whichever occurs later. The commissioner
96.24 of human services shall notify the revisor of statutes when federal approval is obtained.

96.25 Sec. 34. Laws 2022, chapter 33, section 1, subdivision 10c, is amended to read:

96.26 Subd. 10c. **Reporting and analysis of competitive workforce factor.** (a) Beginning
96.27 February 1, ~~2021~~ 2024, and every two years thereafter, the commissioner shall report to the
96.28 chairs and ranking minority members of the legislative committees and divisions with
96.29 jurisdiction over health and human services policy and finance an analysis of the competitive
96.30 workforce factor.

97.1 (b) The report must include ~~recommendations to update the competitive workforce factor~~
 97.2 ~~using:~~

97.3 (1) the most recently available wage data by SOC code for the weighted average wage
 97.4 for direct care staff for residential services and direct care staff for day services;

97.5 (2) the most recently available wage data by SOC code of the weighted average wage
 97.6 of comparable occupations; and

97.7 (3) workforce data as required under subdivision 10b.

97.8 ~~(e) The commissioner shall not recommend an increase or decrease of the competitive~~
 97.9 ~~workforce factor from the current value by more than two percentage points. If, after a~~
 97.10 ~~biennial analysis for the next report, the competitive workforce factor is less than or equal~~
 97.11 ~~to zero, the commissioner shall recommend a competitive workforce factor of zero.~~

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

97.15 Sec. 35. **WORKFORCE INCENTIVE FUND GRANTS.**

97.16 Subdivision 1. **Grant program established.** The commissioner of human services shall
 97.17 establish grants for behavioral health, housing, disability, and home and community-based
 97.18 older adult providers to assist with recruiting and retaining direct support and frontline
 97.19 workers.

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

97.22 (b) "Commissioner" means the commissioner of human services.

97.23 (c) "Eligible employer" means an organization enrolled in a Minnesota health care
 97.24 program or providing housing services that is:

97.25 (1) a provider of home and community-based services under Minnesota Statutes, chapter
 97.26 245D;

97.27 (2) an agency provider or financial management service provider under Minnesota
 97.28 Statutes, section 256B.85;

97.29 (3) a home care provider licensed under Minnesota Statutes, sections 144A.43 to
 97.30 144A.482;

- 98.1 (4) a facility certified as an intermediate care facility for persons with developmental
98.2 disabilities;
- 98.3 (5) a provider of home care services as defined in Minnesota Statutes, section 256B.0651,
98.4 subdivision 1, paragraph (d);
- 98.5 (6) an agency as defined in Minnesota Statutes, section 256B.0949, subdivision 2;
- 98.6 (7) a provider of mental health day treatment services for children or adults;
- 98.7 (8) a provider of emergency services as defined in Minnesota Statutes, section 256E.36;
- 98.8 (9) a provider of housing support as defined in Minnesota Statutes, chapter 256I;
- 98.9 (10) a provider of housing stabilization services as defined in Minnesota Statutes, section
98.10 256B.051;
- 98.11 (11) a provider of transitional housing programs as defined in Minnesota Statutes, section
98.12 256E.33;
- 98.13 (12) a provider of substance use disorder services as defined in Minnesota Statutes,
98.14 chapter 245G;
- 98.15 (13) an eligible financial management service provider serving people through
98.16 consumer-directed community supports under Minnesota Statutes, sections 256B.092 and
98.17 256B.49, and chapter 256S, and consumer support grants under Minnesota Statutes, section
98.18 256.476;
- 98.19 (14) a provider of customized living services as defined in Minnesota Statutes, section
98.20 256S.02, subdivision 12; or
- 98.21 (15) a provider who serves children with an emotional disorder or adults with mental
98.22 illness under Minnesota Statutes, section 245I.011 or 256B.0671, providing services,
98.23 including:
- 98.24 (i) assertive community treatment;
- 98.25 (ii) intensive residential treatment services;
- 98.26 (iii) adult rehabilitative mental health services;
- 98.27 (iv) mobile crisis services;
- 98.28 (v) children's therapeutic services and supports;
- 98.29 (vi) children's residential services;
- 98.30 (vii) psychiatric residential treatment services;

99.1 (viii) outpatient mental health treatment provided by mental health professionals,
 99.2 community mental health center services, or certified community behavioral health clinics;
 99.3 and

99.4 (ix) intensive mental health outpatient treatment services.

99.5 (d) "Eligible worker" means a worker who earns \$30 per hour or less and has worked
 99.6 in an eligible profession for at least six months. Eligible workers may receive up to \$5,000
 99.7 annually in payments from the workforce incentive fund.

99.8 Subd. 3. Allowable uses of grant money. (a) Grantees must use money awarded to
 99.9 provide payments to eligible workers for the following purposes:

99.10 (1) retention and incentive payments;

99.11 (2) postsecondary loan and tuition payments;

99.12 (3) child care costs;

99.13 (4) transportation-related costs; and

99.14 (5) other costs associated with retaining and recruiting workers, as approved by the
 99.15 commissioner.

99.16 (b) The commissioner must develop a grant cycle distribution plan that allows for
 99.17 equitable distribution of funding among eligible employer types. The commissioner's
 99.18 determination of the grant awards and amounts is final and is not subject to appeal.

99.19 (c) The commissioner must make efforts to prioritize eligible employers owned by
 99.20 persons who are Black, Indigenous, and people of color and small- to mid-sized eligible
 99.21 employers.

99.22 Subd. 4. Attestation. As a condition of obtaining grant payments under this section, an
 99.23 eligible employer must attest and agree to the following:

99.24 (1) the employer is an eligible employer;

99.25 (2) the total number of eligible employees;

99.26 (3) the employer will distribute the entire value of the grant to eligible employees, as
 99.27 allowed under this section;

99.28 (4) the employer will create and maintain records under subdivision 6;

99.29 (5) the employer will not use the money appropriated under this section for any purpose
 99.30 other than the purposes permitted under this section; and

100.1 (6) the entire value of any grant amounts must be distributed to eligible employees
100.2 identified by the provider.

100.3 Subd. 5. **Audits and recoupment.** (a) The commissioner may perform an audit under
100.4 this section up to six years after the grant is awarded to ensure:

100.5 (1) the grantee used the money solely for the purposes stated in subdivision 3;

100.6 (2) the grantee was truthful when making attestations under subdivision 5; and

100.7 (3) the grantee complied with the conditions of receiving a grant under this section.

100.8 (b) If the commissioner determines that a grantee used awarded money for purposes not
100.9 authorized under this section, the commissioner must treat any amount used for a purpose
100.10 not authorized under this section as an overpayment. The commissioner must recover any
100.11 overpayment.

100.12 Subd. 6. **Self-directed services workforce.** Grants paid to eligible employees providing
100.13 services within the covered programs defined in Minnesota Statutes, section 256B.0711,
100.14 do not constitute a change in a term or condition for individual providers in covered programs
100.15 and are not subject to the state's obligation to meet and negotiate under Minnesota Statutes,
100.16 chapter 179A.

100.17 Subd. 7. **Grants not to be considered income.** (a) For the purposes of this subdivision,
100.18 "subtraction" has the meaning given in Minnesota Statutes, section 290.0132, subdivision
100.19 1, paragraph (a), and the rules in that subdivision apply for this subdivision. The definitions
100.20 in Minnesota Statutes, section 290.01, apply to this subdivision.

100.21 (b) The amount of grant awards received under this section is a subtraction.

100.22 (c) Grant awards under this section are excluded from income, as defined in Minnesota
100.23 Statutes, sections 290.0674, subdivision 2a, and 290A.03, subdivision 3.

100.24 (d) Notwithstanding any law to the contrary, grant awards under this section must not
100.25 be considered income, assets, or personal property for purposes of determining eligibility
100.26 or recertifying eligibility for:

100.27 (1) child care assistance programs under Minnesota Statutes, chapter 119B;

100.28 (2) general assistance, Minnesota supplemental aid, and food support under Minnesota
100.29 Statutes, chapter 256D;

100.30 (3) housing support under Minnesota Statutes, chapter 256I;

101.1 (4) Minnesota family investment program and diversionary work program under
101.2 Minnesota Statutes, chapter 256J; and

101.3 (5) economic assistance programs under Minnesota Statutes, chapter 256P.

101.4 (e) The commissioner of human services must not consider grant awards under this
101.5 section as income or assets under Minnesota Statutes, section 256B.056, subdivision 1a,
101.6 paragraph (a); 3; or 3c, or for persons with eligibility determined under Minnesota Statutes,
101.7 section 256B.057, subdivision 3, 3a, or 3b.

101.8 **EFFECTIVE DATE.** This section is effective July 1, 2022.

101.9 Sec. 36. **DIRECT CARE SERVICE CORPS PILOT PROJECT.**

101.10 Subdivision 1. **Establishment.** HealthForce Minnesota at Winona State University must
101.11 develop a pilot project establishing the Minnesota Direct Care Service Corps. The pilot
101.12 program must utilize financial incentives to attract postsecondary students to work as personal
101.13 care assistants or direct support professionals. HealthForce Minnesota must establish the
101.14 financial incentives and minimum work requirements to be eligible for incentive payments.
101.15 The financial incentive must increase with each semester that the student participates in the
101.16 Minnesota Direct Care Service Corps.

101.17 Subd. 2. **Pilot sites.** (a) Pilot sites must include one postsecondary institution in the
101.18 seven-county metropolitan area and at least one postsecondary institution outside of the
101.19 seven-county metropolitan area. If more than one postsecondary institution outside the
101.20 metropolitan area is selected, one must be located in northern Minnesota and the other must
101.21 be located in southern Minnesota.

101.22 (b) After satisfactorily completing the work requirements for a semester, the pilot site
101.23 or its fiscal agent must pay students the financial incentive developed for the pilot project.

101.24 Subd. 3. **Evaluation and report.** (a) HealthForce Minnesota must contract with a third
101.25 party to evaluate the pilot project's impact on health care costs, retention of personal care
101.26 assistants, and patients' and providers' satisfaction of care. The evaluation must include the
101.27 number of participants, the hours of care provided by participants, and the retention of
101.28 participants from semester to semester.

101.29 (b) By January 4, 2024, HealthForce Minnesota must report the findings under paragraph
101.30 (a) to the chairs and ranking members of the legislative committees with jurisdiction over
101.31 human services policy and finance.

102.1 **Sec. 37. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
102.2 **LIFE-SHARING SERVICES.**

102.3 **Subdivision 1. Recommendations required.** The commissioner of human services shall
102.4 develop recommendations for establishing life sharing as a covered medical assistance
102.5 waiver service.

102.6 **Subd. 2. Definition.** For the purposes of this section, "life sharing" means a
102.7 relationship-based living arrangement between an adult with a disability and an individual
102.8 or family in which they share their lives and experiences while the adult with a disability
102.9 receives support from the individual or family using person-centered practices.

102.10 **Subd. 3. Stakeholder engagement and consultation.** (a) The commissioner must
102.11 proactively solicit participation in the development of the life-sharing medical assistance
102.12 service through a robust stakeholder engagement process that results in the inclusion of a
102.13 racially, culturally, and geographically diverse group of interested stakeholders from each
102.14 of the following groups:

102.15 (1) providers currently providing or interested in providing life-sharing services;

102.16 (2) people with disabilities accessing or interested in accessing life-sharing services;

102.17 (3) disability advocacy organizations; and

102.18 (4) lead agencies.

102.19 **(b) The commissioner must proactively seek input into and assistance with the**
102.20 **development of recommendations for establishing the life-sharing service from interested**
102.21 **stakeholders.**

102.22 **(c) The commissioner must provide a method for the commissioner and interested**
102.23 **stakeholders to cofacilitate public meetings. The first meeting must occur before January**
102.24 **31, 2023. The commissioner must host the cofacilitated meetings at least monthly through**
102.25 **October 31, 2023. All meetings must be accessible to all interested stakeholders, recorded,**
102.26 **and posted online within one week of the meeting date.**

102.27 **Subd. 4. Required topics to be discussed during development of the**
102.28 **recommendations.** The commissioner and the interested stakeholders must discuss the
102.29 following topics:

102.30 (1) the distinction between life sharing and adult family foster care;

102.31 (2) successful life-sharing models used in other states;

102.32 (3) services and supports that could be included in a life-sharing service;

- 103.1 (4) potential barriers to providing or accessing life-sharing services;
 103.2 (5) solutions to remove identified barriers to providing or accessing life-sharing services;
 103.3 (6) potential medical assistance payment methodologies for life-sharing services;
 103.4 (7) expanding awareness of the life-sharing model; and
 103.5 (8) draft language for legislation necessary to define and implement life-sharing services.

103.6 Subd. 5. **Report to the legislature.** By December 31, 2023, the commissioner must
 103.7 provide to the chairs and ranking minority members of the house of representatives and
 103.8 senate committees and divisions with jurisdiction over direct care services a report
 103.9 summarizing the discussions between the commissioner and the interested stakeholders and
 103.10 the commissioner's recommendations. The report must also include any draft legislation
 103.11 necessary to define and implement life-sharing services.

103.12 Sec. 38. **DISABILITY SERVICES ACCESSIBILITY TASK FORCE AND PILOT**
 103.13 **PROJECTS.**

103.14 Subdivision 1. **Establishment; purpose.** The Task Force on Disability Services
 103.15 Accessibility is established to evaluate the accessibility of current state and county disability
 103.16 services and to develop and evaluate plans to address barriers to accessibility.

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

103.19 (b) "Accessible" means that a service or program is easily navigated without
 103.20 accommodation or assistance, or, if reasonable accommodations are needed to navigate a
 103.21 service or program, accommodations are chosen by the participant and effectively
 103.22 implemented without excessive burden to the participant. Accessible communication means
 103.23 communication that a person understands, with appropriate accommodations as needed,
 103.24 including language or other interpretation.

103.25 (c) "Commissioner" means the commissioner of the Department of Human Services.

103.26 (d) "Disability services" means services provided through Medicaid, including personal
 103.27 care assistance, home care, other home and community-based services, waivers, and other
 103.28 home and community-based disability services provided through lead agencies.

103.29 (e) "Lead agency" means a county, Tribe, or health plan under contract with the
 103.30 commissioner to administer disability services.

103.31 (f) "Task force" means the Task Force on Disability Services Accessibility.

104.1 Subd. 3. **Membership.** (a) The task force consists of 23 members as follows:

104.2 (1) the commissioner of human services or a designee;

104.3 (2) one member appointed by the Minnesota Council on Disability;

104.4 (3) the ombudsman for mental health and developmental disabilities or a designee;

104.5 (4) two representatives of counties or Tribal agencies appointed by the commissioner
104.6 of human services;

104.7 (5) one member appointed by the Minnesota Association of County Social Service
104.8 Administrators;

104.9 (6) one member appointed by the Minnesota Disability Law Center;

104.10 (7) one member appointed by the Arc of Minnesota;

104.11 (8) one member appointed by the Autism Society of Minnesota;

104.12 (9) one member appointed by the Service Employees International Union;

104.13 (10) five members appointed by the commissioner of human services who are people
104.14 with disabilities, including at least one individual who has been denied services from the
104.15 state or county and two individuals who use different types of disability services;

104.16 (11) three members appointed by the commissioner of human services who are parents
104.17 of children with disabilities who use different types of disability services;

104.18 (12) one member appointed by the Association of Residential Resources in Minnesota;

104.19 (13) one member appointed by the Minnesota First Provider Alliance;

104.20 (14) one member appointed by the Minnesota Organization for Habilitation and
104.21 Rehabilitation; and

104.22 (15) two members appointed by the commissioner of human services who are direct
104.23 service professionals.

104.24 (b) To the extent possible, membership on the task force under paragraph (a) shall reflect
104.25 geographic parity throughout the state and representation from Black and Indigenous
104.26 communities and communities of color.

104.27 (c) The membership terms, compensation, expense reimbursement, and removal and
104.28 filling of vacancies of task force members are as provided in section 15.059.

104.29 Subd. 4. **Appointment deadline; first meeting; chair.** Appointing authorities must
104.30 complete member selections by January 1, 2023. The commissioner shall convene the first

105.1 meeting of the task force by February 15, 2023. The task force shall select a chair from
 105.2 among its members at its first meeting. The chair will convene all subsequent meetings.

105.3 Subd. 5. **Goals.** The goals of the task force include:

105.4 (1) developing plans and executing methods to investigate accessibility of disability
 105.5 services, including consideration of the following inquiries:

105.6 (i) how accessible is the program or service without assistance or accommodation,
 105.7 including what accessibility options exist, how the accessibility options are communicated,
 105.8 what trainings are provided to ensure accessibility options are implemented, and available
 105.9 processes for filing consumer accessibility complaints and correcting administrative errors;

105.10 (ii) the impact of accessibility barriers on individuals' access to services, including
 105.11 information about service denials or reductions due to accessibility issues, and aggregate
 105.12 information about reductions and denials related to disability or support need types and
 105.13 reasons for reductions and denials; and

105.14 (iii) what areas of discrepancy exist between declared state and county disability policy
 105.15 goals and enumerated state and federal laws and the experiences of people who have
 105.16 disabilities in accessing services;

105.17 (2) identifying areas of inaccessibility creating inefficiencies that financially impact the
 105.18 state and counties, including:

105.19 (i) the number and cost of appeals, including the number of appeals of service denials
 105.20 or reductions that are ultimately overturned;

105.21 (ii) the cost of crisis intervention because of service failure; and

105.22 (iii) the cost of redoing work that was not done correctly initially; and

105.23 (3) assessing the efficacy of possible solutions, including supervising and reviewing
 105.24 data from pilot projects as described in subdivisions 7 and 8.

105.25 Subd. 6. **Duties; plan and recommendations.** (a) The task force shall work with the
 105.26 commissioner to identify investigative areas and to develop a plan to conduct an accessibility
 105.27 assessment of disability services provided by lead agencies and the Department of Human
 105.28 Services. The assessment must:

105.29 (1) identify accessibility barriers and impediments created by current policies, procedures,
 105.30 and implementation;

105.31 (2) identify and analyze accessibility barrier and impediment impacts on different
 105.32 demographics;

- 106.1 (3) gather information from:
- 106.2 (i) the Department of Human Services;
- 106.3 (ii) relevant state agencies and staff;
- 106.4 (iii) counties and relevant staff;
- 106.5 (iv) people who use disability services;
- 106.6 (v) disability advocates; and
- 106.7 (vi) family members and other support people for individuals who use disability services;
- 106.8 (4) identify barriers to accessibility improvements in state and county services; and
- 106.9 (5) identify benefits to the state and counties in improving accessibility of disability
- 106.10 services.
- 106.11 (b) For the purposes of the assessment, disability services include:
- 106.12 (1) access to services;
- 106.13 (2) explanation of services;
- 106.14 (3) maintenance of services;
- 106.15 (4) application of services;
- 106.16 (5) services participant understanding of rights and responsibilities;
- 106.17 (6) communication regarding services;
- 106.18 (7) requests for accommodations;
- 106.19 (8) processes for filing complaints or grievances; and
- 106.20 (9) processes for appealing decisions denying or reducing services or eligibility.
- 106.21 (c) The task force shall collaborate with stakeholders, counties, and state agencies to
- 106.22 develop recommendations from the findings of the assessment and to create sustainable and
- 106.23 accessible changes to county and state services to improve outcomes for people with
- 106.24 disabilities. The recommendations must include:
- 106.25 (1) recommendations to eliminate barriers identified in the assessment, including but
- 106.26 not limited to recommendations for state legislative action, state policy action, and lead
- 106.27 agency changes;

107.1 (2) benchmarks for measuring annual progress toward increasing accessibility in county
107.2 and state disability services to be annually evaluated by the commissioner and the Minnesota
107.3 Council on Disability;

107.4 (3) a proposed method for monitoring and tracking accessibility in disability services;

107.5 (4) proposed initiatives, training, and services designed to improve accessibility and
107.6 effectiveness of county and state disability services; and

107.7 (5) recommendations for sustainable financial support and resources for improving
107.8 accessibility.

107.9 (d) The task force shall oversee preparation of a report outlining the findings from the
107.10 accessibility assessment in paragraph (a) and the recommendations developed pursuant to
107.11 paragraph (b) according to subdivision 9.

107.12 Subd. 7. **Pilot projects.** (a) The commissioner shall establish pilot projects with multiple
107.13 methods of reducing accessibility barriers in disability services.

107.14 (b) The commissioner shall select lead agencies to conduct pilot projects through a
107.15 competitive application process. The commissioner shall select six lead agencies across the
107.16 state in regional zones, with representation from counties serving Black people, Indigenous
107.17 people, and other people of color and no more than two lead agencies from the seven-county
107.18 metropolitan area.

107.19 (c) The application must include a proposal for how the county will implement any pilot
107.20 project in subdivisions 7 and 8 for at least five percent of the county's total disability services
107.21 case load.

107.22 (d) Selected counties shall use a process to facilitate communication between counties
107.23 and applicants and reduce incidences of appeal prior to issuing disability service decisions
107.24 that deny or reduce services or eligibility. These counties shall provide recipients with a
107.25 preview of the service decision and an opportunity to ask questions, provide clarification,
107.26 or provide additional information. The process must be accessible to recipients, including
107.27 in its forms of communication. A recipient is not required to participate in the preview
107.28 process.

107.29 (e) Any preview and opportunity for questions, clarification, or additional documents
107.30 must occur at least ten business days in advance of issuing a service decision. The preview
107.31 process must at minimum include:

107.32 (1) the lead agency sharing the substantive content of the proposed decision with the
107.33 recipient;

108.1 (2) an opportunity for interactive communication between the recipient and a
108.2 representative of the lead agency with knowledge regarding the proposed decision that must
108.3 be in a format that is accessible to the recipient; and

108.4 (3) continuation of services while a notice of action is pending following the preview
108.5 process.

108.6 (f) Counties must issue a notice of action within ten days of the final communication of
108.7 the preview process. Counties may change a decision denying or reducing services or
108.8 eligibility between the preview and the decision based on discussions or information from
108.9 the preview process. The recipient may request an appeal at any time.

108.10 (g) To the extent permitted by the Centers for Medicare and Medicaid Services, selected
108.11 counties shall streamline Medicaid service eligibility for people with disabilities by using
108.12 less frequent disability service needs assessments to save costs and reduce administrative
108.13 work needed to redetermine service eligibility. If federal approval is needed for the pilot
108.14 project, the commissioner shall seek a waiver from the Centers for Medicare and Medicaid
108.15 Services to permit the pilot project.

108.16 (h) The commissioner shall establish the criteria for lead agencies participating in the
108.17 pilot project to use less frequent assessments for disability services for qualifying individuals.
108.18 This criteria must include the likelihood of the individual's disability-related needs to change
108.19 over time and the consistency or lack thereof of previous assessment results.

108.20 (i) A change to less frequent assessments must not preclude an individual from requesting
108.21 an assessment earlier than the next scheduled assessment. Lead agencies shall assess service
108.22 eligibility at least every three years.

108.23 (j) Selected lead agencies shall hire or contract with a community program and train and
108.24 implement a team of peer system navigators to assist recipients with navigating county
108.25 processes. Navigators must be people with disabilities or parents or guardians receiving the
108.26 same type of services in similar settings. The county must communicate with navigators
108.27 and pair navigators with participants.

108.28 (k) The peer system navigator process must be accessible to recipients, including in form
108.29 of communication. The counties must pay peer navigators and provide benefit counseling
108.30 to navigators to ensure their own services and supports are not at risk.

108.31 (l) Selected lead agencies shall make options available for disability service recipients
108.32 to use electronic communications for interactions with the lead agency regarding services.

109.1 Subd. 8. **Pilot projects; funding and timing.** (a) Each county selected must receive
109.2 grant funding to implement, operate, and report on the pilot project. The amount of grant
109.3 funding must be proportionate to the disability services case load for the selected county.

109.4 (b) Counties shall implement the pilot projects no later than July 1, 2023, and shall
109.5 continue the projects for at least 18 months. Counties must provide interim reporting on the
109.6 pilot projects to the task force at six, 12, and 18 months into the pilot projects.

109.7 Subd. 9. **Report.** By August 1, 2025, the task force shall submit a report with
109.8 recommendations to the chairs and ranking minority members of the committees and divisions
109.9 in the senate and house of representatives with jurisdiction over health and human services.
109.10 This report must comply with subdivision 6, paragraph (d), include any changes to statutes,
109.11 laws, or rules required to implement the recommendations of the task force, and include a
109.12 recommendation concerning continuing the task force beyond its scheduled expiration.

109.13 Subd. 10. **Administrative support.** The commissioner of human services shall provide
109.14 meeting space and administrative services to the task force.

109.15 Subd. 11. **Expiration.** The task force expires on March 31, 2026.

109.16 Sec. 39. **DIRECTION TO COMMISSIONER; SHARED SERVICES.**

109.17 (a) By December 1, 2022, the commissioner of human services shall seek any necessary
109.18 changes to home and community-based services waiver plans regarding sharing services in
109.19 order to:

109.20 (1) permit shared services for more services, including chore, homemaker, and night
109.21 supervision;

109.22 (2) permit shared services for some services for higher ratios, including individualized
109.23 home supports without training, individualized home supports with training, and
109.24 individualized home supports with family training for a ratio of one staff person to three
109.25 recipients;

109.26 (3) ensure that individuals who are seeking to share services permitted under the waiver
109.27 plans in an own-home setting are not required to live in a licensed setting in order to share
109.28 services so long as all other requirements are met; and

109.29 (4) issue guidance for shared services, including:

109.30 (i) informed choice for all individuals sharing the services;

109.31 (ii) guidance for when multiple shared services by different providers occur in one home
109.32 and how lead agencies and individuals shall determine that shared service is appropriate to

110.1 meet the needs, health, and safety of each individual for whom the lead agency provides
 110.2 case management or care coordination; and

110.3 (iii) guidance clarifying that an individual's decision to share services does not reduce
 110.4 any determination of the individual's overall or assessed needs for services.

110.5 (b) The commissioner shall develop or provide guidance outlining:

110.6 (1) instructions for shared services support planning;

110.7 (2) person-centered approaches and informed choice in shared services support planning;

110.8 and

110.9 (3) required contents of shared services agreements.

110.10 (c) The commissioner shall seek and utilize stakeholder input for any proposed changes
 110.11 to waiver plans and any shared services guidance.

110.12 Sec. 40. **DIRECTION TO COMMISSIONER; DISABILITY WAIVER SHARED**
 110.13 **SERVICES RATES.**

110.14 The commissioner of human services shall provide a rate system for shared homemaker
 110.15 services and shared chore services provided under Minnesota Statutes, sections 256B.092
 110.16 and 256B.49. For two persons sharing services, the rate paid to a provider must not exceed
 110.17 1-1/2 times the rate paid for serving a single individual, and for three persons sharing
 110.18 services, the rate paid to a provider must not exceed two times the rate paid for serving a
 110.19 single individual. These rates apply only when all of the criteria for the shared service have
 110.20 been met.

110.21 Sec. 41. **MENTAL HEALTH PROVIDER SUPERVISION GRANT PROGRAM.**

110.22 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
 110.23 the meanings given.

110.24 (b) "Mental health professional" means an individual with a qualification specified in
 110.25 Minnesota Statutes, section 245I.04, subdivision 2.

110.26 (c) "Underrepresented community" has the meaning given in Minnesota Statutes, section
 110.27 148E.010, subdivision 20.

110.28 Subd. 2. **Grant program established.** The commissioner of human services shall award
 110.29 grants to licensed or certified mental health providers that meet the criteria in subdivision
 110.30 3 to fund supervision of interns and clinical trainees who are working toward becoming

111.1 licensed mental health professionals and to subsidize the costs of mental health professional
 111.2 licensing applications and examination fees for clinical trainees.

111.3 Subd. 3. **Eligible providers.** In order to be eligible for a grant under this section, a mental
 111.4 health provider must:

111.5 (1) provide at least 25 percent of the provider's yearly patient encounters to state public
 111.6 program enrollees or patients receiving sliding fee schedule discounts through a formal
 111.7 sliding fee schedule meeting the standards established by the United States Department of
 111.8 Health and Human Services under Code of Federal Regulations, title 42, section 51c.303;
 111.9 or

111.10 (2) primarily serve persons from communities of color or underrepresented communities.

111.11 Subd. 4. **Application; grant award.** A mental health provider seeking a grant under
 111.12 this section must apply to the commissioner at a time and in a manner specified by the
 111.13 commissioner. The commissioner shall review each application to determine if the application
 111.14 is complete, the mental health provider is eligible for a grant, and the proposed project is
 111.15 an allowable use of grant funds. The commissioner must determine the grant amount awarded
 111.16 to each grantee.

111.17 Subd. 5. **Allowable uses of grant money.** A mental health provider must use grant
 111.18 money received under this section:

111.19 (1) to pay for direct supervision hours for interns and clinical trainees in an amount up
 111.20 to \$7,500 per intern or clinical trainee;

111.21 (2) to establish a program to provide supervision to multiple interns or clinical trainees;
 111.22 or

111.23 (3) to pay mental health professional licensing application and examination fees for
 111.24 clinical trainees.

111.25 Subd. 6. **Program oversight.** During the grant period the commissioner may require
 111.26 grant recipients to provide the commissioner with information necessary to evaluate the
 111.27 program.

111.28 **EFFECTIVE DATE.** This section is effective July 1, 2022.

111.29 Sec. 42. **DIRECTION TO COMMISSIONER; INTERMEDIATE CARE FACILITIES**
 111.30 **FOR PERSONS WITH DISABILITIES RATE STUDY.**

111.31 The commissioner of human services shall study medical assistance payment rates for
 111.32 intermediate care facilities for persons with disabilities under Minnesota Statutes, sections

112.1 256B.5011 to 256B.5015; make recommendations on establishing a new payment rate
 112.2 methodology for these facilities; and submit a report to the chairs and ranking minority
 112.3 members of the legislative committees with jurisdiction over human services finance by
 112.4 February 15, 2023, that includes the recommendations and any draft legislation necessary
 112.5 to implement the recommendations.

112.6 **ARTICLE 3**

112.7 **BEHAVIORAL HEALTH**

112.8 Section 1. Minnesota Statutes 2020, section 62N.25, subdivision 5, is amended to read:

112.9 Subd. 5. **Benefits.** Community integrated service networks must offer the health
 112.10 maintenance organization benefit set, as defined in chapter 62D, and other laws applicable
 112.11 to entities regulated under chapter 62D. Community networks and chemical dependency
 112.12 facilities under contract with a community network shall use the assessment criteria in
 112.13 ~~Minnesota Rules, parts 9530.6600 to 9530.6655,~~ section 245G.05 when assessing enrollees
 112.14 for chemical dependency treatment.

112.15 **EFFECTIVE DATE.** This section is effective July 1, 2022.

112.16 Sec. 2. Minnesota Statutes 2020, section 62Q.1055, is amended to read:

112.17 **62Q.1055 CHEMICAL DEPENDENCY.**

112.18 All health plan companies shall use the assessment criteria in ~~Minnesota Rules, parts~~
 112.19 ~~9530.6600 to 9530.6655,~~ section 245G.05 when assessing and ~~placing~~ treating enrollees
 112.20 for chemical dependency treatment.

112.21 **EFFECTIVE DATE.** This section is effective July 1, 2022.

112.22 Sec. 3. Minnesota Statutes 2020, section 62Q.47, is amended to read:

112.23 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**
 112.24 **SERVICES.**

112.25 (a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism,
 112.26 mental health, or chemical dependency services, must comply with the requirements of this
 112.27 section.

112.28 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental
 112.29 health and outpatient chemical dependency and alcoholism services, except for persons
 112.30 ~~placed in~~ seeking chemical dependency services under ~~Minnesota Rules, parts 9530.6600~~
 112.31 ~~to 9530.6655~~ section 245G.05, must not place a greater financial burden on the insured or

113.1 enrollee, or be more restrictive than those requirements and limitations for outpatient medical
113.2 services.

113.3 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital
113.4 mental health and inpatient hospital and residential chemical dependency and alcoholism
113.5 services, except for persons ~~placed in~~ seeking chemical dependency services under ~~Minnesota~~
113.6 ~~Rules, parts 9530.6600 to 9530.6655~~ section 245G.05, must not place a greater financial
113.7 burden on the insured or enrollee, or be more restrictive than those requirements and
113.8 limitations for inpatient hospital medical services.

113.9 (d) A health plan company must not impose an NQTL with respect to mental health and
113.10 substance use disorders in any classification of benefits unless, under the terms of the health
113.11 plan as written and in operation, any processes, strategies, evidentiary standards, or other
113.12 factors used in applying the NQTL to mental health and substance use disorders in the
113.13 classification are comparable to, and are applied no more stringently than, the processes,
113.14 strategies, evidentiary standards, or other factors used in applying the NQTL with respect
113.15 to medical and surgical benefits in the same classification.

113.16 (e) All health plans must meet the requirements of the federal Mental Health Parity Act
113.17 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and
113.18 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal
113.19 guidance or regulations issued under, those acts.

113.20 (f) The commissioner may require information from health plan companies to confirm
113.21 that mental health parity is being implemented by the health plan company. Information
113.22 required may include comparisons between mental health and substance use disorder
113.23 treatment and other medical conditions, including a comparison of prior authorization
113.24 requirements, drug formulary design, claim denials, rehabilitation services, and other
113.25 information the commissioner deems appropriate.

113.26 (g) Regardless of the health care provider's professional license, if the service provided
113.27 is consistent with the provider's scope of practice and the health plan company's credentialing
113.28 and contracting provisions, mental health therapy visits and medication maintenance visits
113.29 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing
113.30 requirements imposed under the enrollee's health plan.

113.31 (h) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce, in
113.32 consultation with the commissioner of health, shall submit a report on compliance and
113.33 oversight to the chairs and ranking minority members of the legislative committees with
113.34 jurisdiction over health and commerce. The report must:

114.1 (1) describe the commissioner's process for reviewing health plan company compliance
114.2 with United States Code, title 42, section 18031(j), any federal regulations or guidance
114.3 relating to compliance and oversight, and compliance with this section and section 62Q.53;

114.4 (2) identify any enforcement actions taken by either commissioner during the preceding
114.5 12-month period regarding compliance with parity for mental health and substance use
114.6 disorders benefits under state and federal law, summarizing the results of any market conduct
114.7 examinations. The summary must include: (i) the number of formal enforcement actions
114.8 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the
114.9 subject matter of each enforcement action, including quantitative and nonquantitative
114.10 treatment limitations;

114.11 (3) detail any corrective action taken by either commissioner to ensure health plan
114.12 company compliance with this section, section 62Q.53, and United States Code, title 42,
114.13 section 18031(j); and

114.14 (4) describe the information provided by either commissioner to the public about
114.15 alcoholism, mental health, or chemical dependency parity protections under state and federal
114.16 law.

114.17 The report must be written in nontechnical, readily understandable language and must be
114.18 made available to the public by, among other means as the commissioners find appropriate,
114.19 posting the report on department websites. Individually identifiable information must be
114.20 excluded from the report, consistent with state and federal privacy protections.

114.21 **EFFECTIVE DATE.** This section is effective July 1, 2022.

114.22 Sec. 4. Minnesota Statutes 2020, section 169A.70, subdivision 3, is amended to read:

114.23 Subd. 3. **Assessment report.** (a) The assessment report must be on a form prescribed
114.24 by the commissioner and shall contain an evaluation of the convicted defendant concerning
114.25 the defendant's prior traffic and criminal record, characteristics and history of alcohol and
114.26 chemical use problems, and amenability to rehabilitation through the alcohol safety program.
114.27 The report is classified as private data on individuals as defined in section 13.02, subdivision
114.28 12.

114.29 (b) The assessment report must include:

114.30 (1) a diagnosis of the nature of the offender's chemical and alcohol involvement;

114.31 (2) an assessment of the severity level of the involvement;

115.1 (3) a recommended level of care for the offender in accordance with the criteria contained
115.2 in ~~rules adopted by the commissioner of human services under section 254A.03, subdivision~~
115.3 ~~3 (chemical dependency treatment rules)~~ section 245G.05;

115.4 (4) an assessment of the offender's placement needs;

115.5 (5) recommendations for other appropriate remedial action or care, including aftercare
115.6 services in section 254B.01, subdivision 3, that may consist of educational programs,
115.7 one-on-one counseling, a program or type of treatment that addresses mental health concerns,
115.8 or a combination of them; and

115.9 (6) a specific explanation why no level of care or action was recommended, if applicable.

115.10 **EFFECTIVE DATE.** This section is effective July 1, 2022.

115.11 Sec. 5. Minnesota Statutes 2020, section 169A.70, subdivision 4, is amended to read:

115.12 Subd. 4. **Assessor standards; rules; assessment time limits.** A chemical use assessment
115.13 required by this section must be conducted by an assessor appointed by the court. The
115.14 assessor must meet the training and qualification requirements of ~~rules adopted by the~~
115.15 ~~commissioner of human services under section 254A.03, subdivision 3 (chemical dependency~~
115.16 ~~treatment rules)~~ section 245G.11, subdivisions 1 and 5. Notwithstanding section 13.82 (law
115.17 enforcement data), the assessor shall have access to any police reports, laboratory test results,
115.18 and other law enforcement data relating to the current offense or previous offenses that are
115.19 necessary to complete the evaluation. ~~An assessor providing an assessment under this section~~
115.20 ~~may not have any direct or shared financial interest or referral relationship resulting in~~
115.21 ~~shared financial gain with a treatment provider, except as authorized under section 254A.19,~~
115.22 ~~subdivision 3. If an independent assessor is not available, the court may use the services of~~
115.23 ~~an assessor authorized to perform assessments for the county social services agency under~~
115.24 ~~a variance granted under rules adopted by the commissioner of human services under section~~
115.25 ~~254A.03, subdivision 3.~~ An appointment for the defendant to undergo the assessment must
115.26 be made by the court, a court services probation officer, or the court administrator as soon
115.27 as possible but in no case more than one week after the defendant's court appearance. The
115.28 assessment must be completed no later than three weeks after the defendant's court
115.29 appearance. If the assessment is not performed within this time limit, the county where the
115.30 defendant is to be sentenced shall perform the assessment. The county of financial
115.31 responsibility must be determined under chapter 256G.

115.32 **EFFECTIVE DATE.** This section is effective July 1, 2022.

116.1 Sec. 6. [245.4866] CHILDREN'S MENTAL HEALTH COMMUNITY OF
116.2 PRACTICE.

116.3 Subdivision 1. Establishment; purpose. The commissioner of human services, in
116.4 consultation with children's mental health subject matter experts, shall establish a children's
116.5 mental health community of practice. The purposes of the community of practice are to
116.6 improve treatment outcomes for children and adolescents with mental illness and reduce
116.7 disparities. The community of practice shall use evidence-based and best practices through
116.8 peer-to-peer and person-to-provider sharing.

116.9 Subd. 2. Participants; meetings. (a) The community of practice must include the
116.10 following participants:

116.11 (1) researchers or members of the academic community who are children's mental health
116.12 subject matter experts who do not have financial relationships with treatment providers;

116.13 (2) children's mental health treatment providers;

116.14 (3) a representative from a mental health advocacy organization;

116.15 (4) a representative from the Department of Human Services;

116.16 (5) a representative from the Department of Health;

116.17 (6) a representative from the Department of Education;

116.18 (7) representatives from county social services agencies;

116.19 (8) representatives from Tribal nations or Tribal social services providers; and

116.20 (9) representatives from managed care organizations.

116.21 (b) The community of practice must include, to the extent possible, individuals and
116.22 family members who have used mental health treatment services and must highlight the
116.23 voices and experiences of individuals who are Black, Indigenous, people of color, and
116.24 people from other communities that are disproportionately impacted by mental illness.

116.25 (c) The community of practice must meet regularly and must hold its first meeting before
116.26 January 1, 2023.

116.27 (d) Compensation and reimbursement for expenses for participants in paragraph (b) are
116.28 governed by section 15.059, subdivision 3.

116.29 Subd. 3. Duties. (a) The community of practice must:

116.30 (1) identify gaps in children's mental health treatment services;

117.1 (2) enhance collective knowledge of issues related to children's mental health;

117.2 (3) understand evidence-based practices, best practices, and promising approaches to
 117.3 address children's mental health;

117.4 (4) use knowledge gathered through the community of practice to develop strategic plans
 117.5 to improve outcomes for children who participate in mental health treatment and related
 117.6 services in Minnesota;

117.7 (5) increase knowledge about the challenges and opportunities learned by implementing
 117.8 strategies; and

117.9 (6) develop capacity for community advocacy.

117.10 (b) The commissioner, in collaboration with subject matter experts and other participants,
 117.11 may issue reports and recommendations to the chairs and ranking minority members of the
 117.12 legislative committees with jurisdiction over health and human services policy and finance
 117.13 and to local and regional governments.

117.14 Sec. 7. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision
 117.15 to read:

117.16 Subd. 2a. **Assessment requirements.** (a) A residential treatment service provider must
 117.17 complete a diagnostic assessment of a child within ten calendar days of the child's admission.
 117.18 If a diagnostic assessment has been completed by a mental health professional within the
 117.19 past 180 days, a new diagnostic assessment need not be completed unless in the opinion of
 117.20 the current treating mental health professional the child's mental health status has changed
 117.21 markedly since the assessment was completed.

117.22 (b) The service provider must complete the screenings required by Minnesota Rules,
 117.23 part 2960.0070, subpart 5, within ten calendar days.

117.24 Sec. 8. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision
 117.25 to read:

117.26 Subd. 6. **Crisis admissions and stabilization.** (a) A child may be referred for residential
 117.27 treatment services under this section for the purpose of crisis stabilization by:

117.28 (1) a mental health professional as defined in section 245I.04, subdivision 2;

117.29 (2) a physician licensed under chapter 147 who is assessing a child in an emergency
 117.30 department; or

118.1 (3) a member of a mobile crisis team who meets the qualifications under section
118.2 256B.0624, subdivision 5.

118.3 (b) A provider making a referral under paragraph (a) must conduct an assessment of the
118.4 child's mental health needs and make a determination that the child is experiencing a mental
118.5 health crisis and is in need of residential treatment services under this section.

118.6 (c) A child may receive services under this subdivision for up to 30 days and must be
118.7 subject to the screening and admissions criteria and processes under section 245.4885
118.8 thereafter.

118.9 Sec. 9. Minnesota Statutes 2021 Supplement, section 245.4885, subdivision 1, is amended
118.10 to read:

118.11 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
118.12 case of an emergency, all children referred for treatment of severe emotional disturbance
118.13 in a treatment foster care setting, residential treatment facility, or informally admitted to a
118.14 regional treatment center shall undergo an assessment to determine the appropriate level of
118.15 care if county funds are used to pay for the child's services. An emergency includes when
118.16 a child is in need of and has been referred for crisis stabilization services under section
118.17 245.4882, subdivision 6. A child who has been referred to residential treatment for crisis
118.18 stabilization services in a residential treatment center is not required to undergo an assessment
118.19 under this section.

118.20 (b) The county board shall determine the appropriate level of care for a child when
118.21 county-controlled funds are used to pay for the child's residential treatment under this
118.22 chapter, including residential treatment provided in a qualified residential treatment program
118.23 as defined in section 260C.007, subdivision 26d. When a county board does not have
118.24 responsibility for a child's placement and the child is enrolled in a prepaid health program
118.25 under section 256B.69, the enrolled child's contracted health plan must determine the
118.26 appropriate level of care for the child. When Indian Health Services funds or funds of a
118.27 tribally owned facility funded under the Indian Self-Determination and Education Assistance
118.28 Act, Public Law 93-638, are used for the child, the Indian Health Services or 638 tribal
118.29 health facility must determine the appropriate level of care for the child. When more than
118.30 one entity bears responsibility for a child's coverage, the entities shall coordinate level of
118.31 care determination activities for the child to the extent possible.

118.32 (c) The child's level of care determination shall determine whether the proposed treatment:

118.33 (1) is necessary;

119.1 (2) is appropriate to the child's individual treatment needs;

119.2 (3) cannot be effectively provided in the child's home; and

119.3 (4) provides a length of stay as short as possible consistent with the individual child's
119.4 needs.

119.5 (d) When a level of care determination is conducted, the county board or other entity
119.6 may not determine that a screening of a child, referral, or admission to a residential treatment
119.7 facility is not appropriate solely because services were not first provided to the child in a
119.8 less restrictive setting and the child failed to make progress toward or meet treatment goals
119.9 in the less restrictive setting. The level of care determination must be based on a diagnostic
119.10 assessment of a child that evaluates the child's family, school, and community living
119.11 situations; and an assessment of the child's need for care out of the home using a validated
119.12 tool which assesses a child's functional status and assigns an appropriate level of care to the
119.13 child. The validated tool must be approved by the commissioner of human services and
119.14 may be the validated tool approved for the child's assessment under section 260C.704 if the
119.15 juvenile treatment screening team recommended placement of the child in a qualified
119.16 residential treatment program. If a diagnostic assessment has been completed by a mental
119.17 health professional within the past 180 days, a new diagnostic assessment need not be
119.18 completed unless in the opinion of the current treating mental health professional the child's
119.19 mental health status has changed markedly since the assessment was completed. The child's
119.20 parent shall be notified if an assessment will not be completed and of the reasons. A copy
119.21 of the notice shall be placed in the child's file. Recommendations developed as part of the
119.22 level of care determination process shall include specific community services needed by
119.23 the child and, if appropriate, the child's family, and shall indicate whether these services
119.24 are available and accessible to the child and the child's family. The child and the child's
119.25 family must be invited to any meeting where the level of care determination is discussed
119.26 and decisions regarding residential treatment are made. The child and the child's family
119.27 may invite other relatives, friends, or advocates to attend these meetings.

119.28 (e) During the level of care determination process, the child, child's family, or child's
119.29 legal representative, as appropriate, must be informed of the child's eligibility for case
119.30 management services and family community support services and that an individual family
119.31 community support plan is being developed by the case manager, if assigned.

119.32 (f) The level of care determination, placement decision, and recommendations for mental
119.33 health services must be documented in the child's record and made available to the child's
119.34 family, as appropriate.

120.1 Sec. 10. Minnesota Statutes 2021 Supplement, section 245.4889, subdivision 1, is amended
120.2 to read:

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

120.5 (1) counties;

120.6 (2) Indian tribes;

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

120.8 (4) mental health service providers.

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

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

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

120.14 (3) respite care services for children with emotional disturbances or severe emotional
120.15 disturbances who are at risk of out-of-home placement or already in out-of-home placement
120.16 and at risk of change in placement or a higher level of care. Allowable activities and expenses
120.17 for respite care services are defined under subdivision 4. A child is not required to have
120.18 case management services to receive respite care services;

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

120.20 (5) mental health services for people from cultural and ethnic minorities, including
120.21 supervision of clinical trainees who are Black, indigenous, or people of color;

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

120.23 (7) services to promote and develop the capacity of providers to use evidence-based
120.24 practices in providing children's mental health services;

120.25 (8) school-linked mental health services under section 245.4901;

120.26 (9) building evidence-based mental health intervention capacity for children birth to age
120.27 five;

120.28 (10) suicide prevention and counseling services that use text messaging statewide;

120.29 (11) mental health first aid training;

121.1 (12) training for parents, collaborative partners, and mental health providers on the
 121.2 impact of adverse childhood experiences and trauma and development of an interactive
 121.3 website to share information and strategies to promote resilience and prevent trauma;

121.4 (13) transition age services to develop or expand mental health treatment and supports
 121.5 for adolescents and young adults 26 years of age or younger;

121.6 (14) early childhood mental health consultation;

121.7 (15) evidence-based interventions for youth at risk of developing or experiencing a first
 121.8 episode of psychosis, and a public awareness campaign on the signs and symptoms of
 121.9 psychosis;

121.10 (16) psychiatric consultation for primary care practitioners; ~~and~~

121.11 (17) providers to begin operations and meet program requirements when establishing a
 121.12 new children's mental health program. These may be start-up grants; and

121.13 (18) intensive developmentally appropriate and culturally informed interventions for
 121.14 youth who are at risk of developing a mood disorder or experiencing a first episode of a
 121.15 mood disorder and a public awareness campaign on the signs and symptoms of mood
 121.16 disorders in youth.

121.17 (c) Services under paragraph (b) must be designed to help each child to function and
 121.18 remain with the child's family in the community and delivered consistent with the child's
 121.19 treatment plan. Transition services to eligible young adults under this paragraph must be
 121.20 designed to foster independent living in the community.

121.21 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
 121.22 reimbursement sources, if applicable.

121.23 Sec. 11. Minnesota Statutes 2020, section 245.4889, is amended by adding a subdivision
 121.24 to read:

121.25 Subd. 4. Covered respite care services. Respite care services under subdivision 1,
 121.26 paragraph (b), clause (3), include hourly or overnight stays at a licensed foster home or with
 121.27 a qualified and approved family member or friend and may occur at a child's or a provider's
 121.28 home. Respite care services may also include the following activities and expenses:

121.29 (1) recreational, sport, and nonsport extracurricular activities and programs for the child
 121.30 such as camps, clubs, activities, lessons, group outings, sports, or other activities and
 121.31 programs;

122.1 (2) family activities, camps, and retreats that the whole family does together that provide
 122.2 a break from the family's circumstances;

122.3 (3) cultural programs and activities for the child and family designed to address the
 122.4 unique needs of individuals who share a common language or racial, ethnic, or social
 122.5 background; and

122.6 (4) costs of transportation, food, supplies, and equipment directly associated with
 122.7 approved respite care services and expenses necessary for the child and family to access
 122.8 and participate in respite care services.

122.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

122.10 Sec. 12. **[245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE**
 122.11 **GRANT PROGRAM.**

122.12 Subdivision 1. **Establishment.** The commissioner of human services shall establish a
 122.13 cultural and ethnic minority infrastructure grant program to ensure that mental health and
 122.14 substance use disorder treatment supports and services are culturally specific and culturally
 122.15 responsive to meet the cultural needs of the communities served.

122.16 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider from
 122.17 a cultural or ethnic minority population who:

122.18 (1) provides mental health or substance use disorder treatment services and supports to
 122.19 individuals from cultural and ethnic minority populations, including individuals who are
 122.20 lesbian, gay, bisexual, transgender, or queer, from cultural and ethnic minority populations;

122.21 (2) provides or is qualified and has the capacity to provide clinical supervision and
 122.22 support to members of culturally diverse and ethnic minority communities to qualify as
 122.23 mental health and substance use disorder treatment providers; or

122.24 (3) has the capacity and experience to provide training for mental health and substance
 122.25 use disorder treatment providers on cultural competency and cultural humility.

122.26 Subd. 3. **Allowable grant activities.** (a) The cultural and ethnic minority infrastructure
 122.27 grant program grantees must engage in activities and provide supportive services to ensure
 122.28 and increase equitable access to culturally specific and responsive care and to build
 122.29 organizational and professional capacity for licensure and certification for the communities
 122.30 served. Allowable grant activities include but are not limited to:

123.1 (1) workforce development activities focused on recruiting, supporting, training, and
 123.2 supervision activities for mental health and substance use disorder practitioners and
 123.3 professionals from diverse racial, cultural, and ethnic communities;

123.4 (2) supporting members of culturally diverse and ethnic minority communities to qualify
 123.5 as mental health and substance use disorder professionals, practitioners, clinical supervisors,
 123.6 recovery peer specialists, mental health certified peer specialists, and mental health certified
 123.7 family peer specialists;

123.8 (3) culturally specific outreach, early intervention, trauma-informed services, and recovery
 123.9 support in mental health and substance use disorder services;

123.10 (4) provision of trauma-informed, culturally responsive mental health and substance use
 123.11 disorder supports and services for children and families, youth, or adults who are from
 123.12 cultural and ethnic minority backgrounds and are uninsured or underinsured;

123.13 (5) mental health and substance use disorder service expansion and infrastructure
 123.14 improvement activities, particularly in greater Minnesota;

123.15 (6) training for mental health and substance use disorder treatment providers on cultural
 123.16 competency and cultural humility; and

123.17 (7) activities to increase the availability of culturally responsive mental health and
 123.18 substance use disorder services for children and families, youth, or adults or to increase the
 123.19 availability of substance use disorder services for individuals from cultural and ethnic
 123.20 minorities in the state.

123.21 (b) The commissioner must assist grantees with meeting third-party credentialing
 123.22 requirements, and grantees must obtain all available third-party reimbursement sources as
 123.23 a condition of receiving grant funds. Grantees must serve individuals from cultural and
 123.24 ethnic minority communities regardless of health coverage status or ability to pay.

123.25 **Subd. 4. Data collection and outcomes.** Grantees must provide regular data summaries
 123.26 to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic
 123.27 minority infrastructure grant program. The commissioner must use identified culturally
 123.28 appropriate outcome measures instruments to evaluate outcomes and must evaluate program
 123.29 activities by analyzing whether the program:

123.30 (1) increased access to culturally specific services for individuals from cultural and
 123.31 ethnic minority communities across the state;

123.32 (2) increased number of individuals from cultural and ethnic minority communities
 123.33 served by grantees;

124.1 (3) increased cultural responsiveness and cultural competency of mental health and
 124.2 substance use disorder treatment providers;

124.3 (4) increased number of mental health and substance use disorder treatment providers
 124.4 and clinical supervisors from cultural and ethnic minority communities;

124.5 (5) increased number of mental health and substance use disorder treatment organizations
 124.6 owned, managed, or led by individuals who are Black, Indigenous, or people of color;

124.7 (6) reduced in health disparities through improved clinical and functional outcomes for
 124.8 those accessing services; and

124.9 (7) led to an overall increase in culturally specific mental health and substance use
 124.10 disorder service availability.

124.11 **Sec. 13. [245.4904] EMERGING MOOD DISORDER GRANT PROGRAM.**

124.12 Subdivision 1. **Creation.** (a) The emerging mood disorder grant program is established
 124.13 in the Department of Human Services to fund:

124.14 (1) evidence-informed interventions for youth and young adults who are at risk of
 124.15 developing a mood disorder or are experiencing an emerging mood disorder, including
 124.16 major depression and bipolar disorders; and

124.17 (2) a public awareness campaign on the signs and symptoms of mood disorders in youth
 124.18 and young adults.

124.19 (b) Emerging mood disorder services are eligible for children's mental health grants as
 124.20 specified in section 245.4889, subdivision 1, paragraph (b), clause (18).

124.21 Subd. 2. **Activities.** (a) All emerging mood disorder grant programs must:

124.22 (1) provide intensive treatment and support to adolescents and young adults experiencing
 124.23 or at risk of experiencing an emerging mood disorder. Intensive treatment and support
 124.24 includes medication management, psychoeducation for the individual and the individual's
 124.25 family, case management, employment support, education support, cognitive behavioral
 124.26 approaches, social skills training, peer support, crisis planning, and stress management;

124.27 (2) conduct outreach and provide training and guidance to mental health and health care
 124.28 professionals, including postsecondary health clinicians, on early symptoms of mood
 124.29 disorders, screening tools, and best practices;

124.30 (3) ensure access for individuals to emerging mood disorder services under this section,
 124.31 including ensuring access for individuals who live in rural areas; and

125.1 (4) use all available funding streams.

125.2 (b) Grant money may also be used to pay for housing or travel expenses for individuals
 125.3 receiving services or to address other barriers preventing individuals and their families from
 125.4 participating in emerging mood disorder services.

125.5 (c) Grant money may be used by the grantee to evaluate the efficacy of providing
 125.6 intensive services and supports to people with emerging mood disorders.

125.7 Subd. 3. **Eligibility.** Program activities must be provided to youth and young adults with
 125.8 early signs of an emerging mood disorder.

125.9 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
 125.10 practices and must include the following outcome evaluation criteria:

125.11 (1) whether individuals experience a reduction in mood disorder symptoms; and

125.12 (2) whether individuals experience a decrease in inpatient mental health hospitalizations.

125.13 Sec. 14. **[245.4905] FIRST EPISODE OF PSYCHOSIS GRANT PROGRAM.**

125.14 Subdivision 1. **Creation.** The first episode of psychosis grant program is established in
 125.15 the Department of Human Services to fund evidence-based interventions for youth at risk
 125.16 of developing or experiencing a first episode of psychosis and a public awareness campaign
 125.17 on the signs and symptoms of psychosis. First episode of psychosis services are eligible for
 125.18 children's mental health grants as specified in section 245.4889, subdivision 1, paragraph
 125.19 (b), clause (15).

125.20 Subd. 2. **Activities.** (a) All first episode of psychosis grant programs must:

125.21 (1) provide intensive treatment and support for adolescents and adults experiencing or
 125.22 at risk of experiencing a first psychotic episode. Intensive treatment and support includes
 125.23 medication management, psychoeducation for an individual and an individual's family, case
 125.24 management, employment support, education support, cognitive behavioral approaches,
 125.25 social skills training, peer support, crisis planning, and stress management;

125.26 (2) conduct outreach and provide training and guidance to mental health and health care
 125.27 professionals, including postsecondary health clinicians, on early psychosis symptoms,
 125.28 screening tools, and best practices;

125.29 (3) ensure access for individuals to first psychotic episode services under this section,
 125.30 including access for individuals who live in rural areas; and

125.31 (4) use all available funding streams.

126.1 (b) Grant money may also be used to pay for housing or travel expenses for individuals
 126.2 receiving services or to address other barriers preventing individuals and their families from
 126.3 participating in first psychotic episode services.

126.4 Subd. 3. **Eligibility.** Program activities must be provided to people 15 to 40 years old
 126.5 with early signs of psychosis.

126.6 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
 126.7 practices and must include the following outcome evaluation criteria:

126.8 (1) whether individuals experience a reduction in psychotic symptoms;

126.9 (2) whether individuals experience a decrease in inpatient mental health hospitalizations;

126.10 and

126.11 (3) whether individuals experience an increase in educational attainment.

126.12 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with
 126.13 all conditions and requirements necessary to receive federal aid or grants.

126.14 Sec. 15. Minnesota Statutes 2020, section 245.713, subdivision 2, is amended to read:

126.15 **Subd. 2. Total funds available; allocation.** Funds granted to the state by the federal
 126.16 government under United States Code, title 42, sections 300X to 300X-9 each federal fiscal
 126.17 year for mental health services must be allocated as follows:

126.18 (a) Any amount set aside by the commissioner of human services for American Indian
 126.19 organizations within the state, which funds shall not duplicate any direct federal funding of
 126.20 American Indian organizations and which funds shall be at least 25 percent of the total
 126.21 federal allocation to the state for mental health services; ~~provided that sufficient applications~~
 126.22 ~~for funding are received by the commissioner which meet the specifications contained in~~
 126.23 ~~requests for proposals.~~ Money from this source may be used for special committees to advise
 126.24 the commissioner on mental health programs and services for American Indians and other
 126.25 minorities or underserved groups. For purposes of this subdivision, "American Indian
 126.26 organization" means an American Indian tribe or band or an organization providing mental
 126.27 health services that is legally incorporated as a nonprofit organization registered with the
 126.28 secretary of state and governed by a board of directors having at least a majority of American
 126.29 Indian directors.

126.30 (b) An amount not to exceed five percent of the federal block grant allocation for mental
 126.31 health services to be retained by the commissioner for administration.

127.1 (c) Any amount permitted under federal law which the commissioner approves for
127.2 demonstration or research projects for severely disturbed children and adolescents, the
127.3 underserved, special populations or multiply disabled mentally ill persons. The groups to
127.4 be served, the extent and nature of services to be provided, the amount and duration of any
127.5 grant awards are to be based on criteria set forth in the Alcohol, Drug Abuse and Mental
127.6 Health Block Grant Law, United States Code, title 42, sections 300X to 300X-9, and on
127.7 state policies and procedures determined necessary by the commissioner. Grant recipients
127.8 must comply with applicable state and federal requirements and demonstrate fiscal and
127.9 program management capabilities that will result in provision of quality, cost-effective
127.10 services.

127.11 (d) The amount required under federal law, for federally mandated expenditures.

127.12 (e) An amount not to exceed 15 percent of the federal block grant allocation for mental
127.13 health services to be retained by the commissioner for planning and evaluation.

127.14 **EFFECTIVE DATE.** This section is effective July 1, 2022.

127.15 Sec. 16. **[245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM**
127.16 **HOMELESSNESS PROGRAM.**

127.17 **Subdivision 1. Creation.** The projects for assistance in transition from homelessness
127.18 program is established in the Department of Human Services to prevent or end homelessness
127.19 for people with serious mental illness and substance use disorders and ensure the
127.20 commissioner may achieve the goals of the housing mission statement in section 245.461,
127.21 subdivision 4.

127.22 **Subd. 2. Activities.** All projects for assistance in transition from homelessness must
127.23 provide homeless outreach and case management services. Projects may provide clinical
127.24 assessment, habilitation and rehabilitation services, community mental health services,
127.25 substance use disorder treatment, housing transition and sustaining services, direct assistance
127.26 funding, and other activities as determined by the commissioner.

127.27 **Subd. 3. Eligibility.** Program activities must be provided to people with serious mental
127.28 illness or a substance use disorder who meet homeless criteria determined by the
127.29 commissioner. People receiving homeless outreach may be presumed eligible until a serious
127.30 mental illness or a substance use disorder can be verified.

127.31 **Subd. 4. Outcomes.** Evaluation of each project must include the following outcome
127.32 evaluation criteria:

127.33 (1) whether people are contacted through homeless outreach services;

128.1 (2) whether people are enrolled in case management services;

128.2 (3) whether people access behavioral health services; and

128.3 (4) whether people transition from homelessness to housing.

128.4 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with
 128.5 all conditions and requirements necessary to receive federal aid or grants with respect to
 128.6 homeless services or programs as specified in section 245.70.

128.7 Sec. 17. **[245.992] HOUSING WITH SUPPORT FOR BEHAVIORAL HEALTH.**

128.8 Subdivision 1. **Creation.** The housing with support for behavioral health program is
 128.9 established in the Department of Human Services to prevent or end homelessness for people
 128.10 with serious mental illness and substance use disorders, increase the availability of housing
 128.11 with support, and ensure the commissioner may achieve the goals of the housing mission
 128.12 statement in section 245.461, subdivision 4.

128.13 Subd. 2. **Activities.** The housing with support for behavioral health program may provide
 128.14 a range of activities and supportive services to ensure that people obtain and retain permanent
 128.15 supportive housing. Program activities may include case management, site-based housing
 128.16 services, housing transition and sustaining services, outreach services, community support
 128.17 services, direct assistance funding, and other activities as determined by the commissioner.

128.18 Subd. 3. **Eligibility.** Program activities must be provided to people with a serious mental
 128.19 illness or a substance use disorder who meet homeless criteria determined by the
 128.20 commissioner.

128.21 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
 128.22 practices and must include the following outcome evaluation criteria:

128.23 (1) whether housing and activities utilize evidence-based practices;

128.24 (2) whether people transition from homelessness to housing;

128.25 (3) whether people retain housing; and

128.26 (4) whether people are satisfied with their current housing.

128.27 Sec. 18. **[245A.26] CHILDREN'S RESIDENTIAL FACILITY CRISIS**
 128.28 **STABILIZATION SERVICES.**

128.29 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this
 128.30 subdivision have the meanings given.

129.1 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,
129.2 subdivision 6.

129.3 (c) "License holder" means an individual, organization, or government entity that was
129.4 issued a license by the commissioner of human services under this chapter for residential
129.5 mental health treatment for children with emotional disturbance according to Minnesota
129.6 Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700, or shelter care services
129.7 according to Minnesota Rules, parts 2960.0010 to 2960.0120 and 2960.0510 to 2960.0530.

129.8 (d) "Mental health professional" means an individual who is qualified under section
129.9 245I.04, subdivision 2.

129.10 Subd. 2. **Scope and applicability.** (a) This section establishes additional licensing
129.11 requirements for a children's residential facility to provide children's residential crisis
129.12 stabilization services to a child who is experiencing a mental health crisis and is in need of
129.13 residential treatment services.

129.14 (b) A children's residential facility may provide residential crisis stabilization services
129.15 only if the facility is licensed to provide:

129.16 (1) residential mental health treatment for children with emotional disturbance according
129.17 to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700; or

129.18 (2) shelter care services according to Minnesota Rules, parts 2960.0010 to 2960.0120
129.19 and 2960.0510 to 2960.0530.

129.20 (c) If a child receives residential crisis stabilization services for 35 days or fewer in a
129.21 facility licensed according to paragraph (b), clause (1), the facility is not required to complete
129.22 a diagnostic assessment or treatment plan under Minnesota Rules, part 2960.0180, subpart
129.23 2, and part 2960.0600.

129.24 (d) If a child receives residential crisis stabilization services for 35 days or fewer in a
129.25 facility licensed according to paragraph (b), clause (2), the facility is not required to develop
129.26 a plan for meeting the child's immediate needs under Minnesota Rules, part 2960.0520,
129.27 subpart 3.

129.28 Subd. 3. **Eligibility for services.** An individual is eligible for children's residential crisis
129.29 stabilization services if the individual is under 19 years of age and meets the eligibility
129.30 criteria for crisis services under section 256B.0624, subdivision 3.

129.31 Subd. 4. **Required services; providers.** (a) A license holder providing residential crisis
129.32 stabilization services must continually follow a child's individual crisis treatment plan to
129.33 improve the child's functioning.

130.1 (b) The license holder must offer and have the capacity to directly provide the following
130.2 treatment services to a child:

130.3 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

130.4 (2) mental health services as specified in the child's individual crisis treatment plan,
130.5 according to the child's treatment needs;

130.6 (3) health services and medication administration, if applicable; and

130.7 (4) referrals for the child to community-based treatment providers and support services
130.8 for the child's transition from residential crisis stabilization to another treatment setting.

130.9 (c) Children's residential crisis stabilization services must be provided by a qualified
130.10 staff person listed in section 256B.0624, subdivision 8, according to the scope of practice
130.11 for the individual staff person's position.

130.12 Subd. 5. **Assessment and treatment planning.** (a) Within 24 hours of a child's admission
130.13 for residential crisis stabilization, the license holder must assess the child and document the
130.14 child's immediate needs, including the child's:

130.15 (1) health and safety, including the need for crisis assistance; and

130.16 (2) need for connection to family and other natural supports.

130.17 (b) Within 24 hours of a child's admission for residential crisis stabilization, the license
130.18 holder must complete a crisis treatment plan for the child, according to the requirements
130.19 for a crisis treatment plan under section 256B.0624, subdivision 11. The license holder must
130.20 base the child's crisis treatment plan on the child's referral information and the assessment
130.21 of the child's immediate needs under paragraph (a). A mental health professional or a clinical
130.22 trainee under the supervision of a mental health professional must complete the crisis
130.23 treatment plan. A crisis treatment plan completed by a clinical trainee must contain
130.24 documentation of approval, as defined in section 245I.02, subdivision 2, by a mental health
130.25 professional within five business days of initial completion by the clinical trainee.

130.26 (c) A mental health professional must review a child's crisis treatment plan each week
130.27 and document the weekly reviews in the child's client file.

130.28 (d) For a client receiving children's residential crisis stabilization services who is 18
130.29 years of age or older, the license holder must complete an individual abuse prevention plan
130.30 for the client, pursuant to section 245A.65, subdivision 2, as part of the client's crisis
130.31 treatment plan.

131.1 Subd. 6. Staffing requirements. Staff members of facilities providing services under
 131.2 this section must have access to a mental health professional or clinical trainee within 30
 131.3 minutes, either in person or by telephone. The license holder must maintain a current schedule
 131.4 of available mental health professionals or clinical trainees and include contact information
 131.5 for each mental health professional or clinical trainee. The schedule must be readily available
 131.6 to all staff members.

131.7 Sec. 19. Minnesota Statutes 2020, section 245F.03, is amended to read:

131.8 **245F.03 APPLICATION.**

131.9 (a) This chapter establishes minimum standards for withdrawal management programs
 131.10 licensed by the commissioner that serve one or more unrelated persons.

131.11 (b) This chapter does not apply to a withdrawal management program licensed as a
 131.12 hospital under sections 144.50 to 144.581. A withdrawal management program located in
 131.13 a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this
 131.14 chapter is deemed to be in compliance with section 245F.13.

131.15 ~~(c) Minnesota Rules, parts 9530.6600 to 9530.6655, do not apply to withdrawal~~
 131.16 ~~management programs licensed under this chapter.~~

131.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

131.18 Sec. 20. Minnesota Statutes 2020, section 245G.05, subdivision 2, is amended to read:

131.19 Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an
 131.20 assessment summary within three calendar days from the day of service initiation for a
 131.21 residential program and within three calendar days on which a treatment session has been
 131.22 provided from the day of service initiation for a client in a nonresidential program. The
 131.23 comprehensive assessment summary is complete upon a qualified staff member's dated
 131.24 signature. If the comprehensive assessment is used to authorize the treatment service, the
 131.25 alcohol and drug counselor must prepare an assessment summary on the same date the
 131.26 comprehensive assessment is completed. If the comprehensive assessment and assessment
 131.27 summary are to authorize treatment services, the assessor must determine appropriate level
 131.28 of care and services for the client using the ~~dimensions in Minnesota Rules, part 9530.6622~~
 131.29 criteria established in section 254B.04, subdivision 4, and document the recommendations.

131.30 (b) An assessment summary must include:

131.31 (1) a risk description according to section 245G.05 for each dimension listed in paragraph
 131.32 (c);

132.1 (2) a narrative summary supporting the risk descriptions; and

132.2 (3) a determination of whether the client has a substance use disorder.

132.3 (c) An assessment summary must contain information relevant to treatment service
132.4 planning and recorded in the dimensions in clauses (1) to (6). The license holder must
132.5 consider:

132.6 (1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with
132.7 withdrawal symptoms and current state of intoxication;

132.8 (2) Dimension 2, biomedical conditions and complications; the degree to which any
132.9 physical disorder of the client would interfere with treatment for substance use, and the
132.10 client's ability to tolerate any related discomfort. The license holder must determine the
132.11 impact of continued substance use on the unborn child, if the client is pregnant;

132.12 (3) Dimension 3, emotional, behavioral, and cognitive conditions and complications;
132.13 the degree to which any condition or complication is likely to interfere with treatment for
132.14 substance use or with functioning in significant life areas and the likelihood of harm to self
132.15 or others;

132.16 (4) Dimension 4, readiness for change; the support necessary to keep the client involved
132.17 in treatment service;

132.18 (5) Dimension 5, relapse, continued use, and continued problem potential; the degree
132.19 to which the client recognizes relapse issues and has the skills to prevent relapse of either
132.20 substance use or mental health problems; and

132.21 (6) Dimension 6, recovery environment; whether the areas of the client's life are
132.22 supportive of or antagonistic to treatment participation and recovery.

132.23 **EFFECTIVE DATE.** This section is effective July 1, 2022.

132.24 Sec. 21. Minnesota Statutes 2020, section 245G.22, subdivision 2, is amended to read:

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

132.27 (b) "Diversion" means the use of a medication for the treatment of opioid addiction being
132.28 diverted from intended use of the medication.

132.29 (c) "Guest dose" means administration of a medication used for the treatment of opioid
132.30 addiction to a person who is not a client of the program that is administering or dispensing
132.31 the medication.

133.1 (d) "Medical director" means a practitioner licensed to practice medicine in the
 133.2 jurisdiction that the opioid treatment program is located who assumes responsibility for
 133.3 administering all medical services performed by the program, either by performing the
 133.4 services directly or by delegating specific responsibility to a practitioner of the opioid
 133.5 treatment program.

133.6 (e) "Medication used for the treatment of opioid use disorder" means a medication
 133.7 approved by the Food and Drug Administration for the treatment of opioid use disorder.

133.8 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

133.9 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,
 133.10 title 42, section 8.12, and includes programs licensed under this chapter.

133.11 ~~(h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,~~
 133.12 ~~subpart 21a.~~

133.13 ~~(h)~~ (h) "Practitioner" means a staff member holding a current, unrestricted license to
 133.14 practice medicine issued by the Board of Medical Practice or nursing issued by the Board
 133.15 of Nursing and is currently registered with the Drug Enforcement Administration to order
 133.16 or dispense controlled substances in Schedules II to V under the Controlled Substances Act,
 133.17 United States Code, title 21, part B, section 821. Practitioner includes an advanced practice
 133.18 registered nurse and physician assistant if the staff member receives a variance by the state
 133.19 opioid treatment authority under section 254A.03 and the federal Substance Abuse and
 133.20 Mental Health Services Administration.

133.21 ~~(i)~~ (i) "Unsupervised use" means the use of a medication for the treatment of opioid use
 133.22 disorder dispensed for use by a client outside of the program setting.

133.23 **EFFECTIVE DATE.** This section is effective July 1, 2022.

133.24 Sec. 22. Minnesota Statutes 2020, section 245G.22, subdivision 15, is amended to read:

133.25 Subd. 15. **Nonmedication treatment services; documentation.** ~~(a) The program must~~
 133.26 ~~offer at least 50 consecutive minutes of individual or group therapy treatment services as~~
 133.27 ~~defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first~~
 133.28 ~~ten weeks following the day of service initiation, and at least 50 consecutive minutes per~~
 133.29 ~~month thereafter. As clinically appropriate, the program may offer these services cumulatively~~
 133.30 ~~and not consecutively in increments of no less than 15 minutes over the required time period,~~
 133.31 ~~and for a total of 60 minutes of treatment services over the time period, and must document~~
 133.32 ~~the reason for providing services cumulatively in the client's record. The program may offer~~
 133.33 ~~additional levels of service when deemed clinically necessary.~~

134.1 (a) The program must meet the requirements in section 245G.07, subdivision 1, paragraph
134.2 (a), and must document each occurrence when the program offered the client an individual
134.3 or group counseling service. If the program offered an individual or group counseling service
134.4 but did not provide the service to the client, the program must document the reason the
134.5 service was not provided. If the service is provided, the program must ensure that the staff
134.6 member who provides the treatment service documents in the client record the date, type,
134.7 and amount of the treatment service and the client's response to the treatment service within
134.8 seven days of providing the treatment service.

134.9 (b) Notwithstanding the requirements of comprehensive assessments in section 245G.05,
134.10 the assessment must be completed within 21 days from the day of service initiation.

134.11 (c) Notwithstanding the requirements of individual treatment plans set forth in section
134.12 245G.06:

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

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

134.17 (3) for the ten weeks following the day of service initiation for all new admissions,
134.18 readmissions, and transfers, a weekly treatment plan review must be documented once the
134.19 treatment plan is completed. Subsequently, the counselor must document treatment plan
134.20 reviews in the six dimensions at least once monthly or, when clinical need warrants, more
134.21 frequently.

134.22 Sec. 23. Minnesota Statutes 2021 Supplement, section 245I.23, is amended by adding a
134.23 subdivision to read:

134.24 Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder
134.25 that prohibits clients from leaving the facility by locking exit doors or other permissible
134.26 methods must meet the additional requirements of this subdivision.

134.27 (b) The license holder must meet all applicable building and fire codes to operate a
134.28 building with locked exit doors. The license holder must have the appropriate license from
134.29 the Department of Health, as determined by the Department of Health, for operating a
134.30 program with locked exit doors.

134.31 (c) The license holder's policies and procedures must clearly describe the types of court
134.32 orders that authorize the license holder to prohibit clients from leaving the facility.

135.1 (d) For each client present in the facility under a court order, the license holder must
 135.2 maintain documentation of the court order authorizing the license holder to prohibit the
 135.3 client from leaving the facility.

135.4 (e) Upon a client's admission to a locked program facility, the license holder must
 135.5 document in the client file that the client was informed:

135.6 (1) that the client has the right to leave the facility according to the client's rights under
 135.7 section 144.651, subdivision 12, if the client is not subject to a court order authorizing the
 135.8 license holder to prohibit the client from leaving the facility; or

135.9 (2) that the client cannot leave the facility due to a court order authorizing the license
 135.10 holder to prohibit the client from leaving the facility.

135.11 (f) If the license holder prohibits a client from leaving the facility, the client's treatment
 135.12 plan must reflect this restriction.

135.13 Sec. 24. Minnesota Statutes 2021 Supplement, section 254A.03, subdivision 3, is amended
 135.14 to read:

135.15 **Subd. 3. Rules for substance use disorder care.** ~~(a) The commissioner of human~~
 135.16 ~~services shall establish by rule criteria to be used in determining the appropriate level of~~
 135.17 ~~chemical dependency care for each recipient of public assistance seeking treatment for~~
 135.18 ~~substance misuse or substance use disorder. Upon federal approval of a comprehensive~~
 135.19 ~~assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding~~
 135.20 ~~the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, An eligible vendor of~~
 135.21 ~~comprehensive assessments under section 254B.05 may determine and approve the~~
 135.22 ~~appropriate level of substance use disorder treatment for a recipient of public assistance.~~
 135.23 ~~The process for determining an individual's financial eligibility for the behavioral health~~
 135.24 ~~fund or determining an individual's enrollment in or eligibility for a publicly subsidized~~
 135.25 ~~health plan is not affected by the individual's choice to access a comprehensive assessment~~
 135.26 ~~for placement.~~

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

135.30 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for
 135.31 alcohol or substance use disorder that is provided to a recipient of public assistance within
 135.32 a primary care clinic, hospital, or other medical setting or school setting establishes medical
 135.33 necessity and approval for an initial set of substance use disorder services identified in

136.1 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose
 136.2 screen result is positive may include any combination of up to four hours of individual or
 136.3 group substance use disorder treatment, two hours of substance use disorder treatment
 136.4 coordination, or two hours of substance use disorder peer support services provided by a
 136.5 qualified individual according to chapter 245G. A recipient must obtain an assessment
 136.6 pursuant to paragraph (a) to be approved for additional treatment services. ~~Minnesota Rules,~~
 136.7 ~~parts 9530.6600 to 9530.6655, and~~ A comprehensive assessment pursuant to section 245G.05
 136.8 ~~are not applicable~~ is not required to receive the initial set of services allowed under this
 136.9 subdivision. A positive screen result establishes eligibility for the initial set of services
 136.10 allowed under this subdivision.

136.11 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655,~~ An individual
 136.12 may choose to obtain a comprehensive assessment as provided in section 245G.05.
 136.13 Individuals obtaining a comprehensive assessment may access any enrolled provider that
 136.14 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision
 136.15 3, ~~paragraph (d)~~. If the individual is enrolled in a prepaid health plan, the individual must
 136.16 comply with any provider network requirements or limitations. ~~This paragraph expires July~~
 136.17 ~~1, 2022.~~

136.18 **EFFECTIVE DATE.** This section is effective July 1, 2022.

136.19 Sec. 25. Minnesota Statutes 2020, section 254A.19, subdivision 1, is amended to read:

136.20 Subdivision 1. **Persons arrested outside of home county county of residence.** When
 136.21 a chemical use assessment is required ~~under Minnesota Rules, parts 9530.6600 to 9530.6655,~~
 136.22 for a person who is arrested and taken into custody by a peace officer outside of the person's
 136.23 county of residence, ~~the assessment must be completed by the person's county of residence~~
 136.24 ~~no later than three weeks after the assessment is initially requested. If the assessment is not~~
 136.25 ~~performed within this time limit, the county where the person is to be sentenced shall perform~~
 136.26 ~~the assessment~~ county where the person is detained must facilitate access to an assessor
 136.27 qualified under subdivision 3. The county of financial responsibility is determined under
 136.28 chapter 256G.

136.29 **EFFECTIVE DATE.** This section is effective July 1, 2022.

136.30 Sec. 26. Minnesota Statutes 2020, section 254A.19, subdivision 3, is amended to read:

136.31 Subd. 3. **Financial conflicts of interest Comprehensive assessments.** (a) ~~Except as~~
 136.32 ~~provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment~~
 136.33 ~~under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared~~

137.1 ~~financial interest or referral relationship resulting in shared financial gain with a treatment~~
 137.2 ~~provider.~~

137.3 ~~(b) A county may contract with an assessor having a conflict described in paragraph (a)~~
 137.4 ~~if the county documents that:~~

137.5 ~~(1) the assessor is employed by a culturally specific service provider or a service provider~~
 137.6 ~~with a program designed to treat individuals of a specific age, sex, or sexual preference;~~

137.7 ~~(2) the county does not employ a sufficient number of qualified assessors and the only~~
 137.8 ~~qualified assessors available in the county have a direct or shared financial interest or a~~
 137.9 ~~referral relationship resulting in shared financial gain with a treatment provider; or~~

137.10 ~~(3) the county social service agency has an existing relationship with an assessor or~~
 137.11 ~~service provider and elects to enter into a contract with that assessor to provide both~~
 137.12 ~~assessment and treatment under circumstances specified in the county's contract, provided~~
 137.13 ~~the county retains responsibility for making placement decisions.~~

137.14 ~~(e) The county may contract with a hospital to conduct chemical assessments if the~~
 137.15 ~~requirements in subdivision 1a are met.~~

137.16 ~~An assessor under this paragraph may not place clients in treatment. The assessor shall~~
 137.17 ~~gather required information and provide it to the county along with any required~~
 137.18 ~~documentation. The county shall make all placement decisions for clients assessed by~~
 137.19 ~~assessors under this paragraph.~~

137.20 ~~(d) An eligible vendor under section 254B.05 conducting a comprehensive assessment~~
 137.21 ~~for an individual seeking treatment shall approve the nature, intensity level, and duration~~
 137.22 ~~of treatment service if a need for services is indicated, but the individual assessed can access~~
 137.23 ~~any enrolled provider that is licensed to provide the level of service authorized, including~~
 137.24 ~~the provider or program that completed the assessment. If an individual is enrolled in a~~
 137.25 ~~prepaid health plan, the individual must comply with any provider network requirements~~
 137.26 ~~or limitations. An eligible vendor of a comprehensive assessment must provide information,~~
 137.27 ~~in a format provided by the commissioner, on medical assistance and the behavioral health~~
 137.28 ~~fund to individuals seeking an assessment.~~

137.29 ~~**EFFECTIVE DATE.** This section is effective July 1, 2022.~~

138.1 Sec. 27. Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 4, is amended
138.2 to read:

138.3 Subd. 4. **Civil commitments.** ~~A Rule 25 assessment, under Minnesota Rules, part~~
138.4 ~~9530.6615,~~ For the purposes of determining level of care, a comprehensive assessment does
138.5 not need to be completed for an individual being committed as a chemically dependent
138.6 person, as defined in section 253B.02, and for the duration of a civil commitment under
138.7 section ~~253B.065,~~ 253B.09; or 253B.095 in order for a county to access the behavioral
138.8 health fund under section 254B.04. The county must determine if the individual meets the
138.9 financial eligibility requirements for the behavioral health fund under section 254B.04.
138.10 ~~Nothing in this subdivision prohibits placement in a treatment facility or treatment program~~
138.11 ~~governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.~~

138.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

138.13 Sec. 28. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
138.14 to read:

138.15 Subd. 6. **Assessments for detoxification programs.** For detoxification programs licensed
138.16 under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a
138.17 "chemical use assessment" means a comprehensive assessment and assessment summary
138.18 completed according to section 245G.05 and a "chemical dependency assessor" or "assessor"
138.19 means an individual who meets the qualifications of section 245G.11, subdivisions 1 and
138.20 5.

138.21 **EFFECTIVE DATE.** This section is effective July 1, 2022.

138.22 Sec. 29. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
138.23 to read:

138.24 Subd. 7. **Assessments for children's residential facilities.** For children's residential
138.25 facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to
138.26 2960.0220 and 2960.0430 to 2960.0500, a "chemical use assessment" means a comprehensive
138.27 assessment and assessment summary completed according to section 245G.05 by an
138.28 individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.

138.29 **EFFECTIVE DATE.** This section is effective July 1, 2022.

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

139.3 Subd. 2a. **Behavioral health fund.** "Behavioral health fund" means money allocated
139.4 for payment of treatment services under this chapter.

139.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

139.6 Sec. 31. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
139.7 to read:

139.8 Subd. 2b. **Client.** "Client" means an individual who has requested substance use disorder
139.9 services, or for whom substance use disorder services have been requested.

139.10 **EFFECTIVE DATE.** This section is effective July 1, 2022.

139.11 Sec. 32. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
139.12 to read:

139.13 Subd. 2c. **Co-payment.** "Co-payment" means the amount an insured person is obligated
139.14 to pay before the person's third-party payment source is obligated to make a payment, or
139.15 the amount an insured person is obligated to pay in addition to the amount the person's
139.16 third-party payment source is obligated to pay.

139.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

139.18 Sec. 33. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
139.19 to read:

139.20 Subd. 4c. **Department.** "Department" means the Department of Human Services.

139.21 **EFFECTIVE DATE.** This section is effective July 1, 2022.

139.22 Sec. 34. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
139.23 to read:

139.24 Subd. 4d. **Drug and alcohol abuse normative evaluation system or DAANES.** "Drug
139.25 and alcohol abuse normative evaluation system" or "DAANES" means the reporting system
139.26 used to collect substance use disorder treatment data across all levels of care and providers.

139.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

140.1 Sec. 35. Minnesota Statutes 2020, section 254B.01, subdivision 5, is amended to read:

140.2 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of
140.3 county commissioners, a local social services agency, or a human services board ~~to make~~
140.4 ~~placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to~~
140.5 20 authorized under section 254B.03, subdivision 1, to determine financial eligibility for
140.6 the behavioral health fund.

140.7 Sec. 36. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
140.8 to read:

140.9 Subd. 6a. **Minor child.** "Minor child" means an individual under the age of 18 years.

140.10 **EFFECTIVE DATE.** This section is effective July 1, 2022.

140.11 Sec. 37. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
140.12 to read:

140.13 Subd. 6b. **Policy holder.** "Policy holder" means a person who has a third-party payment
140.14 policy under which a third-party payment source has an obligation to pay all or part of a
140.15 client's treatment costs.

140.16 **EFFECTIVE DATE.** This section is effective July 1, 2022.

140.17 Sec. 38. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
140.18 to read:

140.19 Subd. 9. **Responsible relative.** "Responsible relative" means a person who is a member
140.20 of the client's household and is a client's spouse or the parent of a minor child who is a
140.21 client.

140.22 **EFFECTIVE DATE.** This section is effective July 1, 2022.

140.23 Sec. 39. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
140.24 to read:

140.25 Subd. 10. **Third-party payment source.** "Third-party payment source" means a person,
140.26 entity, or public or private agency other than medical assistance or general assistance medical
140.27 care that has a probable obligation to pay all or part of the costs of a client's substance use
140.28 disorder treatment.

140.29 **EFFECTIVE DATE.** This section is effective July 1, 2022.

141.1 Sec. 40. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
141.2 to read:

141.3 Subd. 11. **Vendor.** "Vendor" means a provider of substance use disorder treatment
141.4 services that meets the criteria established in section 254B.05 and that has applied to
141.5 participate as a provider in the medical assistance program according to Minnesota Rules,
141.6 part 9505.0195.

141.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

141.8 Sec. 41. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
141.9 to read:

141.10 Subd. 12. **American Society of Addiction Medicine criteria or ASAM**
141.11 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM criteria" means the
141.12 clinical guidelines for purposes of the assessment, treatment, placement, and transfer or
141.13 discharge of individuals with substance use disorders. The ASAM criteria are contained in
141.14 the current edition of the ASAM Criteria: Treatment Criteria for Addictive,
141.15 Substance-Related, and Co-Occurring Conditions.

141.16 **EFFECTIVE DATE.** This section is effective July 1, 2022.

141.17 Sec. 42. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
141.18 to read:

141.19 Subd. 13. **Skilled treatment services.** "Skilled treatment services" means the "treatment
141.20 services" described by section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4);
141.21 and 2, clauses (1) to (6). Skilled treatment services must be provided by qualified
141.22 professionals as identified in section 245G.07, subdivision 3.

141.23 **EFFECTIVE DATE.** This section is effective July 1, 2022.

141.24 Sec. 43. Minnesota Statutes 2020, section 254B.03, subdivision 1, is amended to read:

141.25 Subdivision 1. **Local agency duties.** (a) Every local agency ~~shall~~ must determine financial
141.26 eligibility for substance use disorder services and provide ~~chemical dependency~~ substance
141.27 use disorder services to persons residing within its jurisdiction who meet criteria established
141.28 by the commissioner for ~~placement in a chemical dependency residential or nonresidential~~
141.29 ~~treatment service.~~ Chemical dependency money must be administered by the local agencies
141.30 according to law and rules adopted by the commissioner under sections 14.001 to 14.69.

142.1 (b) In order to contain costs, the commissioner of human services shall select eligible
 142.2 vendors of chemical dependency services who can provide economical and appropriate
 142.3 treatment. Unless the local agency is a social services department directly administered by
 142.4 a county or human services board, the local agency shall not be an eligible vendor under
 142.5 section 254B.05. The commissioner may approve proposals from county boards to provide
 142.6 services in an economical manner or to control utilization, with safeguards to ensure that
 142.7 necessary services are provided. If a county implements a demonstration or experimental
 142.8 medical services funding plan, the commissioner shall transfer the money as appropriate.

142.9 ~~(e) A culturally specific vendor that provides assessments under a variance under~~
 142.10 ~~Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons~~
 142.11 ~~not covered by the variance.~~

142.12 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, (c)~~ An individual
 142.13 may choose to obtain a comprehensive assessment as provided in section 245G.05.
 142.14 Individuals obtaining a comprehensive assessment may access any enrolled provider that
 142.15 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision
 142.16 3, ~~paragraph (d)~~. If the individual is enrolled in a prepaid health plan, the individual must
 142.17 comply with any provider network requirements or limitations.

142.18 ~~(e)~~ (d) Beginning July 1, 2022, local agencies shall not make placement location
 142.19 determinations.

142.20 **EFFECTIVE DATE.** This section is effective July 1, 2022.

142.21 Sec. 44. Minnesota Statutes 2021 Supplement, section 254B.03, subdivision 2, is amended
 142.22 to read:

142.23 Subd. 2. **Behavioral health fund payment.** (a) Payment from the behavioral health
 142.24 fund is limited to payments for services identified in section 254B.05, other than
 142.25 detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and
 142.26 detoxification provided in another state that would be required to be licensed as a chemical
 142.27 dependency program if the program were in the state. Out of state vendors must also provide
 142.28 the commissioner with assurances that the program complies substantially with state licensing
 142.29 requirements and possesses all licenses and certifications required by the host state to provide
 142.30 chemical dependency treatment. Vendors receiving payments from the behavioral health
 142.31 fund must not require co-payment from a recipient of benefits for services provided under
 142.32 this subdivision. The vendor is prohibited from using the client's public benefits to offset
 142.33 the cost of services paid under this section. The vendor shall not require the client to use
 142.34 public benefits for room or board costs. This includes but is not limited to cash assistance

143.1 benefits under chapters 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP
143.2 benefits is a right of a client receiving services through the behavioral health fund or through
143.3 state contracted managed care entities. Payment from the behavioral health fund shall be
143.4 made for necessary room and board costs provided by vendors meeting the criteria under
143.5 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner
143.6 of health according to sections 144.50 to 144.56 to a client who is:

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

143.9 (2) concurrently receiving a chemical dependency treatment service in a program licensed
143.10 by the commissioner and reimbursed by the behavioral health fund.

143.11 ~~(b) A county may, from its own resources, provide chemical dependency services for~~
143.12 ~~which state payments are not made. A county may elect to use the same invoice procedures~~
143.13 ~~and obtain the same state payment services as are used for chemical dependency services~~
143.14 ~~for which state payments are made under this section if county payments are made to the~~
143.15 ~~state in advance of state payments to vendors. When a county uses the state system for~~
143.16 ~~payment, the commissioner shall make monthly billings to the county using the most recent~~
143.17 ~~available information to determine the anticipated services for which payments will be made~~
143.18 ~~in the coming month. Adjustment of any overestimate or underestimate based on actual~~
143.19 ~~expenditures shall be made by the state agency by adjusting the estimate for any succeeding~~
143.20 ~~month.~~

143.21 ~~(e)~~ (b) The commissioner shall coordinate chemical dependency services and determine
143.22 whether there is a need for any proposed expansion of chemical dependency treatment
143.23 services. The commissioner shall deny vendor certification to any provider that has not
143.24 received prior approval from the commissioner for the creation of new programs or the
143.25 expansion of existing program capacity. The commissioner shall consider the provider's
143.26 capacity to obtain clients from outside the state based on plans, agreements, and previous
143.27 utilization history, when determining the need for new treatment services.

143.28 ~~(d)~~ (c) At least 60 days prior to submitting an application for new licensure under chapter
143.29 245G, the applicant must notify the county human services director in writing of the
143.30 applicant's intent to open a new treatment program. The written notification must include,
143.31 at a minimum:

143.32 (1) a description of the proposed treatment program; and

143.33 (2) a description of the target population to be served by the treatment program.

144.1 ~~(e)~~ (d) The county human services director may submit a written statement to the
 144.2 commissioner, within 60 days of receiving notice from the applicant, regarding the county's
 144.3 support of or opposition to the opening of the new treatment program. The written statement
 144.4 must include documentation of the rationale for the county's determination. The commissioner
 144.5 shall consider the county's written statement when determining whether there is a need for
 144.6 the treatment program as required by paragraph ~~(e)~~ (b).

144.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

144.8 Sec. 45. Minnesota Statutes 2020, section 254B.03, subdivision 4, is amended to read:

144.9 Subd. 4. **Division of costs.** (a) Except for services provided by a county under section
 144.10 254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out
 144.11 of local money, pay the state for 22.95 percent of the cost of chemical dependency services,
 144.12 except for those services provided to persons enrolled in medical assistance under chapter
 144.13 256B and room and board services under section 254B.05, subdivision 5, paragraph (b),
 144.14 clause ~~(12)~~ (11). Counties may use the indigent hospitalization levy for treatment and hospital
 144.15 payments made under this section.

144.16 (b) 22.95 percent of any state collections from private or third-party pay, less 15 percent
 144.17 for the cost of payment and collections, must be distributed to the county that paid for a
 144.18 portion of the treatment under this section.

144.19 Sec. 46. Minnesota Statutes 2020, section 254B.03, subdivision 5, is amended to read:

144.20 Subd. 5. **Rules; appeal.** The commissioner shall adopt rules as necessary to implement
 144.21 this chapter. ~~The commissioner shall establish an appeals process for use by recipients when~~
 144.22 ~~services certified by the county are disputed. The commissioner shall adopt rules and~~
 144.23 ~~standards for the appeal process to assure adequate redress for persons referred to~~
 144.24 ~~inappropriate services.~~

144.25 **EFFECTIVE DATE.** This section is effective July 1, 2022.

144.26 Sec. 47. Minnesota Statutes 2021 Supplement, section 254B.04, subdivision 1, is amended
 144.27 to read:

144.28 Subdivision 1. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
 144.29 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
 144.30 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
 144.31 fund services. State money appropriated for this paragraph must be placed in a separate
 144.32 account established for this purpose.

145.1 (b) Persons with dependent children who are determined to be in need of chemical
145.2 dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or
145.3 a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the
145.4 local agency to access needed treatment services. Treatment services must be appropriate
145.5 for the individual or family, which may include long-term care treatment or treatment in a
145.6 facility that allows the dependent children to stay in the treatment facility. The county shall
145.7 pay for out-of-home placement costs, if applicable.

145.8 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
145.9 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
145.10 ~~(12)~~ (11).

145.11 (d) A client is eligible to have substance use disorder treatment paid for with funds from
145.12 the behavioral health fund if:

145.13 (1) the client is eligible for MFIP as determined under chapter 256J;

145.14 (2) the client is eligible for medical assistance as determined under Minnesota Rules,
145.15 parts 9505.0010 to 9505.0150;

145.16 (3) the client is eligible for general assistance, general assistance medical care, or work
145.17 readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1272; or

145.18 (4) the client's income is within current household size and income guidelines for entitled
145.19 persons, as defined in this subdivision and subdivision 7.

145.20 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have
145.21 a third-party payment source are eligible for the behavioral health fund if the third-party
145.22 payment source pays less than 100 percent of the cost of treatment services for eligible
145.23 clients.

145.24 (f) A client is ineligible to have substance use disorder treatment services paid for by
145.25 the behavioral health fund if the client:

145.26 (1) has an income that exceeds current household size and income guidelines for entitled
145.27 persons, as defined in this subdivision and subdivision 7; or

145.28 (2) has an available third-party payment source that will pay the total cost of the client's
145.29 treatment.

145.30 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode
145.31 is eligible for continued treatment service paid for by the behavioral health fund until the

146.1 treatment episode is completed or the client is re-enrolled in a state prepaid health plan if
 146.2 the client:

146.3 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance
 146.4 medical care; or

146.5 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local
 146.6 agency under this section.

146.7 (h) If a county commits a client under chapter 253B to a regional treatment center for
 146.8 substance use disorder services and the client is ineligible for the behavioral health fund,
 146.9 the county is responsible for payment to the regional treatment center according to section
 146.10 254B.05, subdivision 4.

146.11 **EFFECTIVE DATE.** This section is effective July 1, 2022.

146.12 Sec. 48. Minnesota Statutes 2020, section 254B.04, subdivision 2a, is amended to read:

146.13 Subd. 2a. **Eligibility for ~~treatment in residential settings~~ room and board services**
 146.14 **for persons in outpatient substance use disorder treatment.** ~~Notwithstanding provisions~~
 146.15 ~~of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in~~
 146.16 ~~making placements to residential treatment settings;~~ A person eligible for room and board
 146.17 services under this section 254B.05, subdivision 5, paragraph (b), clause (12), must score
 146.18 at level 4 on assessment dimensions related to readiness to change, relapse, continued use,
 146.19 or recovery environment ~~in order~~ to be assigned to services with a room and board component
 146.20 reimbursed under this section. Whether a treatment facility has been designated an institution
 146.21 for mental diseases under United States Code, title 42, section 1396d, shall not be a factor
 146.22 in making placements.

146.23 **EFFECTIVE DATE.** This section is effective July 1, 2022.

146.24 Sec. 49. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
 146.25 to read:

146.26 Subd. 4. **Assessment criteria and risk descriptions.** (a) The level of care determination
 146.27 must follow criteria approved by the commissioner.

146.28 (b) Dimension 1: the vendor must use the criteria in Dimension 1 to determine a client's
 146.29 acute intoxication and withdrawal potential.

147.1 (1) "0" The client displays full functioning with good ability to tolerate and cope with
147.2 withdrawal discomfort. The client displays no signs or symptoms of intoxication or
147.3 withdrawal or diminishing signs or symptoms.

147.4 (2) "1" The client can tolerate and cope with withdrawal discomfort. The client displays
147.5 mild to moderate intoxication or signs and symptoms interfering with daily functioning but
147.6 does not immediately endanger self or others. The client poses minimal risk of severe
147.7 withdrawal.

147.8 (3) "2" The client has some difficulty tolerating and coping with withdrawal discomfort.
147.9 The client's intoxication may be severe, but the client responds to support and treatment
147.10 such that the client does not immediately endanger self or others. The client displays moderate
147.11 signs and symptoms with moderate risk of severe withdrawal.

147.12 (4) "3" The client tolerates and copes with withdrawal discomfort poorly. The client has
147.13 severe intoxication, such that the client endangers self or others, or has intoxication that has
147.14 not abated with less intensive services. The client displays severe signs and symptoms, risk
147.15 of severe but manageable withdrawal, or worsening withdrawal despite detoxification at a
147.16 less intensive level.

147.17 (5) "4" The client is incapacitated with severe signs and symptoms. The client displays
147.18 severe withdrawal and is a danger to self or others.

147.19 (c) Dimension 2: the vendor must use the criteria in Dimension 2 to determine a client's
147.20 biomedical conditions and complications.

147.21 (1) "0" The client displays full functioning with good ability to cope with physical
147.22 discomfort.

147.23 (2) "1" The client tolerates and copes with physical discomfort and is able to get the
147.24 services that the client needs.

147.25 (3) "2" The client has difficulty tolerating and coping with physical problems or has
147.26 other biomedical problems that interfere with recovery and treatment. The client neglects
147.27 or does not seek care for serious biomedical problems.

147.28 (4) "3" The client tolerates and copes poorly with physical problems or has poor general
147.29 health. The client neglects the client's medical problems without active assistance.

147.30 (5) "4" The client is unable to participate in substance use disorder treatment and has
147.31 severe medical problems, has a condition that requires immediate intervention, or is
147.32 incapacitated.

148.1 (d) Dimension 3: the vendor must use the criteria in Dimension 3 to determine a client's
148.2 emotional, behavioral, and cognitive conditions and complications.

148.3 (1) "0" The client has good impulse control and coping skills and presents no risk of
148.4 harm to self or others. The client functions in all life areas and displays no emotional,
148.5 behavioral, or cognitive problems or the problems are stable.

148.6 (2) "1" The client has impulse control and coping skills. The client presents a mild to
148.7 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or
148.8 cognitive problems. The client has a mental health diagnosis and is stable. The client
148.9 functions adequately in significant life areas.

148.10 (3) "2" The client has difficulty with impulse control and lacks coping skills. The client
148.11 has thoughts of suicide or harm to others without means; however, the thoughts may interfere
148.12 with participation in some activities. The client has difficulty functioning in significant life
148.13 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.
148.14 The client is able to participate in most treatment activities.

148.15 (4) "3" The client has a severe lack of impulse control and coping skills. The client also
148.16 has frequent thoughts of suicide or harm to others, including a plan and the means to carry
148.17 out the plan. In addition, the client is severely impaired in significant life areas and has
148.18 severe symptoms of emotional, behavioral, or cognitive problems that interfere with the
148.19 client's participation in treatment activities.

148.20 (5) "4" The client has severe emotional or behavioral symptoms that place the client or
148.21 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.
148.22 The client is unable to participate in treatment activities.

148.23 (e) Dimension 4: the vendor must use the criteria in Dimension 4 to determine a client's
148.24 readiness for change.

148.25 (1) "0" The client admits to problems and is cooperative, motivated, ready to change,
148.26 committed to change, and engaged in treatment as a responsible participant.

148.27 (2) "1" The client is motivated with active reinforcement to explore treatment and
148.28 strategies for change but ambivalent about the client's illness or need for change.

148.29 (3) "2" The client displays verbal compliance but lacks consistent behaviors, has low
148.30 motivation for change, and is passively involved in treatment.

148.31 (4) "3" The client displays inconsistent compliance, has minimal awareness of either
148.32 the client's addiction or mental disorder, and is minimally cooperative.

149.1 (5) "4" The client is:

149.2 (i) noncompliant with treatment and has no awareness of addiction or mental disorder
149.3 and does not want or is unwilling to explore change or is in total denial of the client's illness
149.4 and its implications; or

149.5 (ii) dangerously oppositional to the extent that the client is a threat of imminent harm
149.6 to self and others.

149.7 (f) Dimension 5: the vendor must use the criteria in Dimension 5 to determine a client's
149.8 relapse, continued substance use, and continued problem potential.

149.9 (1) "0" The client recognizes risk well and is able to manage potential problems.

149.10 (2) "1" The client recognizes relapse issues and prevention strategies, but displays some
149.11 vulnerability for further substance use or mental health problems.

149.12 (3) "2" The client has minimal recognition and understanding of relapse and recidivism
149.13 issues and displays moderate vulnerability for further substance use or mental health
149.14 problems. The client has some coping skills inconsistently applied.

149.15 (4) "3" The client has poor recognition and understanding of relapse and recidivism
149.16 issues and displays moderately high vulnerability for further substance use or mental health
149.17 problems. The client has few coping skills and rarely applies coping skills.

149.18 (5) "4" The client has no coping skills to arrest mental health or addiction illnesses or
149.19 to prevent relapse. The client has no recognition or understanding of relapse and recidivism
149.20 issues and displays high vulnerability for further substance use or mental health problems.

149.21 (g) Dimension 6: the vendor must use the criteria in Dimension 6 to determine a client's
149.22 recovery environment.

149.23 (1) "0" The client is engaged in structured, meaningful activity and has a supportive
149.24 significant other, family, and living environment.

149.25 (2) "1" The client has passive social network support or the client's family and significant
149.26 other are not interested in the client's recovery. The client is engaged in structured, meaningful
149.27 activity.

149.28 (3) "2" The client is engaged in structured, meaningful activity, but the client's peers,
149.29 family, significant other, and living environment are unsupportive, or there is criminal
149.30 justice system involvement by the client or among the client's peers or significant other or
149.31 in the client's living environment.

150.1 (4) "3" The client is not engaged in structured, meaningful activity and the client's peers,
150.2 family, significant other, and living environment are unsupportive, or there is significant
150.3 criminal justice system involvement.

150.4 (5) "4" The client has:

150.5 (i) a chronically antagonistic significant other, living environment, family, or peer group
150.6 or long-term criminal justice system involvement that is harmful to the client's recovery or
150.7 treatment progress; or

150.8 (ii) an actively antagonistic significant other, family, work, or living environment, with
150.9 an immediate threat to the client's safety and well-being.

150.10 **EFFECTIVE DATE.** This section is effective July 1, 2022.

150.11 Sec. 50. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
150.12 to read:

150.13 Subd. 5. **Scope and applicability.** This section governs administration of the behavioral
150.14 health fund, establishes the criteria to be applied by local agencies to determine a client's
150.15 financial eligibility under the behavioral health fund, and determines a client's obligation
150.16 to pay for substance use disorder treatment services.

150.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

150.18 Sec. 51. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
150.19 to read:

150.20 Subd. 6. **Local agency responsibility to provide services.** The local agency may employ
150.21 individuals to conduct administrative activities and facilitate access to substance use disorder
150.22 treatment services.

150.23 **EFFECTIVE DATE.** This section is effective July 1, 2022.

150.24 Sec. 52. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
150.25 to read:

150.26 Subd. 7. **Local agency to determine client financial eligibility.** (a) The local agency
150.27 shall determine a client's financial eligibility for the behavioral health fund according to
150.28 subdivision 1 with the income calculated prospectively for one year from the date of
150.29 comprehensive assessment. The local agency shall pay for eligible clients according to
150.30 chapter 256G. The local agency shall enter the financial eligibility span within ten calendar

151.1 days of request. Client eligibility must be determined using forms prescribed by the
151.2 commissioner. The local agency must determine a client's eligibility as follows:

151.3 (1) The local agency must determine the client's income. A client who is a minor child
151.4 must not be deemed to have income available to pay for substance use disorder treatment,
151.5 unless the minor child is responsible for payment under section 144.347 for substance use
151.6 disorder treatment services sought under section 144.343, subdivision 1.

151.7 (2) The local agency must determine the client's household size according to the
151.8 following:

151.9 (i) If the client is a minor child, the household size includes the following persons living
151.10 in the same dwelling unit:

151.11 (A) the client;

151.12 (B) the client's birth or adoptive parents; and

151.13 (C) the client's siblings who are minors.

151.14 (ii) If the client is an adult, the household size includes the following persons living in
151.15 the same dwelling unit:

151.16 (A) the client;

151.17 (B) the client's spouse;

151.18 (C) the client's minor children; and

151.19 (D) the client's spouse's minor children.

151.20 (iii) Household size includes a person listed in items (i) and (ii) who is in out-of-home
151.21 placement if a person listed in item (i) or (ii) is contributing to the cost of care of the person
151.22 in out-of-home placement.

151.23 (3) The local agency must determine the client's current prepaid health plan enrollment
151.24 and the availability of a third-party payment source, including the availability of total or
151.25 partial payment and the amount of co-payment.

151.26 (4) The local agency must provide the required eligibility information to the commissioner
151.27 in the manner specified by the commissioner.

151.28 (5) The local agency must require the client and policyholder to conditionally assign to
151.29 the department the client's and policyholder's rights and the rights of minor children to
151.30 benefits or services provided to the client if the commissioner is required to collect from a
151.31 third-party payment source.

152.1 (b) The local agency must redetermine a client's eligibility for the behavioral health fund
152.2 every 12 months.

152.3 (c) A client, responsible relative, and policyholder must provide income or wage
152.4 verification and household size verification under paragraph (a), clause (3), and must make
152.5 an assignment of third-party payment rights under paragraph (a), clause (5). If a client,
152.6 responsible relative, or policyholder does not comply with this subdivision, the client is
152.7 ineligible for behavioral health fund payment for substance use disorder treatment, and the
152.8 client and responsible relative are obligated to pay the full cost of substance use disorder
152.9 treatment services provided to the client.

152.10 **EFFECTIVE DATE.** This section is effective July 1, 2022.

152.11 Sec. 53. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
152.12 to read:

152.13 Subd. 8. **Client fees.** A client whose household income is within current household size
152.14 and income guidelines for entitled persons as defined in subdivision 1 must pay no fee.

152.15 **EFFECTIVE DATE.** This section is effective July 1, 2022.

152.16 Sec. 54. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
152.17 to read:

152.18 Subd. 9. **Vendor must participate in DAANES.** To be eligible for payment under the
152.19 behavioral health fund, a vendor must participate in DAANES or submit to the commissioner
152.20 the information required in DAANES in the format specified by the commissioner.

152.21 **EFFECTIVE DATE.** This section is effective July 1, 2022.

152.22 Sec. 55. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 1a, is amended
152.23 to read:

152.24 Subd. 1a. **Room and board provider requirements.** (a) Effective January 1, 2000,
152.25 vendors of room and board are eligible for behavioral health fund payment if the vendor:

152.26 (1) has rules prohibiting residents bringing chemicals into the facility or using chemicals
152.27 while residing in the facility and provide consequences for infractions of those rules;

152.28 (2) is determined to meet applicable health and safety requirements;

152.29 (3) is not a jail or prison;

152.30 (4) is not concurrently receiving funds under chapter 256I for the recipient;

- 153.1 (5) admits individuals who are 18 years of age or older;
- 153.2 (6) is registered as a board and lodging or lodging establishment according to section
153.3 157.17;
- 153.4 (7) has awake staff on site 24 hours per day;
- 153.5 (8) has staff who are at least 18 years of age and meet the requirements of section
153.6 245G.11, subdivision 1, paragraph (b);
- 153.7 (9) has emergency behavioral procedures that meet the requirements of section 245G.16;
- 153.8 (10) meets the requirements of section 245G.08, subdivision 5, if administering
153.9 medications to clients;
- 153.10 (11) meets the abuse prevention requirements of section 245A.65, including a policy on
153.11 fraternization and the mandatory reporting requirements of section 626.557;
- 153.12 (12) documents coordination with the treatment provider to ensure compliance with
153.13 section 254B.03, subdivision 2;
- 153.14 (13) protects client funds and ensures freedom from exploitation by meeting the
153.15 provisions of section 245A.04, subdivision 13;
- 153.16 (14) has a grievance procedure that meets the requirements of section 245G.15,
153.17 subdivision 2; and
- 153.18 (15) has sleeping and bathroom facilities for men and women separated by a door that
153.19 is locked, has an alarm, or is supervised by awake staff.
- 153.20 (b) Programs licensed according to Minnesota Rules, chapter 2960, are exempt from
153.21 paragraph (a), clauses (5) to (15).
- 153.22 (c) Programs providing mental health crisis admissions and stabilization under section
153.23 245.4882, subdivision 6, are eligible vendors of room and board.
- 153.24 ~~(e)~~(d) Licensed programs providing intensive residential treatment services or residential
153.25 crisis stabilization services pursuant to section 256B.0622 or 256B.0624 are eligible vendors
153.26 of room and board and are exempt from paragraph (a), clauses (6) to (15).
- 153.27 Sec. 56. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 4, is amended
153.28 to read:
- 153.29 Subd. 4. **Regional treatment centers.** Regional treatment center chemical dependency
153.30 treatment units are eligible vendors. The commissioner may expand the capacity of chemical
153.31 dependency treatment units beyond the capacity funded by direct legislative appropriation

154.1 to serve individuals who are referred for treatment by counties and whose treatment will be
154.2 paid for by funding under this chapter or other funding sources. Notwithstanding the
154.3 provisions of sections 254B.03 to ~~254B.04~~ 254B.04, payment for any person committed
154.4 at county request to a regional treatment center under chapter 253B for chemical dependency
154.5 treatment and determined to be ineligible under the behavioral health fund, shall become
154.6 the responsibility of the county.

154.7 Sec. 57. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended
154.8 to read:

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

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

154.12 ~~(1) outpatient treatment services that are licensed according to sections 245G.01 to~~
154.13 ~~245G.17, or applicable tribal license;~~

154.14 (1) outpatient treatment services licensed according to sections 245G.01 to 245G.17, or
154.15 applicable Tribal license, including:

154.16 (i) ASAM 1.0 Outpatient: zero to eight hours per week of skilled treatment services for
154.17 adults and zero to five hours per week for adolescents. Peer recovery and treatment
154.18 coordination may be provided beyond the skilled treatment service hours allowable per
154.19 week; and

154.20 (ii) ASAM 2.1 Intensive Outpatient: nine or more hours per week of skilled treatment
154.21 services for adults and six or more hours per week for adolescents in accordance with the
154.22 limitations in paragraph (h). Peer recovery and treatment coordination may be provided
154.23 beyond the skilled treatment service hours allowable per week;

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

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

154.28 (4) peer recovery support services provided according to section 245G.07, subdivision
154.29 2, clause (8);

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

155.1 ~~(6) medication-assisted therapy services that are~~ substance use disorder treatment with
155.2 medication for opioid use disorders provided in an opioid treatment program that is licensed
155.3 according to sections 245G.01 to 245G.17 and 245G.22, or applicable tribal license;

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

155.6 ~~(8)~~ (7) high, medium, and low intensity residential treatment services that are licensed
155.7 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
155.8 provide, respectively, 30, 15, and five hours of clinical services each week;

155.9 ~~(9)~~ (8) hospital-based treatment services that are licensed according to sections 245G.01
155.10 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
155.11 144.56;

155.12 ~~(10)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs
155.13 according to sections 245G.01 to 245G.18 or as residential treatment programs according
155.14 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
155.15 applicable tribal license;

155.16 ~~(11)~~ (10) high-intensity residential treatment services that are licensed according to
155.17 sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30
155.18 hours of clinical services each week provided by a state-operated vendor or to clients who
155.19 have been civilly committed to the commissioner, present the most complex and difficult
155.20 care needs, and are a potential threat to the community; and

155.21 ~~(12)~~ (11) room and board facilities that meet the requirements of subdivision 1a.

155.22 (c) The commissioner shall establish higher rates for programs that meet the requirements
155.23 of paragraph (b) and one of the following additional requirements:

155.24 (1) programs that serve parents with their children if the program:

155.25 (i) provides on-site child care during the hours of treatment activity that:

155.26 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
155.27 9503; or

155.28 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
155.29 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

155.30 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
155.31 licensed under chapter 245A as:

155.32 (A) a child care center under Minnesota Rules, chapter 9503; or

- 156.1 (B) a family child care home under Minnesota Rules, chapter 9502;
- 156.2 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
156.3 subdivision 4a;
- 156.4 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
- 156.5 (4) programs that offer medical services delivered by appropriately credentialed health
156.6 care staff in an amount equal to two hours per client per week if the medical needs of the
156.7 client and the nature and provision of any medical services provided are documented in the
156.8 client file; or
- 156.9 (5) programs that offer services to individuals with co-occurring mental health and
156.10 chemical dependency problems if:
- 156.11 (i) the program meets the co-occurring requirements in section 245G.20;
- 156.12 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined
156.13 in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates
156.14 under the supervision of a licensed alcohol and drug counselor supervisor and licensed
156.15 mental health professional, except that no more than 50 percent of the mental health staff
156.16 may be students or licensing candidates with time documented to be directly related to
156.17 provisions of co-occurring services;
- 156.18 (iii) clients scoring positive on a standardized mental health screen receive a mental
156.19 health diagnostic assessment within ten days of admission;
- 156.20 (iv) the program has standards for multidisciplinary case review that include a monthly
156.21 review for each client that, at a minimum, includes a licensed mental health professional
156.22 and licensed alcohol and drug counselor, and their involvement in the review is documented;
- 156.23 (v) family education is offered that addresses mental health and substance abuse disorders
156.24 and the interaction between the two; and
- 156.25 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
156.26 training annually.
- 156.27 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
156.28 that provides arrangements for off-site child care must maintain current documentation at
156.29 the chemical dependency facility of the child care provider's current licensure to provide
156.30 child care services. Programs that provide child care according to paragraph (c), clause (1),
156.31 must be deemed in compliance with the licensing requirements in section 245G.19.

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

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

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

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

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

157.21 Sec. 58. Minnesota Statutes 2020, section 256.042, subdivision 1, is amended to read:

157.22 Subdivision 1. **Establishment of the advisory council.** (a) The Opiate Epidemic
157.23 Response Advisory Council is established to develop and implement a comprehensive and
157.24 effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.
157.25 The council shall focus on:

157.26 (1) prevention and education, including public education and awareness for adults and
157.27 youth, prescriber education, the development and sustainability of opioid overdose prevention
157.28 and education programs, the role of adult protective services in prevention and response,
157.29 and providing financial support to local law enforcement agencies for opiate antagonist
157.30 programs;

157.31 (2) training on the treatment of opioid addiction, including the use of all Food and Drug
157.32 Administration approved opioid addiction medications, detoxification, relapse prevention,

158.1 patient assessment, individual treatment planning, counseling, recovery supports, diversion
158.2 control, and other best practices;

158.3 (3) the expansion and enhancement of a continuum of care for opioid-related substance
158.4 use disorders, including primary prevention, early intervention, treatment, recovery, and
158.5 aftercare services; and

158.6 (4) the development of measures to assess and protect the ability of cancer patients and
158.7 survivors, persons battling life-threatening illnesses, persons suffering from severe chronic
158.8 pain, and persons at the end stages of life, who legitimately need prescription pain
158.9 medications, to maintain their quality of life by accessing these pain medications without
158.10 facing unnecessary barriers. The measures must also address the needs of individuals
158.11 described in this clause who are elderly or who reside in underserved or rural areas of the
158.12 state.

158.13 (b) The council shall:

158.14 (1) review local, state, and federal initiatives and activities related to education,
158.15 prevention, treatment, and services for individuals and families experiencing and affected
158.16 by opioid use disorder;

158.17 (2) establish priorities to address the state's opioid epidemic, for the purpose of
158.18 recommending initiatives to fund;

158.19 (3) recommend to the commissioner of human services specific projects and initiatives
158.20 to be funded;

158.21 (4) ensure that available funding is allocated to align with other state and federal funding,
158.22 to achieve the greatest impact and ensure a coordinated state effort;

158.23 (5) consult with the commissioners of human services, health, and management and
158.24 budget to develop measurable outcomes to determine the effectiveness of funds allocated;
158.25 ~~and~~

158.26 (6) develop recommendations for an administrative and organizational framework for
158.27 the allocation, on a sustainable and ongoing basis, of any money deposited into the separate
158.28 account under section 16A.151, subdivision 2, paragraph (f), in order to address the opioid
158.29 abuse and overdose epidemic in Minnesota and the areas of focus specified in paragraph
158.30 (a);

158.31 (7) review reports, data, and performance measures submitted by municipalities, as
158.32 defined in section 466.01, subdivision 1, in receipt of direct payments from settlement
158.33 agreements, as described in section 256.043, subdivision 4; and

159.1 (8) consult with relevant stakeholders, including lead agencies and municipalities, to
159.2 review and provide recommendations for necessary revisions to required reporting to ensure
159.3 the reporting reflects measures of progress in addressing the harms of the opioid epidemic.

159.4 (c) The council, in consultation with the commissioner of management and budget, and
159.5 within available appropriations, shall select from the awarded grants projects or may select
159.6 municipality projects funded by settlement monies as described in section 256.043,
159.7 subdivision 4, that include promising practices or theory-based activities for which the
159.8 commissioner of management and budget shall conduct evaluations using experimental or
159.9 quasi-experimental design. Grants awarded to proposals or municipality projects funded by
159.10 settlement monies that include promising practices or theory-based activities and that are
159.11 selected for an evaluation shall be administered to support the experimental or
159.12 quasi-experimental evaluation and require grantees and municipality projects to collect and
159.13 report information that is needed to complete the evaluation. The commissioner of
159.14 management and budget, under section 15.08, may obtain additional relevant data to support
159.15 the experimental or quasi-experimental evaluation studies. For the purposes of this paragraph,
159.16 "municipality" has the meaning given in section 466.01, subdivision 1.

159.17 (d) The council, in consultation with the commissioners of human services, health, public
159.18 safety, and management and budget, shall establish goals related to addressing the opioid
159.19 epidemic and determine a baseline against which progress shall be monitored and set
159.20 measurable outcomes, including benchmarks. The goals established must include goals for
159.21 prevention and public health, access to treatment, and multigenerational impacts. The council
159.22 shall use existing measures and data collection systems to determine baseline data against
159.23 which progress shall be measured. The council shall include the proposed goals, the
159.24 measurable outcomes, and proposed benchmarks to meet these goals in its initial report to
159.25 the legislature under subdivision 5, paragraph (a), due January 31, 2021.

159.26 Sec. 59. Minnesota Statutes 2020, section 256.042, subdivision 2, is amended to read:

159.27 Subd. 2. **Membership.** (a) The council shall consist of the following ~~49~~ 30 voting
159.28 members, appointed by the commissioner of human services except as otherwise specified,
159.29 and three nonvoting members:

159.30 (1) two members of the house of representatives, appointed in the following sequence:
159.31 the first from the majority party appointed by the speaker of the house and the second from
159.32 the minority party appointed by the minority leader. Of these two members, one member
159.33 must represent a district outside of the seven-county metropolitan area, and one member
159.34 must represent a district that includes the seven-county metropolitan area. The appointment

160.1 by the minority leader must ensure that this requirement for geographic diversity in
160.2 appointments is met;

160.3 (2) two members of the senate, appointed in the following sequence: the first from the
160.4 majority party appointed by the senate majority leader and the second from the minority
160.5 party appointed by the senate minority leader. Of these two members, one member must
160.6 represent a district outside of the seven-county metropolitan area and one member must
160.7 represent a district that includes the seven-county metropolitan area. The appointment by
160.8 the minority leader must ensure that this requirement for geographic diversity in appointments
160.9 is met;

160.10 (3) one member appointed by the Board of Pharmacy;

160.11 (4) one member who is a physician appointed by the Minnesota Medical Association;

160.12 (5) one member representing opioid treatment programs, sober living programs, or
160.13 substance use disorder programs licensed under chapter 245G;

160.14 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an
160.15 addiction psychiatrist;

160.16 (7) one member representing professionals providing alternative pain management
160.17 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;

160.18 (8) one member representing nonprofit organizations conducting initiatives to address
160.19 the opioid epidemic, with the commissioner's initial appointment being a member
160.20 representing the Steve Rumlmer Hope Network, and subsequent appointments representing
160.21 this or other organizations;

160.22 (9) one member appointed by the Minnesota Ambulance Association who is serving
160.23 with an ambulance service as an emergency medical technician, advanced emergency
160.24 medical technician, or paramedic;

160.25 (10) one member representing the Minnesota courts who is a judge or law enforcement
160.26 officer;

160.27 (11) one public member who is a Minnesota resident and who is in opioid addiction
160.28 recovery;

160.29 (12) ~~two~~ 11 members representing Indian tribes, one representing the Ojibwe tribes and
160.30 ~~one representing the Dakota tribes~~ each of Minnesota's Tribal Nations;

160.31 (13) two members representing the urban American Indian population;

161.1 ~~(13)~~ (14) one public member who is a Minnesota resident and who is suffering from
161.2 chronic pain, intractable pain, or a rare disease or condition;

161.3 ~~(14)~~ (15) one mental health advocate representing persons with mental illness;

161.4 ~~(15)~~ (16) one member appointed by the Minnesota Hospital Association;

161.5 ~~(16)~~ (17) one member representing a local health department; and

161.6 ~~(17)~~ (18) the commissioners of human services, health, and corrections, or their designees,
161.7 who shall be ex officio nonvoting members of the council.

161.8 (b) The commissioner of human services shall coordinate the commissioner's
161.9 appointments to provide geographic, racial, and gender diversity, and shall ensure that at
161.10 least one-half of council members appointed by the commissioner reside outside of the
161.11 seven-county metropolitan area and that at least one-half of the members have lived
161.12 experience with opiate addiction. Of the members appointed by the commissioner, to the
161.13 extent practicable, at least one member must represent a community of color
161.14 disproportionately affected by the opioid epidemic.

161.15 (c) The council is governed by section 15.059, except that members of the council shall
161.16 serve three-year terms and shall receive no compensation other than reimbursement for
161.17 expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

161.18 (d) The chair shall convene the council at least quarterly, and may convene other meetings
161.19 as necessary. The chair shall convene meetings at different locations in the state to provide
161.20 geographic access, and shall ensure that at least one-half of the meetings are held at locations
161.21 outside of the seven-county metropolitan area.

161.22 (e) The commissioner of human services shall provide staff and administrative services
161.23 for the advisory council.

161.24 (f) The council is subject to chapter 13D.

161.25 Sec. 60. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended
161.26 to read:

161.27 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
161.28 grants proposed by the advisory council to be awarded for the upcoming calendar year to
161.29 the chairs and ranking minority members of the legislative committees with jurisdiction
161.30 over health and human services policy and finance, by December 1 of each year, beginning
161.31 March 1, 2020.

162.1 (b) The grants shall be awarded to proposals selected by the advisory council that address
162.2 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
162.3 by the legislature. The advisory council shall determine grant awards and funding amounts
162.4 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
162.5 paragraph (e). The commissioner shall award the grants from the opiate epidemic response
162.6 fund and administer the grants in compliance with section 16B.97. No more than ten percent
162.7 of the grant amount may be used by a grantee for administration. The commissioner must
162.8 award at least 40 percent of grants to projects that include a focus on addressing the opiate
162.9 crisis in Black and Indigenous communities and communities of color.

162.10 Sec. 61. Minnesota Statutes 2020, section 256.042, subdivision 5, is amended to read:

162.11 Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking
162.12 minority members of the legislative committees with jurisdiction over health and human
162.13 services policy and finance by January 31 of each year, ~~beginning January 31, 2021~~. The
162.14 report shall include information about the individual projects that receive grants, the
162.15 municipality projects funded by settlement monies as described in section 256.043,
162.16 subdivision 4, and the overall role of the ~~project~~ projects in addressing the opioid addiction
162.17 and overdose epidemic in Minnesota. The report must describe the grantees and the activities
162.18 implemented, along with measurable outcomes as determined by the council in consultation
162.19 with the commissioner of human services and the commissioner of management and budget.
162.20 At a minimum, the report must include information about the number of individuals who
162.21 received information or treatment, the outcomes the individuals achieved, and demographic
162.22 information about the individuals participating in the project; an assessment of the progress
162.23 toward achieving statewide access to qualified providers and comprehensive treatment and
162.24 recovery services; and an update on the evaluations implemented by the commissioner of
162.25 management and budget for the promising practices and theory-based projects that receive
162.26 funding.

162.27 (b) The commissioner of management and budget, in consultation with the Opiate
162.28 Epidemic Response Advisory Council, shall report to the chairs and ranking minority
162.29 members of the legislative committees with jurisdiction over health and human services
162.30 policy and finance when an evaluation study described in subdivision 1, paragraph (c), is
162.31 complete on the promising practices or theory-based projects that are selected for evaluation
162.32 activities. The report shall include demographic information; outcome information for the
162.33 individuals in the program; the results for the program in promoting recovery, employment,
162.34 family reunification, and reducing involvement with the criminal justice system; and other
162.35 relevant outcomes determined by the commissioner of management and budget that are

163.1 specific to the projects that are evaluated. The report shall include information about the
 163.2 ability of grant programs to be scaled to achieve the statewide results that the grant project
 163.3 demonstrated.

163.4 (c) The advisory council, in its annual report to the legislature under paragraph (a) due
 163.5 by January 31, 2024, shall include recommendations on whether the appropriations to the
 163.6 specified entities under Laws 2019, chapter 63, should be continued, adjusted, or
 163.7 discontinued; whether funding should be appropriated for other purposes related to opioid
 163.8 abuse prevention, education, and treatment; and on the appropriate level of funding for
 163.9 existing and new uses.

163.10 (d) Municipalities receiving direct payments for settlement agreements as described in
 163.11 section 256.043, subdivision 4, must annually report to the commissioner on how the funds
 163.12 were used on opioid remediation. The report must be submitted in a format prescribed by
 163.13 the commissioner. The report must include data and measurable outcomes on expenditures
 163.14 funded with opioid settlement funds, as identified by the commissioner, including details
 163.15 on services drawn from the categories of approved uses, as identified in agreements between
 163.16 the state of Minnesota, the Association of Minnesota Counties, and the League of Minnesota
 163.17 Cities. Minimum reporting requirements must include:

163.18 (1) contact information;

163.19 (2) information on funded services and programs; and

163.20 (3) target populations for each funded service and program.

163.21 (e) In reporting data and outcomes under paragraph (d), municipalities should include
 163.22 information on the use of evidence-based and culturally relevant services, to the extent
 163.23 feasible.

163.24 (f) Reporting requirements for municipal projects using \$25,000 or more of settlement
 163.25 funds in a calendar year must also include:

163.26 (1) a brief qualitative description of successes or challenges; and

163.27 (2) results using process and quality measures.

163.28 (g) For the purposes of this subdivision, "municipality" or "municipalities" has the
 163.29 meaning given in section 466.01, subdivision 1.

163.30 Sec. 62. Minnesota Statutes 2020, section 256B.0757, subdivision 5, is amended to read:

163.31 Subd. 5. **Payments.** The commissioner shall ~~make payments to each designated provider~~
 163.32 ~~for the provision of~~ establish a single statewide reimbursement rate for health home services

164.1 ~~described in subdivision 3 to each eligible individual under subdivision 2 that selects the~~
164.2 ~~health home as a provider~~ under this section. In setting this rate, the commissioner must
164.3 include input from stakeholders, including providers of the services. The statewide
164.4 reimbursement rate shall be adjusted annually to match the growth in the Medicare Economic
164.5 Index.

164.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

164.7 Sec. 63. Minnesota Statutes 2021 Supplement, section 256B.0759, subdivision 4, is
164.8 amended to read:

164.9 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must
164.10 be increased for services provided to medical assistance enrollees. To receive a rate increase,
164.11 participating providers must meet demonstration project requirements and provide evidence
164.12 of formal referral arrangements with providers delivering step-up or step-down levels of
164.13 care. Providers that have enrolled in the demonstration project but have not met the provider
164.14 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under
164.15 this subdivision until the date that the provider meets the provider standards in subdivision
164.16 3. Services provided from July 1, 2022, to the date that the provider meets the provider
164.17 standards under subdivision 3 shall be reimbursed at rates according to section 254B.05,
164.18 subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for
164.19 services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment
164.20 when the provider is taking meaningful steps to meet demonstration project requirements
164.21 that are not otherwise required by law, and the provider provides documentation to the
164.22 commissioner, upon request, of the steps being taken.

164.23 (b) The commissioner may temporarily suspend payments to the provider according to
164.24 section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements
164.25 in paragraph (a). Payments withheld from the provider must be made once the commissioner
164.26 determines that the requirements in paragraph (a) are met.

164.27 (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph
164.28 (b), clause ~~(8)~~ (7), provided on or after July 1, 2020, payment rates must be increased by
164.29 25 percent over the rates in effect on December 31, 2019.

164.30 (d) For substance use disorder services under section 254B.05, subdivision 5, paragraph
164.31 (b), clauses (1), and (6), ~~and (7)~~, and adolescent treatment programs that are licensed as
164.32 outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or
164.33 after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect
164.34 on December 31, 2020.

165.1 (e) Effective January 1, 2021, and contingent on annual federal approval, managed care
165.2 plans and county-based purchasing plans must reimburse providers of the substance use
165.3 disorder services meeting the criteria described in paragraph (a) who are employed by or
165.4 under contract with the plan an amount that is at least equal to the fee-for-service base rate
165.5 payment for the substance use disorder services described in paragraphs (c) and (d). The
165.6 commissioner must monitor the effect of this requirement on the rate of access to substance
165.7 use disorder services and residential substance use disorder rates. Capitation rates paid to
165.8 managed care organizations and county-based purchasing plans must reflect the impact of
165.9 this requirement. This paragraph expires if federal approval is not received at any time as
165.10 required under this paragraph.

165.11 (f) Effective July 1, 2021, contracts between managed care plans and county-based
165.12 purchasing plans and providers to whom paragraph (e) applies must allow recovery of
165.13 payments from those providers if, for any contract year, federal approval for the provisions
165.14 of paragraph (e) is not received, and capitation rates are adjusted as a result. Payment
165.15 recoveries must not exceed the amount equal to any decrease in rates that results from this
165.16 provision.

165.17 Sec. 64. Minnesota Statutes 2020, section 256B.0941, is amended by adding a subdivision
165.18 to read:

165.19 Subd. 2a. **Sleeping hours.** During normal sleeping hours, a psychiatric residential
165.20 treatment facility provider must provide at least one staff person for every six residents
165.21 present within a living unit. A provider must adjust sleeping-hour staffing levels based on
165.22 the clinical needs of the residents in the facility.

165.23 Sec. 65. Minnesota Statutes 2020, section 256B.0941, subdivision 3, is amended to read:

165.24 Subd. 3. **Per diem rate.** (a) The commissioner must establish one per diem rate per
165.25 provider for psychiatric residential treatment facility services for individuals 21 years of
165.26 age or younger. The rate for a provider must not exceed the rate charged by that provider
165.27 for the same service to other payers. Payment must not be made to more than one entity for
165.28 each individual for services provided under this section on a given day. The commissioner
165.29 must set rates prospectively for the annual rate period. The commissioner must require
165.30 providers to submit annual cost reports on a uniform cost reporting form and must use
165.31 submitted cost reports to inform the rate-setting process. The cost reporting must be done
165.32 according to federal requirements for Medicare cost reports.

165.33 (b) The following are included in the rate:

166.1 (1) costs necessary for licensure and accreditation, meeting all staffing standards for
166.2 participation, meeting all service standards for participation, meeting all requirements for
166.3 active treatment, maintaining medical records, conducting utilization review, meeting
166.4 inspection of care, and discharge planning. The direct services costs must be determined
166.5 using the actual cost of salaries, benefits, payroll taxes, and training of direct services staff
166.6 and service-related transportation; and

166.7 (2) payment for room and board provided by facilities meeting all accreditation and
166.8 licensing requirements for participation.

166.9 (c) A facility may submit a claim for payment outside of the per diem for professional
166.10 services arranged by and provided at the facility by an appropriately licensed professional
166.11 who is enrolled as a provider with Minnesota health care programs. Arranged services may
166.12 be billed by either the facility or the licensed professional. These services must be included
166.13 in the individual plan of care and are subject to prior authorization.

166.14 (d) Medicaid must reimburse for concurrent services as approved by the commissioner
166.15 to support continuity of care and successful discharge from the facility. "Concurrent services"
166.16 means services provided by another entity or provider while the individual is admitted to a
166.17 psychiatric residential treatment facility. Payment for concurrent services may be limited
166.18 and these services are subject to prior authorization by the state's medical review agent.
166.19 Concurrent services may include targeted case management, assertive community treatment,
166.20 clinical care consultation, team consultation, and treatment planning.

166.21 (e) Payment rates under this subdivision must not include the costs of providing the
166.22 following services:

166.23 (1) educational services;

166.24 (2) acute medical care or specialty services for other medical conditions;

166.25 (3) dental services; and

166.26 (4) pharmacy drug costs.

166.27 (f) For purposes of this section, "actual cost" means costs that are allowable, allocable,
166.28 reasonable, and consistent with federal reimbursement requirements in Code of Federal
166.29 Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and the Office of
166.30 Management and Budget Circular Number A-122, relating to nonprofit entities.

166.31 (g) The commissioner shall consult with providers and stakeholders to develop an
166.32 assessment tool that identifies when a child with a medical necessity for psychiatric
166.33 residential treatment facility level of care will require specialized care planning, including

167.1 but not limited to a one-on-one staffing ratio in a living environment. The commissioner
167.2 must develop the tool based on clinical and safety review and recommend best uses of the
167.3 protocols to align with reimbursement structures.

167.4 Sec. 66. Minnesota Statutes 2020, section 256B.0941, is amended by adding a subdivision
167.5 to read:

167.6 Subd. 5. **Start-up grants.** Start-up grants to prospective psychiatric residential treatment
167.7 facility sites may be used for:

167.8 (1) administrative expenses;

167.9 (2) consulting services;

167.10 (3) Health Insurance Portability and Accountability Act of 1996 compliance;

167.11 (4) therapeutic resources including evidence-based, culturally appropriate curriculums,
167.12 and training programs for staff and clients;

167.13 (5) allowable physical renovations to the property; and

167.14 (6) emergency workforce shortage uses, as determined by the commissioner.

167.15 Sec. 67. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is
167.16 amended to read:

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

167.23 (b) Intensive treatment services to children with mental illness residing in foster family
167.24 settings or with legal guardians that comprise specific required service components provided
167.25 in clauses (1) to (6) are reimbursed by medical assistance when they meet the following
167.26 standards:

167.27 (1) psychotherapy provided by a mental health professional or a clinical trainee;

167.28 (2) crisis planning;

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

168.1 (4) clinical care consultation provided by a mental health professional or a clinical
168.2 trainee;

168.3 (5) individual treatment plan development as defined in Minnesota Rules, part 9505.0371,
168.4 subpart 7; and

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

168.6 EFFECTIVE DATE. This section is effective January 1, 2023, or upon federal approval,
168.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
168.8 when federal approval is obtained.

168.9 Sec. 68. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1a, is
168.10 amended to read:

168.11 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the
168.12 meanings given them.

168.13 (a) "At risk of out-of-home placement" means the child has participated in
168.14 community-based therapeutic or behavioral services including psychotherapy within the
168.15 past 30 days and has experienced severe difficulty in managing mental health and behavior
168.16 in multiple settings and has one of the following:

168.17 (1) has previously been in out-of-home placement for mental health issues within the
168.18 past six months;

168.19 (2) has a history of threatening harm to self or others and has actively engaged in
168.20 self-harming or threatening behavior in the past 30 days;

168.21 (3) demonstrates extremely inappropriate or dangerous social behavior in home,
168.22 community, and school settings;

168.23 (4) has a history of repeated intervention from mental health programs, social services,
168.24 mobile crisis programs, or law enforcement to maintain safety in the home, community, or
168.25 school within the past 60 days; or

168.26 (5) whose parent is unable to safely manage the child's mental health, behavioral, or
168.27 emotional problems in the home and has been actively seeking placement for at least two
168.28 weeks.

168.29 ~~(a)~~ (b) "Clinical care consultation" means communication from a treating clinician to
168.30 other providers working with the same client to inform, inquire, and instruct regarding the
168.31 client's symptoms, strategies for effective engagement, care and intervention needs, and
168.32 treatment expectations across service settings, including but not limited to the client's school,

169.1 social services, day care, probation, home, primary care, medication prescribers, disabilities
 169.2 services, and other mental health providers and to direct and coordinate clinical service
 169.3 components provided to the client and family.

169.4 ~~(b)~~ (c) "Clinical trainee" means a staff person who is qualified according to section
 169.5 245I.04, subdivision 6.

169.6 ~~(e)~~ (d) "Crisis planning" has the meaning given in section 245.4871, subdivision 9a.

169.7 ~~(d)~~ (e) "Culturally appropriate" means providing mental health services in a manner that
 169.8 incorporates the child's cultural influences into interventions as a way to maximize resiliency
 169.9 factors and utilize cultural strengths and resources to promote overall wellness.

169.10 ~~(e)~~ (f) "Culture" means the distinct ways of living and understanding the world that are
 169.11 used by a group of people and are transmitted from one generation to another or adopted
 169.12 by an individual.

169.13 ~~(f)~~ (g) "Standard diagnostic assessment" means the assessment described in section
 169.14 245I.10, subdivision 6.

169.15 ~~(g)~~ (h) "Family" means a person who is identified by the client or the client's parent or
 169.16 guardian as being important to the client's mental health treatment. Family may include,
 169.17 but is not limited to, parents, foster parents, children, spouse, committed partners, former
 169.18 spouses, persons related by blood or adoption, persons who are a part of the client's
 169.19 permanency plan, or persons who are presently residing together as a family unit.

169.20 ~~(h)~~ (i) "Foster care" has the meaning given in section 260C.007, subdivision 18.

169.21 ~~(i)~~ (j) "Foster family setting" means the foster home in which the license holder resides.

169.22 ~~(j)~~ (k) "Individual treatment plan" means the plan described in section 245I.10,
 169.23 subdivisions 7 and 8.

169.24 ~~(k)~~ (l) "Mental health certified family peer specialist" means a staff person who is
 169.25 qualified according to section 245I.04, subdivision 12.

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

169.28 ~~(m)~~ (n) "Mental illness" has the meaning given in section 245I.02, subdivision 29.

169.29 ~~(n)~~ (o) "Parent" has the meaning given in section 260C.007, subdivision 25.

169.30 ~~(o)~~ (p) "Psychoeducation services" means information or demonstration provided to an
 169.31 individual, family, or group to explain, educate, and support the individual, family, or group

170.1 in understanding a child's symptoms of mental illness, the impact on the child's development,
 170.2 and needed components of treatment and skill development so that the individual, family,
 170.3 or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,
 170.4 and achieve optimal mental health and long-term resilience.

170.5 ~~(p)~~(q) "Psychotherapy" means the treatment described in section 256B.0671, subdivision
 170.6 11.

170.7 ~~(q)~~(r) "Team consultation and treatment planning" means the coordination of treatment
 170.8 plans and consultation among providers in a group concerning the treatment needs of the
 170.9 child, including disseminating the child's treatment service schedule to all members of the
 170.10 service team. Team members must include all mental health professionals working with the
 170.11 child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and
 170.12 at least two of the following: an individualized education program case manager; probation
 170.13 agent; children's mental health case manager; child welfare worker, including adoption or
 170.14 guardianship worker; primary care provider; foster parent; and any other member of the
 170.15 child's service team.

170.16 ~~(r)~~(s) "Trauma" has the meaning given in section 245I.02, subdivision 38.

170.17 ~~(s)~~(t) "Treatment supervision" means the supervision described under section 245I.06.

170.18 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 170.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
 170.20 when federal approval is obtained.

170.21 Sec. 69. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 2, is
 170.22 amended to read:

170.23 Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from
 170.24 birth through age 20, who is currently placed in a foster home licensed under Minnesota
 170.25 Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the
 170.26 regulations established by a federally recognized Minnesota Tribe, or who is residing in the
 170.27 legal guardian's home and is at risk of out-of-home placement, and has received: (1) a
 170.28 standard diagnostic assessment within 180 days before the start of service that documents
 170.29 that intensive treatment services are medically necessary within a foster family setting to
 170.30 ameliorate identified symptoms and functional impairments; and (2) a level of care
 170.31 assessment as defined in section 245I.02, subdivision 19, that demonstrates that the individual
 170.32 requires intensive intervention without 24-hour medical monitoring, and a functional
 170.33 assessment as defined in section 245I.02, subdivision 17. The level of care assessment and

171.1 the functional assessment must include information gathered from the placing county, Tribe,
171.2 or case manager.

171.3 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
171.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
171.5 when federal approval is obtained.

171.6 Sec. 70. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 3, is
171.7 amended to read:

171.8 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for intensive
171.9 children's mental health services ~~in a foster family setting~~ must be certified by the state ~~and~~
171.10 ~~have a service provision contract with a county board or a reservation tribal council~~ and
171.11 must be able to demonstrate the ability to provide all of the services required in this section
171.12 and meet the standards in chapter 245I, as required in section 245I.011, subdivision 5.

171.13 (b) For purposes of this section, a provider agency must be:

171.14 (1) a county-operated entity certified by the state;

171.15 (2) an Indian Health Services facility operated by a Tribe or Tribal organization under
171.16 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the
171.17 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

171.18 (3) a noncounty entity.

171.19 (c) Certified providers that do not meet the service delivery standards required in this
171.20 section shall be subject to a decertification process.

171.21 (d) For the purposes of this section, all services delivered to a client must be provided
171.22 by a mental health professional or a clinical trainee.

171.23 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
171.24 whichever is later. The commissioner of human services shall notify the revisor of statutes
171.25 when federal approval is obtained.

171.26 Sec. 71. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 4, is
171.27 amended to read:

171.28 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under
171.29 this section, a provider must develop and practice written policies and procedures for
171.30 intensive treatment ~~in foster care~~ for children, consistent with subdivision 1, paragraph (b),
171.31 and comply with the following requirements in paragraphs (b) to (n).

172.1 (b) Each previous and current mental health, school, and physical health treatment
172.2 provider must be contacted to request documentation of treatment and assessments that the
172.3 eligible client has received. This information must be reviewed and incorporated into the
172.4 standard diagnostic assessment and team consultation and treatment planning review process.

172.5 (c) Each client receiving treatment must be assessed for a trauma history, and the client's
172.6 treatment plan must document how the results of the assessment will be incorporated into
172.7 treatment.

172.8 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
172.9 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
172.10 least every 90 days or prior to discharge from the service, whichever comes first.

172.11 (e) Each client receiving treatment services must have an individual treatment plan that
172.12 is reviewed, evaluated, and approved every 90 days using the team consultation and treatment
172.13 planning process.

172.14 (f) Clinical care consultation must be provided in accordance with the client's individual
172.15 treatment plan.

172.16 (g) Each client must have a crisis plan within ten days of initiating services and must
172.17 have access to clinical phone support 24 hours per day, seven days per week, during the
172.18 course of treatment. The crisis plan must demonstrate coordination with the local or regional
172.19 mobile crisis intervention team.

172.20 (h) Services must be delivered and documented at least three days per week, equaling
172.21 at least six hours of treatment per week. If the mental health professional, client, and family
172.22 agree, service units may be temporarily reduced for a period of no more than 60 days in
172.23 order to meet the needs of the client and family, or as part of transition or on a discharge
172.24 plan to another service or level of care. The reasons for service reduction must be identified,
172.25 documented, and included in the treatment plan. Billing and payment are prohibited for
172.26 days on which no services are delivered and documented.

172.27 (i) Location of service delivery must be in the client's home, day care setting, school, or
172.28 other community-based setting that is specified on the client's individualized treatment plan.

172.29 (j) Treatment must be developmentally and culturally appropriate for the client.

172.30 (k) Services must be delivered in continual collaboration and consultation with the
172.31 client's medical providers and, in particular, with prescribers of psychotropic medications,
172.32 including those prescribed on an off-label basis. Members of the service team must be aware
172.33 of the medication regimen and potential side effects.

173.1 (l) Parents, siblings, foster parents, legal guardians, and members of the child's
 173.2 permanency plan must be involved in treatment and service delivery unless otherwise noted
 173.3 in the treatment plan.

173.4 (m) Transition planning for ~~the~~ a child in foster care must be conducted starting with
 173.5 the first treatment plan and must be addressed throughout treatment to support the child's
 173.6 permanency plan and postdischarge mental health service needs.

173.7 (n) In order for a provider to receive the daily per-client encounter rate, at least one of
 173.8 the services listed in subdivision 1, paragraph (b), clauses (1) to (3), must be provided. The
 173.9 services listed in subdivision 1, paragraph (b), clauses (4) and (5), may be included as part
 173.10 of the daily per-client encounter rate.

173.11 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 173.12 whichever is later. The commissioner of human services shall notify the revisor of statutes
 173.13 when federal approval is obtained.

173.14 Sec. 72. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 6, is
 173.15 amended to read:

173.16 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this
 173.17 section and are not eligible for medical assistance payment as components of children's
 173.18 intensive treatment in foster care behavioral health services, but may be billed separately:

173.19 (1) inpatient psychiatric hospital treatment;

173.20 (2) mental health targeted case management;

173.21 (3) partial hospitalization;

173.22 (4) medication management;

173.23 (5) children's mental health day treatment services;

173.24 (6) crisis response services under section 256B.0624;

173.25 (7) transportation; and

173.26 (8) mental health certified family peer specialist services under section 256B.0616.

173.27 (b) Children receiving intensive ~~treatment in foster care~~ behavioral health services are
 173.28 not eligible for medical assistance reimbursement for the following services while receiving
 173.29 children's intensive treatment in foster care behavioral health services:

173.30 (1) psychotherapy and skills training components of children's therapeutic services and
 173.31 supports under section 256B.0943;

- 174.1 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
174.2 1, paragraph (1);
- 174.3 (3) home and community-based waiver services;
- 174.4 (4) mental health residential treatment; and
- 174.5 (5) room and board costs as defined in section 256I.03, subdivision 6.

174.6 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
174.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
174.8 when federal approval is obtained.

174.9 Sec. 73. Minnesota Statutes 2020, section 256B.0946, subdivision 7, is amended to read:

174.10 Subd. 7. **Medical assistance payment and rate setting.** The commissioner shall establish
174.11 a single daily per-client encounter rate for children's intensive treatment in foster care
174.12 behavioral health services. The rate must be constructed to cover only eligible services
174.13 delivered to an eligible recipient by an eligible provider, as prescribed in subdivision 1,
174.14 paragraph (b).

174.15 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
174.16 whichever is later. The commissioner of human services shall notify the revisor of statutes
174.17 when federal approval is obtained.

174.18 Sec. 74. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
174.19 amended to read:

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

174.22 (a) "Intensive nonresidential rehabilitative mental health services" means child
174.23 rehabilitative mental health services as defined in section 256B.0943, except that these
174.24 services are provided by a multidisciplinary staff using a total team approach consistent
174.25 with assertive community treatment, as adapted for youth, and are directed to recipients
174.26 who are eight years of age or older and under ~~26~~ 21 years of age who require intensive
174.27 services to prevent admission to an inpatient psychiatric hospital or placement in a residential
174.28 treatment facility or who require intensive services to step down from inpatient or residential
174.29 care to community-based care.

175.1 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
175.2 at least one form of mental illness and at least one substance use disorder. Substance use
175.3 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

175.4 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
175.5 subdivision 6.

175.6 (d) "Medication education services" means services provided individually or in groups,
175.7 which focus on:

175.8 (1) educating the client and client's family or significant nonfamilial supporters about
175.9 mental illness and symptoms;

175.10 (2) the role and effects of medications in treating symptoms of mental illness; and

175.11 (3) the side effects of medications.

175.12 Medication education is coordinated with medication management services and does not
175.13 duplicate it. Medication education services are provided by physicians, pharmacists, or
175.14 registered nurses with certification in psychiatric and mental health care.

175.15 (e) "Mental health professional" means a staff person who is qualified according to
175.16 section 245I.04, subdivision 2.

175.17 (f) "Provider agency" means a for-profit or nonprofit organization established to
175.18 administer an assertive community treatment for youth team.

175.19 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
175.20 and statistical manual of mental disorders, current edition.

175.21 (h) "Transition services" means:

175.22 (1) activities, materials, consultation, and coordination that ensures continuity of the
175.23 client's care in advance of and in preparation for the client's move from one stage of care
175.24 or life to another by maintaining contact with the client and assisting the client to establish
175.25 provider relationships;

175.26 (2) providing the client with knowledge and skills needed posttransition;

175.27 (3) establishing communication between sending and receiving entities;

175.28 (4) supporting a client's request for service authorization and enrollment; and

175.29 (5) establishing and enforcing procedures and schedules.

175.30 A youth's transition from the children's mental health system and services to the adult
175.31 mental health system and services and return to the client's home and entry or re-entry into

176.1 community-based mental health services following discharge from an out-of-home placement
176.2 or inpatient hospital stay.

176.3 (i) "Treatment team" means all staff who provide services to recipients under this section.

176.4 (j) "Family peer specialist" means a staff person who is qualified under section
176.5 256B.0616.

176.6 Sec. 75. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 3, is
176.7 amended to read:

176.8 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

176.9 (1) is eight years of age or older and under ~~26~~ 21 years of age;

176.10 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
176.11 use disorder, for which intensive nonresidential rehabilitative mental health services are
176.12 needed;

176.13 (3) has received a level of care assessment as defined in section 245I.02, subdivision
176.14 19, that indicates a need for intensive integrated intervention without 24-hour medical
176.15 monitoring and a need for extensive collaboration among multiple providers;

176.16 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,
176.17 that indicates functional impairment and a history of difficulty in functioning safely and
176.18 successfully in the community, school, home, or job; or who is likely to need services from
176.19 the adult mental health system during adulthood; and

176.20 (5) has had a recent standard diagnostic assessment that documents that intensive
176.21 nonresidential rehabilitative mental health services are medically necessary to ameliorate
176.22 identified symptoms and functional impairments and to achieve individual transition goals.

176.23 Sec. 76. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 5, is
176.24 amended to read:

176.25 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
176.26 must meet the standards in this section and chapter 245I as required in section 245I.011,
176.27 subdivision 5.

176.28 (b) The treatment team must have specialized training in providing services to the specific
176.29 age group of youth that the team serves. An individual treatment team must serve youth
176.30 who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14
176.31 years of age or older and under ~~26~~ 21 years of age.

177.1 (c) The treatment team for intensive nonresidential rehabilitative mental health services
177.2 comprises both permanently employed core team members and client-specific team members
177.3 as follows:

177.4 (1) Based on professional qualifications and client needs, clinically qualified core team
177.5 members are assigned on a rotating basis as the client's lead worker to coordinate a client's
177.6 care. The core team must comprise at least four full-time equivalent direct care staff and
177.7 must minimally include:

177.8 (i) a mental health professional who serves as team leader to provide administrative
177.9 direction and treatment supervision to the team;

177.10 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
177.11 health care or a board-certified child and adolescent psychiatrist, either of which must be
177.12 credentialed to prescribe medications;

177.13 (iii) a licensed alcohol and drug counselor who is also trained in mental health
177.14 interventions; and

177.15 (iv) a mental health certified peer specialist who is qualified according to section 245I.04,
177.16 subdivision 10, and is also a former children's mental health consumer.

177.17 (2) The core team may also include any of the following:

177.18 (i) additional mental health professionals;

177.19 (ii) a vocational specialist;

177.20 (iii) an educational specialist with knowledge and experience working with youth
177.21 regarding special education requirements and goals, special education plans, and coordination
177.22 of educational activities with health care activities;

177.23 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

177.24 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

177.25 (vi) a mental health practitioner qualified according to section 245I.04, subdivision 4;

177.26 (vii) a case management service provider, as defined in section 245.4871, subdivision
177.27 4;

177.28 (viii) a housing access specialist; and

177.29 (ix) a family peer specialist as defined in subdivision 2, paragraph (j).

177.30 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
177.31 members not employed by the team who consult on a specific client and who must accept

178.1 overall clinical direction from the treatment team for the duration of the client's placement
178.2 with the treatment team and must be paid by the provider agency at the rate for a typical
178.3 session by that provider with that client or at a rate negotiated with the client-specific
178.4 member. Client-specific treatment team members may include:

178.5 (i) the mental health professional treating the client prior to placement with the treatment
178.6 team;

178.7 (ii) the client's current substance use counselor, if applicable;

178.8 (iii) a lead member of the client's individualized education program team or school-based
178.9 mental health provider, if applicable;

178.10 (iv) a representative from the client's health care home or primary care clinic, as needed
178.11 to ensure integration of medical and behavioral health care;

178.12 (v) the client's probation officer or other juvenile justice representative, if applicable;

178.13 and

178.14 (vi) the client's current vocational or employment counselor, if applicable.

178.15 (d) The treatment supervisor shall be an active member of the treatment team and shall
178.16 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
178.17 with the treatment supervisor at least weekly to discuss recipients' progress and make rapid
178.18 adjustments to meet recipients' needs. The team meeting must include client-specific case
178.19 reviews and general treatment discussions among team members. Client-specific case
178.20 reviews and planning must be documented in the individual client's treatment record.

178.21 (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
178.22 team position.

178.23 (f) The treatment team shall serve no more than 80 clients at any one time. Should local
178.24 demand exceed the team's capacity, an additional team must be established rather than
178.25 exceed this limit.

178.26 (g) Nonclinical staff shall have prompt access in person or by telephone to a mental
178.27 health practitioner, clinical trainee, or mental health professional. The provider shall have
178.28 the capacity to promptly and appropriately respond to emergent needs and make any
178.29 necessary staffing adjustments to ensure the health and safety of clients.

178.30 (h) The intensive nonresidential rehabilitative mental health services provider shall
178.31 participate in evaluation of the assertive community treatment for youth (Youth ACT) model

179.1 as conducted by the commissioner, including the collection and reporting of data and the
179.2 reporting of performance measures as specified by contract with the commissioner.

179.3 (i) A regional treatment team may serve multiple counties.

179.4 Sec. 77. Minnesota Statutes 2020, section 256B.0949, subdivision 15, is amended to read:

179.5 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency
179.6 and be:

179.7 (1) a licensed mental health professional who has at least 2,000 hours of supervised
179.8 clinical experience or training in examining or treating people with ASD or a related condition
179.9 or equivalent documented coursework at the graduate level by an accredited university in
179.10 ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child
179.11 development; or

179.12 (2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised
179.13 clinical experience or training in examining or treating people with ASD or a related condition
179.14 or equivalent documented coursework at the graduate level by an accredited university in
179.15 the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and
179.16 typical child development.

179.17 (b) A level I treatment provider must be employed by an agency and:

179.18 (1) have at least 2,000 hours of supervised clinical experience or training in examining
179.19 or treating people with ASD or a related condition or equivalent documented coursework
179.20 at the graduate level by an accredited university in ASD diagnostics, ASD developmental
179.21 and behavioral treatment strategies, and typical child development or an equivalent
179.22 combination of documented coursework or hours of experience; and

179.23 (2) have or be at least one of the following:

179.24 (i) a master's degree in behavioral health or child development or related fields including,
179.25 but not limited to, mental health, special education, social work, psychology, speech
179.26 pathology, or occupational therapy from an accredited college or university;

179.27 (ii) a bachelor's degree in a behavioral health, child development, or related field
179.28 including, but not limited to, mental health, special education, social work, psychology,
179.29 speech pathology, or occupational therapy, from an accredited college or university, and
179.30 advanced certification in a treatment modality recognized by the department;

179.31 (iii) a board-certified behavior analyst; or

180.1 (iv) a board-certified assistant behavior analyst with 4,000 hours of supervised clinical
180.2 experience that meets all registration, supervision, and continuing education requirements
180.3 of the certification.

180.4 (c) A level II treatment provider must be employed by an agency and must be:

180.5 (1) a person who has a bachelor's degree from an accredited college or university in a
180.6 behavioral or child development science or related field including, but not limited to, mental
180.7 health, special education, social work, psychology, speech pathology, or occupational
180.8 therapy; and meets at least one of the following:

180.9 (i) has at least 1,000 hours of supervised clinical experience or training in examining or
180.10 treating people with ASD or a related condition or equivalent documented coursework at
180.11 the graduate level by an accredited university in ASD diagnostics, ASD developmental and
180.12 behavioral treatment strategies, and typical child development or a combination of
180.13 coursework or hours of experience;

180.14 (ii) has certification as a board-certified assistant behavior analyst from the Behavior
180.15 Analyst Certification Board;

180.16 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification
180.17 Board; or

180.18 (iv) is certified in one of the other treatment modalities recognized by the department;
180.19 or

180.20 (2) a person who has:

180.21 (i) an associate's degree in a behavioral or child development science or related field
180.22 including, but not limited to, mental health, special education, social work, psychology,
180.23 speech pathology, or occupational therapy from an accredited college or university; and

180.24 (ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people
180.25 with ASD or a related condition. Hours worked as a mental health behavioral aide or level
180.26 III treatment provider may be included in the required hours of experience; or

180.27 (3) a person who has at least 4,000 hours of supervised clinical experience in delivering
180.28 treatment to people with ASD or a related condition. Hours worked as a mental health
180.29 behavioral aide or level III treatment provider may be included in the required hours of
180.30 experience; or

180.31 (4) a person who is a graduate student in a behavioral science, child development science,
180.32 or related field and is receiving clinical supervision by a QSP affiliated with an agency to

181.1 meet the clinical training requirements for experience and training with people with ASD
 181.2 or a related condition; or

181.3 (5) a person who is at least 18 years of age and who:

181.4 (i) is fluent in a non-English language or an individual certified by a Tribal Nation;

181.5 (ii) completed the level III EIDBI training requirements; and

181.6 (iii) receives observation and direction from a QSP or level I treatment provider at least
 181.7 once a week until the person meets 1,000 hours of supervised clinical experience.

181.8 (d) A level III treatment provider must be employed by an agency, have completed the
 181.9 level III training requirement, be at least 18 years of age, and have at least one of the
 181.10 following:

181.11 (1) a high school diploma or commissioner of education-selected high school equivalency
 181.12 certification;

181.13 (2) fluency in a non-English language or certification by a Tribal Nation;

181.14 (3) one year of experience as a primary personal care assistant, community health worker,
 181.15 waiver service provider, or special education assistant to a person with ASD or a related
 181.16 condition within the previous five years; or

181.17 (4) completion of all required EIDBI training within six months of employment.

181.18 **EFFECTIVE DATE.** This section is effective January 1, 2022, or upon federal approval,
 181.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
 181.20 when federal approval is obtained.

181.21 Sec. 78. Minnesota Statutes 2020, section 256D.09, subdivision 2a, is amended to read:

181.22 Subd. 2a. **Vendor payments for drug dependent persons.** If, at the time of application
 181.23 or at any other time, there is a reasonable basis for questioning whether a person applying
 181.24 for or receiving financial assistance is drug dependent, as defined in section 254A.02,
 181.25 subdivision 5, the person shall be referred for a chemical health assessment, and only
 181.26 emergency assistance payments or general assistance vendor payments may be provided
 181.27 until the assessment is complete and the results of the assessment made available to the
 181.28 county agency. A reasonable basis for referring an individual for an assessment exists when:

181.29 (1) the person has required detoxification two or more times in the past 12 months;

181.30 (2) the person appears intoxicated at the county agency as indicated by two or more of
 181.31 the following:

- 182.1 (i) the odor of alcohol;
- 182.2 (ii) slurred speech;
- 182.3 (iii) disconjugate gaze;
- 182.4 (iv) impaired balance;
- 182.5 (v) difficulty remaining awake;
- 182.6 (vi) consumption of alcohol;
- 182.7 (vii) responding to sights or sounds that are not actually present;
- 182.8 (viii) extreme restlessness, fast speech, or unusual belligerence;
- 182.9 (3) the person has been involuntarily committed for drug dependency at least once in
- 182.10 the past 12 months; or
- 182.11 (4) the person has received treatment, including domiciliary care, for drug abuse or
- 182.12 dependency at least twice in the past 12 months.

182.13 The assessment and determination of drug dependency, if any, must be made by an

182.14 assessor qualified under ~~Minnesota Rules, part 9530.6615, subpart 2~~ section 245G.11,

182.15 subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only

182.16 provide emergency general assistance or vendor payments to an otherwise eligible applicant

182.17 or recipient who is determined to be drug dependent, except up to 15 percent of the grant

182.18 amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision

182.19 1, the commissioner of human services shall also require county agencies to provide

182.20 assistance only in the form of vendor payments to all eligible recipients who assert chemical

182.21 dependency as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a),

182.22 clauses (1) and (5).

182.23 The determination of drug dependency shall be reviewed at least every 12 months. If

182.24 the county determines a recipient is no longer drug dependent, the county may cease vendor

182.25 payments and provide the recipient payments in cash.

182.26 Sec. 79. Minnesota Statutes 2021 Supplement, section 256L.03, subdivision 2, is amended

182.27 to read:

182.28 Subd. 2. **Alcohol and drug dependency.** Beginning July 1, 1993, covered health services

182.29 shall include individual outpatient treatment of alcohol or drug dependency by a qualified

182.30 health professional or outpatient program.

183.1 Persons who may need chemical dependency services under the provisions of this chapter
 183.2 ~~shall be assessed by a local agency~~ must be offered access by a local agency to a
 183.3 comprehensive assessment as defined under section ~~254B.01~~ 245G.05, and under the
 183.4 assessment provisions of section 254A.03, subdivision 3. A local agency or managed care
 183.5 plan under contract with the Department of Human Services must ~~place~~ offer services to a
 183.6 person in need of chemical dependency services as provided in Minnesota Rules, parts
 183.7 ~~9530.6600 to 9530.6655~~ based on the recommendations of section 245G.05. Persons who
 183.8 are recipients of medical benefits under the provisions of this chapter and who are financially
 183.9 eligible for behavioral health fund services provided under the provisions of chapter 254B
 183.10 shall receive chemical dependency treatment services under the provisions of chapter 254B
 183.11 only if:

183.12 (1) they have exhausted the chemical dependency benefits offered under this chapter;

183.13 or

183.14 (2) an assessment indicates that they need a level of care not provided under the provisions
 183.15 of this chapter.

183.16 Recipients of covered health services under the children's health plan, as provided in
 183.17 Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292,
 183.18 article 4, section 17, and recipients of covered health services enrolled in the children's
 183.19 health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992,
 183.20 chapter 549, article 4, sections 5 and 17, are eligible to receive alcohol and drug dependency
 183.21 benefits under this subdivision.

183.22 Sec. 80. Minnesota Statutes 2020, section 256L.12, subdivision 8, is amended to read:

183.23 Subd. 8. **Chemical dependency assessments.** The managed care plan shall be responsible
 183.24 for assessing the need and ~~placement for~~ provision of chemical dependency services
 183.25 according to criteria set forth in ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ section
 183.26 245G.05.

183.27 Sec. 81. Minnesota Statutes 2020, section 260B.157, subdivision 1, is amended to read:

183.28 Subdivision 1. **Investigation.** Upon request of the court the local social services agency
 183.29 or probation officer shall investigate the personal and family history and environment of
 183.30 any minor coming within the jurisdiction of the court under section 260B.101 and shall
 183.31 report its findings to the court. The court may order any minor coming within its jurisdiction
 183.32 to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the
 183.33 court.

184.1 The court shall order a chemical use assessment conducted when a child is (1) found to
184.2 be delinquent for violating a provision of chapter 152, or for committing a felony-level
184.3 violation of a provision of chapter 609 if the probation officer determines that alcohol or
184.4 drug use was a contributing factor in the commission of the offense, or (2) alleged to be
184.5 delinquent for violating a provision of chapter 152, if the child is being held in custody
184.6 under a detention order. The assessor's qualifications must comply with section 245G.11,
184.7 subdivisions 1 and 5, and the assessment criteria shall must comply with ~~Minnesota Rules,~~
184.8 ~~parts 9530.6600 to 9530.6655~~ section 245G.05. If funds under chapter 254B are to be used
184.9 to pay for the recommended treatment, the assessment ~~and placement~~ must comply with all
184.10 provisions of ~~Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030~~
184.11 sections 245G.05 and 254B.04. The commissioner of human services shall reimburse the
184.12 court for the cost of the chemical use assessment, up to a maximum of \$100.

184.13 The court shall order a children's mental health screening conducted when a child is
184.14 found to be delinquent. The screening shall be conducted with a screening instrument
184.15 approved by the commissioner of human services and shall be conducted by a mental health
184.16 practitioner as defined in section 245.4871, subdivision 26, or a probation officer who is
184.17 trained in the use of the screening instrument. If the screening indicates a need for assessment,
184.18 the local social services agency, in consultation with the child's family, shall have a diagnostic
184.19 assessment conducted, including a functional assessment, as defined in section 245.4871.

184.20 With the consent of the commissioner of corrections and agreement of the county to pay
184.21 the costs thereof, the court may, by order, place a minor coming within its jurisdiction in
184.22 an institution maintained by the commissioner for the detention, diagnosis, custody and
184.23 treatment of persons adjudicated to be delinquent, in order that the condition of the minor
184.24 be given due consideration in the disposition of the case. Any funds received under the
184.25 provisions of this subdivision shall not cancel until the end of the fiscal year immediately
184.26 following the fiscal year in which the funds were received. The funds are available for use
184.27 by the commissioner of corrections during that period and are hereby appropriated annually
184.28 to the commissioner of corrections as reimbursement of the costs of providing these services
184.29 to the juvenile courts.

184.30 Sec. 82. Minnesota Statutes 2020, section 260B.157, subdivision 3, is amended to read:

184.31 Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall
184.32 establish a juvenile treatment screening team to conduct screenings and prepare case plans
184.33 under this subdivision. The team, which may be the team constituted under section 245.4885
184.34 or 256B.092 or ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ chapter 254B, shall consist

185.1 of social workers, juvenile justice professionals, and persons with expertise in the treatment
185.2 of juveniles who are emotionally disabled, chemically dependent, or have a developmental
185.3 disability. The team shall involve parents or guardians in the screening process as appropriate.
185.4 The team may be the same team as defined in section 260C.157, subdivision 3.

185.5 (b) If the court, prior to, or as part of, a final disposition, proposes to place a child:

185.6 (1) for the primary purpose of treatment for an emotional disturbance, and residential
185.7 placement is consistent with section 260.012, a developmental disability, or chemical
185.8 dependency in a residential treatment facility out of state or in one which is within the state
185.9 and licensed by the commissioner of human services under chapter 245A; or

185.10 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a
185.11 post-dispositional placement in a facility licensed by the commissioner of corrections or
185.12 human services, the court shall notify the county welfare agency. The county's juvenile
185.13 treatment screening team must either:

185.14 (i) screen and evaluate the child and file its recommendations with the court within 14
185.15 days of receipt of the notice; or

185.16 (ii) elect not to screen a given case, and notify the court of that decision within three
185.17 working days.

185.18 (c) If the screening team has elected to screen and evaluate the child, the child may not
185.19 be placed for the primary purpose of treatment for an emotional disturbance, a developmental
185.20 disability, or chemical dependency, in a residential treatment facility out of state nor in a
185.21 residential treatment facility within the state that is licensed under chapter 245A, unless one
185.22 of the following conditions applies:

185.23 (1) a treatment professional certifies that an emergency requires the placement of the
185.24 child in a facility within the state;

185.25 (2) the screening team has evaluated the child and recommended that a residential
185.26 placement is necessary to meet the child's treatment needs and the safety needs of the
185.27 community, that it is a cost-effective means of meeting the treatment needs, and that it will
185.28 be of therapeutic value to the child; or

185.29 (3) the court, having reviewed a screening team recommendation against placement,
185.30 determines to the contrary that a residential placement is necessary. The court shall state
185.31 the reasons for its determination in writing, on the record, and shall respond specifically to
185.32 the findings and recommendation of the screening team in explaining why the

186.1 recommendation was rejected. The attorney representing the child and the prosecuting
186.2 attorney shall be afforded an opportunity to be heard on the matter.

186.3 Sec. 83. Minnesota Statutes 2021 Supplement, section 260C.157, subdivision 3, is amended
186.4 to read:

186.5 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
186.6 shall establish a juvenile treatment screening team to conduct screenings under this chapter
186.7 and chapter 260D, for a child to receive treatment for an emotional disturbance, a
186.8 developmental disability, or related condition in a residential treatment facility licensed by
186.9 the commissioner of human services under chapter 245A, or licensed or approved by a
186.10 Tribe. A screening team is not required for a child to be in: (1) a residential facility
186.11 specializing in prenatal, postpartum, or parenting support; (2) a facility specializing in
186.12 high-quality residential care and supportive services to children and youth who have been
186.13 or are at risk of becoming victims of sex trafficking or commercial sexual exploitation; (3)
186.14 supervised settings for youth who are 18 years of age or older and living independently; or
186.15 (4) a licensed residential family-based treatment facility for substance abuse consistent with
186.16 section 260C.190. Screenings are also not required when a child must be placed in a facility
186.17 due to an emotional crisis or other mental health emergency.

186.18 (b) The responsible social services agency shall conduct screenings within 15 days of a
186.19 request for a screening, unless the screening is for the purpose of residential treatment and
186.20 the child is enrolled in a prepaid health program under section 256B.69, in which case the
186.21 agency shall conduct the screening within ten working days of a request. The responsible
186.22 social services agency shall convene the juvenile treatment screening team, which may be
186.23 constituted under section 245.4885 ~~or~~, 254B.05, or 256B.092 ~~or Minnesota Rules, parts~~
186.24 ~~9530.6600 to 9530.6655~~. The team shall consist of social workers; persons with expertise
186.25 in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have
186.26 a developmental disability; and the child's parent, guardian, or permanent legal custodian.
186.27 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
186.28 and 27, the child's foster care provider, and professionals who are a resource to the child's
186.29 family such as teachers, medical or mental health providers, and clergy, as appropriate,
186.30 consistent with the family and permanency team as defined in section 260C.007, subdivision
186.31 16a. Prior to forming the team, the responsible social services agency must consult with the
186.32 child's parents, the child if the child is age 14 or older, and, if applicable, the child's Tribe
186.33 to obtain recommendations regarding which individuals to include on the team and to ensure
186.34 that the team is family-centered and will act in the child's best interests. If the child, child's

187.1 parents, or legal guardians raise concerns about specific relatives or professionals, the team
187.2 should not include those individuals. This provision does not apply to paragraph (c).

187.3 (c) If the agency provides notice to Tribes under section 260.761, and the child screened
187.4 is an Indian child, the responsible social services agency must make a rigorous and concerted
187.5 effort to include a designated representative of the Indian child's Tribe on the juvenile
187.6 treatment screening team, unless the child's Tribal authority declines to appoint a
187.7 representative. The Indian child's Tribe may delegate its authority to represent the child to
187.8 any other federally recognized Indian Tribe, as defined in section 260.755, subdivision 12.
187.9 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
187.10 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
187.11 260.835, apply to this section.

187.12 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes
187.13 to place a child with an emotional disturbance or developmental disability or related condition
187.14 in residential treatment, the responsible social services agency must conduct a screening.
187.15 If the team recommends treating the child in a qualified residential treatment program, the
187.16 agency must follow the requirements of sections 260C.70 to 260C.714.

187.17 The court shall ascertain whether the child is an Indian child and shall notify the
187.18 responsible social services agency and, if the child is an Indian child, shall notify the Indian
187.19 child's Tribe as paragraph (c) requires.

187.20 (e) When the responsible social services agency is responsible for placing and caring
187.21 for the child and the screening team recommends placing a child in a qualified residential
187.22 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
187.23 begin the assessment and processes required in section 260C.704 without delay; and (2)
187.24 conduct a relative search according to section 260C.221 to assemble the child's family and
187.25 permanency team under section 260C.706. Prior to notifying relatives regarding the family
187.26 and permanency team, the responsible social services agency must consult with the child's
187.27 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's
187.28 Tribe to ensure that the agency is providing notice to individuals who will act in the child's
187.29 best interests. The child and the child's parents may identify a culturally competent qualified
187.30 individual to complete the child's assessment. The agency shall make efforts to refer the
187.31 assessment to the identified qualified individual. The assessment may not be delayed for
187.32 the purpose of having the assessment completed by a specific qualified individual.

187.33 (f) When a screening team determines that a child does not need treatment in a qualified
187.34 residential treatment program, the screening team must:

188.1 (1) document the services and supports that will prevent the child's foster care placement
188.2 and will support the child remaining at home;

188.3 (2) document the services and supports that the agency will arrange to place the child
188.4 in a family foster home; or

188.5 (3) document the services and supports that the agency has provided in any other setting.

188.6 (g) When the Indian child's Tribe or Tribal health care services provider or Indian Health
188.7 Services provider proposes to place a child for the primary purpose of treatment for an
188.8 emotional disturbance, a developmental disability, or co-occurring emotional disturbance
188.9 and chemical dependency, the Indian child's Tribe or the Tribe delegated by the child's Tribe
188.10 shall submit necessary documentation to the county juvenile treatment screening team,
188.11 which must invite the Indian child's Tribe to designate a representative to the screening
188.12 team.

188.13 (h) The responsible social services agency must conduct and document the screening in
188.14 a format approved by the commissioner of human services.

188.15 Sec. 84. Minnesota Statutes 2020, section 260E.20, subdivision 1, is amended to read:

188.16 Subdivision 1. **General duties.** (a) The local welfare agency shall offer services to
188.17 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,
188.18 and supporting and preserving family life whenever possible.

188.19 (b) If the report alleges a violation of a criminal statute involving maltreatment or child
188.20 endangerment under section 609.378, the local law enforcement agency and local welfare
188.21 agency shall coordinate the planning and execution of their respective investigation and
188.22 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.
188.23 Each agency shall prepare a separate report of the results of the agency's investigation or
188.24 assessment.

188.25 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely
188.26 on the fact-finding efforts of a law enforcement investigation to make a determination of
188.27 whether or not maltreatment occurred.

188.28 (d) When necessary, the local welfare agency shall seek authority to remove the child
188.29 from the custody of a parent, guardian, or adult with whom the child is living.

188.30 (e) In performing any of these duties, the local welfare agency shall maintain an
188.31 appropriate record.

189.1 (f) In conducting a family assessment or investigation, the local welfare agency shall
189.2 gather information on the existence of substance abuse and domestic violence.

189.3 (g) If the family assessment or investigation indicates there is a potential for abuse of
189.4 alcohol or other drugs by the parent, guardian, or person responsible for the child's care,
189.5 the local welfare agency ~~shall conduct a chemical use~~ must coordinate a comprehensive
189.6 assessment pursuant to ~~Minnesota Rules, part 9530.6615~~ section 245G.05.

189.7 (h) The agency may use either a family assessment or investigation to determine whether
189.8 the child is safe when responding to a report resulting from birth match data under section
189.9 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined
189.10 to be safe, the agency shall consult with the county attorney to determine the appropriateness
189.11 of filing a petition alleging the child is in need of protection or services under section
189.12 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is
189.13 determined not to be safe, the agency and the county attorney shall take appropriate action
189.14 as required under section 260C.503, subdivision 2.

189.15 Sec. 85. Minnesota Statutes 2020, section 299A.299, subdivision 1, is amended to read:

189.16 Subdivision 1. **Establishment of team.** A county, a multicounty organization of counties
189.17 formed by an agreement under section 471.59, or a city with a population of no more than
189.18 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical
189.19 abuse prevention team may include, but not be limited to, representatives of health, mental
189.20 health, public health, law enforcement, educational, social service, court service, community
189.21 education, religious, and other appropriate agencies, and parent and youth groups. For
189.22 purposes of this section, "chemical abuse" has the meaning given in ~~Minnesota Rules, part~~
189.23 ~~9530.6605, subpart 6~~ section 254A.02, subdivision 6a. When possible the team must
189.24 coordinate its activities with existing local groups, organizations, and teams dealing with
189.25 the same issues the team is addressing.

189.26 Sec. 86. Laws 2021, First Special Session chapter 7, article 17, section 1, subdivision 2,
189.27 is amended to read:

189.28 Subd. 2. **Eligibility.** An individual is eligible for the transition to community initiative
189.29 if the individual does not meet eligibility criteria for the medical assistance program under
189.30 section 256B.056 or 256B.057, but who meets at least one of the following criteria:

189.31 (1) the person otherwise meets the criteria under section 256B.092, subdivision 13, or
189.32 256B.49, subdivision 24;

190.1 (2) the person has met treatment objectives and no longer requires a hospital-level care
 190.2 or a secure treatment setting, but the person's discharge from the Anoka Metro Regional
 190.3 Treatment Center, the Minnesota Security Hospital, or a community behavioral health
 190.4 hospital would be substantially delayed without additional resources available through the
 190.5 transitions to community initiative;

190.6 (3) the person is in a community hospital ~~and on the waiting list for the Anoka Metro~~
 190.7 ~~Regional Treatment Center~~, but alternative community living options would be appropriate
 190.8 for the person, ~~and the person has received approval from the commissioner~~; or

190.9 (4)(i) the person is receiving customized living services reimbursed under section
 190.10 256B.4914, 24-hour customized living services reimbursed under section 256B.4914, or
 190.11 community residential services reimbursed under section 256B.4914; (ii) the person expresses
 190.12 a desire to move; and (iii) the person has received approval from the commissioner.

190.13 Sec. 87. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to
 190.14 read:

190.15 Sec. 11. **EXPAND MOBILE CRISIS.**

190.16 ~~(a)~~ This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
 190.17 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,
 190.18 section 245.4661, subdivision 9, paragraph (b), clause (15) and children's mobile crisis
 190.19 services under Minnesota Statutes, section 256B.0944. The general fund base in this act for
 190.20 this purpose is ~~\$4,000,000~~ \$8,000,000 in fiscal year 2024 and ~~\$0~~ \$8,000,000 in fiscal year
 190.21 2025.

190.22 ~~(b) Beginning April 1, 2024, counties may fund and continue conducting activities~~
 190.23 ~~funded under this section.~~

190.24 ~~(c) All grant activities must be completed by March 31, 2024.~~

190.25 ~~(d) This section expires June 30, 2024.~~

191.1 Sec. 88. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to
 191.2 read:

191.3 Sec. 12. ~~PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD~~
 191.4 ~~AND ADOLESCENT ADULT AND CHILDREN'S MOBILE TRANSITION UNIT~~
 191.5 UNITS.

191.6 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023
 191.7 for the commissioner of human services to create adult and children's mental health transition
 191.8 and support teams to facilitate transition back to the community of children or to the least
 191.9 restrictive level of care from inpatient psychiatric settings, emergency departments, residential
 191.10 treatment facilities, and child and adolescent behavioral health hospitals. The general fund
 191.11 base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in fiscal
 191.12 year 2025.

191.13 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
 191.14 funded under this section.

191.15 (c) This section expires March 31, 2024.

191.16 Sec. 89. RATE INCREASE FOR MENTAL HEALTH ADULT DAY TREATMENT.

191.17 The commissioner of human services must increase the reimbursement rate for adult
 191.18 day treatment by 50 percent over the reimbursement rate in effect as of June 30, 2022.

191.19 EFFECTIVE DATE. This section is effective January 1, 2023, or 60 days following
 191.20 federal approval, whichever is later. The commissioner of human services shall notify the
 191.21 revisor of statutes when federal approval is obtained.

191.22 Sec. 90. DIRECTION TO THE COMMISSIONER.

191.23 The commissioner must update the behavioral health fund room and board rate schedule
 191.24 to include programs providing children's mental health crisis admissions and stabilization
 191.25 under Minnesota Statutes, section 245.4882, subdivision 6. The commissioner must establish
 191.26 room and board rates commensurate with current room and board rates for adolescent
 191.27 programs licensed under Minnesota Statutes, section 245G.18.

192.1 Sec. 91. **DIRECTION TO THE COMMISSIONER; BEHAVIORAL HEALTH FUND**
192.2 **ALLOCATION.**

192.3 The commissioner of human services, in consultation with counties and Tribal Nations,
192.4 must make recommendations on an updated allocation to local agencies from funds allocated
192.5 under Minnesota Statutes, section 254B.02, subdivision 5. The commissioner must submit
192.6 the recommendations to the chairs and ranking minority members of the legislative
192.7 committees with jurisdiction over health and human services finance and policy by January
192.8 1, 2024.

192.9 Sec. 92. **DIRECTION TO THE COMMISSIONER; MEDICATION-ASSISTED**
192.10 **THERAPY SERVICES PAYMENT METHODOLOGY.**

192.11 The commissioner of human services shall revise the payment methodology for
192.12 medication-assisted therapy services under Minnesota Statutes, section 254B.05, subdivision
192.13 5, paragraph (b), clause (6). The revised payment methodology must only allow payment
192.14 if the provider renders the service or services billed on the specified date of service or, in
192.15 the case of drugs and drug-related services, within a week of the specified date of service,
192.16 as defined by the commissioner. The revised payment methodology must include a weekly
192.17 bundled rate, based on the Medicare rate, that includes the costs of drugs; drug administration
192.18 and observation; drug packaging and preparation; and nursing time. The commissioner shall
192.19 seek all necessary waivers, state plan amendments, and federal authorizations required to
192.20 implement the revised payment methodology.

192.21 Sec. 93. **REVISOR INSTRUCTION.**

192.22 The revisor of statutes shall change the terms "medication-assisted treatment" and
192.23 "medication-assisted therapy" or similar terms to "substance use disorder treatment with
192.24 medications for opioid use disorder" whenever the terms appear in Minnesota Statutes and
192.25 Minnesota Rules. The revisor may make technical and other necessary grammatical changes
192.26 related to the term change.

192.27 Sec. 94. **REPEALER.**

192.28 (a) Minnesota Statutes 2020, sections 169A.70, subdivision 6; 245G.22, subdivision 19;
192.29 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a and 2; 254B.04,
192.30 subdivisions 2b and 2c; and 254B.041, subdivision 2, are repealed.

192.31 (b) Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 5, is repealed.

193.1 (c) Minnesota Rules, parts 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a,
 193.2 19, 20, and 21; 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, and 6;
 193.3 9530.7020, subparts 1, 1a, and 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; and
 193.4 9530.7030, subpart 1, are repealed.

193.5 **ARTICLE 4**

193.6 **CONTINUING CARE FOR OLDER ADULTS POLICY**

193.7 Section 1. Minnesota Statutes 2020, section 245A.14, subdivision 14, is amended to read:

193.8 Subd. 14. **Attendance records for publicly funded services.** (a) A child care center
 193.9 licensed under this chapter and according to Minnesota Rules, chapter 9503, must maintain
 193.10 documentation of actual attendance for each child receiving care for which the license holder
 193.11 is reimbursed by a governmental program. The records must be accessible to the
 193.12 commissioner during the program's hours of operation, they must be completed on the actual
 193.13 day of attendance, and they must include:

193.14 (1) the first and last name of the child;

193.15 (2) the time of day that the child was dropped off; and

193.16 (3) the time of day that the child was picked up.

193.17 (b) A family child care provider licensed under this chapter and according to Minnesota
 193.18 Rules, chapter 9502, must maintain documentation of actual attendance for each child
 193.19 receiving care for which the license holder is reimbursed for the care of that child by a
 193.20 governmental program. The records must be accessible to the commissioner during the
 193.21 program's hours of operation, they must be completed on the actual day of attendance, and
 193.22 they must include:

193.23 (1) the first and last name of the child;

193.24 (2) the time of day that the child was dropped off; and

193.25 (3) the time of day that the child was picked up.

193.26 (c) An adult day services program licensed under this chapter and according to Minnesota
 193.27 Rules, parts 9555.5105 to 9555.6265, must maintain documentation of actual attendance
 193.28 for each adult day service recipient for which the license holder is reimbursed by a
 193.29 governmental program. The records must be accessible to the commissioner during the
 193.30 program's hours of operation, they must be completed on the actual day of attendance, and
 193.31 they must include:

194.1 (1) the first, middle, and last name of the recipient;

194.2 (2) the time of day that the recipient was dropped off; and

194.3 (3) the time of day that the recipient was picked up.

194.4 (d) ~~The commissioner shall not issue a correction for attendance record errors that occur~~
 194.5 ~~before August 1, 2013.~~ Adult day services programs licensed under this chapter that are
 194.6 designated for remote adult day services must maintain documentation of actual participation
 194.7 for each adult day service recipient for whom the license holder is reimbursed by a
 194.8 governmental program. The records must be accessible to the commissioner during the
 194.9 program's hours of operation, must be completed on the actual day service is provided, and
 194.10 must include the:

194.11 (1) first, middle, and last name of the recipient;

194.12 (2) time of day the remote services started;

194.13 (3) time of day that the remote services ended; and

194.14 (4) means by which the remote services were provided, through audio remote services
 194.15 or through audio and video remote services.

194.16 **EFFECTIVE DATE.** This section is effective January 1, 2023.

194.17 **Sec. 2. [245A.70] REMOTE ADULT DAY SERVICES.**

194.18 (a) For the purposes of sections 245A.70 to 245A.75, the following terms have the
 194.19 meanings given.

194.20 (b) "Adult day care" and "adult day services" have the meanings given in section 245A.02,
 194.21 subdivision 2a.

194.22 (c) "Remote adult day services" means an individualized and coordinated set of services
 194.23 provided via live two-way communication by an adult day care or adult day services center.

194.24 (d) "Live two-way communication" means real-time audio or audio and video
 194.25 transmission of information between a participant and an actively involved staff member.

194.26 **Sec. 3. [245A.71] APPLICABILITY AND SCOPE.**

194.27 Subdivision 1. **Licensing requirements.** Adult day care centers or adult day services
 194.28 centers that provide remote adult day services must be licensed under this chapter and
 194.29 comply with the requirements set forth in this section.

195.1 Subd. 2. **Standards for licensure.** License holders seeking to provide remote adult day
 195.2 services must submit a request in the manner prescribed by the commissioner. Remote adult
 195.3 day services must not be delivered until approved by the commissioner. The designation to
 195.4 provide remote services is voluntary for license holders. Upon approval, the designation of
 195.5 approval for remote adult day services must be printed on the center's license, and identified
 195.6 on the commissioner's public website.

195.7 Subd. 3. **Federal requirements.** Adult day care centers or adult day services centers
 195.8 that provide remote adult day services to participants receiving alternative care under section
 195.9 256B.0913, essential community supports under section 256B.0922, or home and
 195.10 community-based services waivers under chapter 256S or section 256B.092 or 256B.49
 195.11 must comply with federally approved waiver plans.

195.12 Subd. 4. **Service limitations.** Remote adult day services must be provided during the
 195.13 days and hours of in-person services specified on the license of the adult day care center or
 195.14 adult day services center.

195.15 **Sec. 4. [245A.72] RECORD REQUIREMENTS.**

195.16 Adult day care centers and adult day services centers providing remote adult day services
 195.17 must comply with participant record requirements set forth in Minnesota Rules, part
 195.18 9555.9660. The center must document how remote services will help a participant reach
 195.19 the short- and long-term objectives in the participant's plan of care.

195.20 **Sec. 5. [245A.73] REMOTE ADULT DAY SERVICES STAFF.**

195.21 Subdivision 1. **Staff ratios.** (a) A staff person who provides remote adult day services
 195.22 without two-way interactive video must only provide services to one participant at a time.

195.23 (b) A staff person who provides remote adult day services through two-way interactive
 195.24 video must not provide services to more than eight participants at one time.

195.25 Subd. 2. **Staff training.** A center licensed under section 245A.71 must document training
 195.26 provided to each staff person regarding the provision of remote services in the staff person's
 195.27 record. The training must be provided prior to a staff person delivering remote adult day
 195.28 services without supervision. The training must include:

195.29 (1) how to use the equipment, technology, and devices required to provide remote adult
 195.30 day services via live two-way communication;

195.31 (2) orientation and training on each participant's plan of care as directly related to remote
 195.32 adult day services; and

196.1 (3) direct observation by a manager or supervisor of the staff person while providing
196.2 supervised remote service delivery sufficient to assess staff competency.

196.3 **Sec. 6. [245A.74] INDIVIDUAL SERVICE PLANNING.**

196.4 Subdivision 1. **Eligibility.** (a) A person must be eligible for and receiving in-person
196.5 adult day services to receive remote adult day services from the same provider. The same
196.6 provider must deliver both in-person adult day services and remote adult day services to a
196.7 participant.

196.8 (b) The license holder must update the participant's plan of care according to Minnesota
196.9 Rules, part 9555.9700.

196.10 (c) For a participant who chooses to receive remote adult day services, the license holder
196.11 must document in the participant's plan of care the participant's proposed schedule and
196.12 frequency for receiving both in-person and remote services. The license holder must also
196.13 document in the participant's plan of care that remote services:

196.14 (1) are chosen as a service delivery method by the participant or the participant's legal
196.15 representative;

196.16 (2) will meet the participant's assessed needs;

196.17 (3) are provided within the scope of adult day services; and

196.18 (4) will help the participant achieve identified short and long-term objectives specific
196.19 to the provision of remote adult day services.

196.20 Subd. 2. **Participant daily service limitations.** In a 24-hour period, a participant may
196.21 receive:

196.22 (1) a combination of in-person adult day services and remote adult day services on the
196.23 same day but not at the same time;

196.24 (2) a combination of in-person and remote adult day services that does not exceed 12
196.25 hours in total; and

196.26 (3) up to six hours of remote adult day services.

196.27 Subd. 3. **Minimum in-person requirement.** A participant who receives remote services
196.28 must receive services in-person as assigned in the participant's plan of care at least quarterly.

197.1 Sec. 7. [245A.75] SERVICE AND PROGRAM REQUIREMENTS.

197.2 Remote adult day services must be in the scope of adult day services provided in
 197.3 Minnesota Rules, part 9555.9710, subparts 3 to 7.

197.4 **EFFECTIVE DATE.** This section is effective January 1, 2023.

197.5 Sec. 8. Minnesota Statutes 2020, section 256R.02, subdivision 4, is amended to read:

197.6 Subd. 4. **Administrative costs.** "Administrative costs" means the identifiable costs for
 197.7 administering the overall activities of the nursing home. These costs include salaries and
 197.8 wages of the administrator, assistant administrator, business office employees, security
 197.9 guards, purchasing and inventory employees, and associated fringe benefits and payroll
 197.10 taxes, fees, contracts, or purchases related to business office functions, licenses, permits
 197.11 except as provided in the external fixed costs category, employee recognition, travel including
 197.12 meals and lodging, all training except as specified in subdivision 17, voice and data
 197.13 communication or transmission, office supplies, property and liability insurance and other
 197.14 forms of insurance except insurance that is a fringe benefit under subdivision 22, personnel
 197.15 recruitment, legal services, accounting services, management or business consultants, data
 197.16 processing, information technology, website, central or home office costs, business meetings
 197.17 and seminars, postage, fees for professional organizations, subscriptions, security services,
 197.18 nonpromotional advertising, board of directors fees, working capital interest expense, bad
 197.19 debts, bad debt collection fees, and costs incurred for travel and ~~housing~~ lodging for persons
 197.20 employed by a Minnesota-registered supplemental nursing services agency as defined in
 197.21 section 144A.70, subdivision 6.

197.22 Sec. 9. Minnesota Statutes 2020, section 256R.02, subdivision 17, is amended to read:

197.23 Subd. 17. **Direct care costs.** "Direct care costs" means costs for the wages of nursing
 197.24 administration, direct care registered nurses, licensed practical nurses, certified nursing
 197.25 assistants, trained medication aides, employees conducting training in resident care topics
 197.26 and associated fringe benefits and payroll taxes; services from a Minnesota-registered
 197.27 supplemental nursing services agency up to the maximum allowable charges under section
 197.28 144A.74, excluding associated lodging and travel costs; supplies that are stocked at nursing
 197.29 stations or on the floor and distributed or used individually, including, but not limited to:
 197.30 rubbing alcohol or alcohol swabs, applicators, cotton balls, incontinence pads, disposable
 197.31 ice bags, dressings, bandages, water pitchers, tongue depressors, disposable gloves, enemas,
 197.32 enema equipment, personal hygiene soap, medication cups, diapers, ~~plastic waste bags,~~
 197.33 sanitary products, disposable thermometers, hypodermic needles and syringes, ~~clinical~~

198.1 ~~reagents or similar diagnostic agents, drugs that are not paid~~ not payable on a separate fee
 198.2 schedule by the medical assistance program or any other payer, and ~~technology related~~
 198.3 clinical software costs specific to the provision of nursing care to residents, such as electronic
 198.4 charting systems; costs of materials used for resident care training, and training courses
 198.5 outside of the facility attended by direct care staff on resident care topics; and costs for
 198.6 nurse consultants, pharmacy consultants, and medical directors. Salaries and payroll taxes
 198.7 for nurse consultants who work out of a central office must be allocated proportionately by
 198.8 total resident days or by direct identification to the nursing facilities served by those
 198.9 consultants.

198.10 Sec. 10. Minnesota Statutes 2020, section 256R.02, subdivision 18, is amended to read:

198.11 Subd. 18. **Employer health insurance costs.** "Employer health insurance costs" means
 198.12 premium expenses for group coverage; and actual expenses incurred for self-insured plans,
 198.13 including reinsurance; actual claims paid, stop-loss premiums, plan fees, and employer
 198.14 contributions to employee health reimbursement and health savings accounts. Actual costs
 198.15 of self-insurance plans must not include any allowance for future funding unless the plan
 198.16 meets the Medicare requirements for reporting on a premium basis when the Medicare
 198.17 regulations define the actual costs. Premium and expense costs and contributions are
 198.18 allowable for (1) all employees and (2) the spouse and dependents of those employees who
 198.19 are employed on average at least 30 hours per week.

198.20 Sec. 11. Minnesota Statutes 2020, section 256R.02, subdivision 19, is amended to read:

198.21 Subd. 19. **External fixed costs.** "External fixed costs" means costs related to the nursing
 198.22 home surcharge under section 256.9657, subdivision 1; licensure fees under section 144.122;
 198.23 family advisory council fee under section 144A.33; scholarships under section 256R.37;
 198.24 planned closure rate adjustments under section 256R.40; consolidation rate adjustments
 198.25 under section 144A.071, subdivisions 4c, paragraph (a), clauses (5) and (6), and 4d;
 198.26 single-bed room incentives under section 256R.41; property taxes, special assessments, and
 198.27 payments in lieu of taxes; employer health insurance costs; quality improvement incentive
 198.28 payment rate adjustments under section 256R.39; performance-based incentive payments
 198.29 under section 256R.38; special dietary needs under section 256R.51; ~~rate adjustments for~~
 198.30 ~~compensation-related costs for minimum wage changes under section 256R.49 provided~~
 198.31 ~~on or after January 1, 2018;~~ Public Employees Retirement Association employer costs; and
 198.32 border city rate adjustments under section 256R.481.

199.1 Sec. 12. Minnesota Statutes 2020, section 256R.02, subdivision 22, is amended to read:

199.2 Subd. 22. **Fringe benefit costs.** "Fringe benefit costs" means the costs for group life,
199.3 dental, workers' compensation, short- and long-term disability, long-term care insurance,
199.4 accident insurance, supplemental insurance, legal assistance insurance, profit sharing, child
199.5 care costs, health insurance costs not covered under subdivision 18, including costs associated
199.6 with part-time employee family members or retirees, and pension and retirement plan
199.7 contributions, except for the Public Employees Retirement Association costs.

199.8 Sec. 13. Minnesota Statutes 2020, section 256R.02, subdivision 29, is amended to read:

199.9 Subd. 29. **Maintenance and plant operations costs.** "Maintenance and plant operations
199.10 costs" means the costs for the salaries and wages of the maintenance supervisor, engineers,
199.11 heating-plant employees, and other maintenance employees and associated fringe benefits
199.12 and payroll taxes. It also includes identifiable costs for maintenance and operation of the
199.13 building and grounds, including, but not limited to, fuel, electricity, plastic waste bags,
199.14 medical waste and garbage removal, water, sewer, supplies, tools, ~~and repairs~~, and minor
199.15 equipment not requiring capitalization under Medicare guidelines.

199.16 Sec. 14. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision
199.17 to read:

199.18 Subd. 32a. **Minor equipment.** "Minor equipment" means equipment that does not qualify
199.19 as either fixed equipment or depreciable movable equipment as defined in section 256R.261.

199.20 Sec. 15. Minnesota Statutes 2020, section 256R.02, subdivision 42a, is amended to read:

199.21 Subd. 42a. **Real estate taxes.** "Real estate taxes" means the real estate tax liability shown
199.22 on the annual property tax ~~statement~~ statements of the nursing facility for the reporting
199.23 period. The term does not include personnel costs or fees for late payment.

199.24 Sec. 16. Minnesota Statutes 2020, section 256R.02, subdivision 48a, is amended to read:

199.25 Subd. 48a. **Special assessments.** "Special assessments" means the actual special
199.26 assessments and related interest paid during the reporting period that are not voluntary costs.
199.27 The term does not include personnel costs ~~or~~, fees for late payment, or special assessments
199.28 for projects that are reimbursed in the property rate.

200.1 Sec. 17. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision
200.2 to read:

200.3 Subd. 53. Vested. "Vested" means the existence of a legally fixed unconditional right
200.4 to a present or future benefit.

200.5 Sec. 18. Minnesota Statutes 2020, section 256R.07, subdivision 1, is amended to read:

200.6 Subdivision 1. **Criteria.** A nursing facility ~~shall~~ must keep adequate documentation. In
200.7 order to be adequate, documentation must:

200.8 (1) be maintained in orderly, well-organized files;

200.9 (2) not include documentation of more than one nursing facility in one set of files unless
200.10 transactions may be traced by the commissioner to the nursing facility's annual cost report;

200.11 (3) include a paid invoice or copy of a paid invoice with date of purchase, vendor name
200.12 and address, purchaser name and delivery destination address, listing of items or services
200.13 purchased, cost of items purchased, account number to which the cost is posted, and a
200.14 breakdown of any allocation of costs between accounts or nursing facilities. If any of the
200.15 information is not available, the nursing facility ~~shall~~ must document its good faith attempt
200.16 to obtain the information;

200.17 (4) include contracts, agreements, amortization schedules, mortgages, other debt
200.18 instruments, and all other documents necessary to explain the nursing facility's costs or
200.19 revenues; ~~and~~

200.20 (5) include signed and dated position descriptions; and

200.21 (6) be retained by the nursing facility to support the five most recent annual cost reports.
200.22 The commissioner may extend the period of retention if the field audit was postponed
200.23 because of inadequate record keeping or accounting practices as in section 256R.13,
200.24 subdivisions 2 and 4, the records are necessary to resolve a pending appeal, or the records
200.25 are required for the enforcement of sections 256R.04; 256R.05, subdivision 2; 256R.06,
200.26 subdivisions 2, 6, and 7; 256R.08, subdivisions 1 ~~to~~ and 3; and 256R.09, subdivisions 3 and
200.27 4.

200.28 Sec. 19. Minnesota Statutes 2020, section 256R.07, subdivision 2, is amended to read:

200.29 Subd. 2. **Documentation of compensation.** Compensation for personal services,
200.30 regardless of whether treated as identifiable costs or costs that are not identifiable, must be
200.31 documented on payroll records. Payrolls must be supported by time and attendance or

201.1 equivalent records for individual employees. Salaries and wages of employees which are
 201.2 allocated to more than one cost category must be supported by time distribution records.
 201.3 ~~The method used must produce a proportional distribution of actual time spent, or an accurate~~
 201.4 ~~estimate of time spent performing assigned duties. The nursing facility that chooses to~~
 201.5 ~~estimate time spent must use a statistically valid method. The compensation must reflect~~
 201.6 ~~an amount proportionate to a full-time basis if the services are rendered on less than a~~
 201.7 ~~full-time basis. Salary allocations are allowable using the Medicare-approved allocation~~
 201.8 ~~basis and methodology only if the salary costs cannot be directly determined, including~~
 201.9 ~~when employees provide shared services to noncovered operations.~~

201.10 Sec. 20. Minnesota Statutes 2020, section 256R.07, subdivision 3, is amended to read:

201.11 Subd. 3. **Adequate documentation supporting nursing facility payrolls.** Payroll
 201.12 records supporting compensation costs claimed by nursing facilities must be supported by
 201.13 affirmative time and attendance records prepared by each individual at intervals of not more
 201.14 than one month. The requirements of this subdivision are met when documentation is
 201.15 provided under either clause (1) or (2) ~~as follows:~~

201.16 (1) the affirmative time and attendance record must identify the individual's name; the
 201.17 days worked during each pay period; the number of hours worked each day; and the number
 201.18 of hours taken each day by the individual for vacation, sick, and other leave. The affirmative
 201.19 time and attendance record must include a signed verification by the individual and the
 201.20 individual's supervisor, if any, that the entries reported on the record are correct; or

201.21 (2) if the affirmative time and attendance records identifying the individual's name, the
 201.22 days worked each pay period, the number of hours worked each day, and the number of
 201.23 hours taken each day by the individual for vacation, sick, and other leave are ~~placed on~~
 201.24 ~~microfilm~~ stored electronically, equipment must be made available for viewing and printing
 201.25 ~~them, or if the records are stored as automated data, summary data must be available for~~
 201.26 ~~viewing and printing the records.~~ viewing and printing the records.

201.27 Sec. 21. Minnesota Statutes 2020, section 256R.08, subdivision 1, is amended to read:

201.28 Subdivision 1. **Reporting of financial statements.** (a) No later than February 1 of each
 201.29 year, a nursing facility ~~shall~~ must:

201.30 (1) provide the state agency with a copy of its audited financial statements or its working
 201.31 trial balance;

201.32 (2) provide the state agency with a statement of ownership for the facility;

202.1 (3) provide the state agency with separate, audited financial statements or working trial
202.2 balances for every other facility owned in whole or in part by an individual or entity that
202.3 has an ownership interest in the facility;

202.4 (4) upon request, provide the state agency with separate, audited financial statements or
202.5 working trial balances for every organization with which the facility conducts business and
202.6 which is owned in whole or in part by an individual or entity which has an ownership interest
202.7 in the facility;

202.8 (5) provide the state agency with copies of leases, purchase agreements, and other
202.9 documents related to the lease or purchase of the nursing facility; and

202.10 (6) upon request, provide the state agency with copies of leases, purchase agreements,
202.11 and other documents related to the acquisition of equipment, goods, and services which are
202.12 claimed as allowable costs.

202.13 (b) Audited financial statements submitted under paragraph (a) must include a balance
202.14 sheet, income statement, statement of the rate or rates charged to private paying residents,
202.15 statement of retained earnings, statement of cash flows, notes to the financial statements,
202.16 audited applicable supplemental information, and the public accountant's report. Public
202.17 accountants must conduct audits in accordance with chapter 326A. The cost of an audit
202.18 ~~shall~~ must not be an allowable cost unless the nursing facility submits its audited financial
202.19 statements in the manner otherwise specified in this subdivision. A nursing facility must
202.20 permit access by the state agency to the public accountant's audit work papers that support
202.21 the audited financial statements submitted under paragraph (a).

202.22 (c) Documents or information provided to the state agency pursuant to this subdivision
202.23 ~~shall~~ must be public unless prohibited by the Health Insurance Portability and Accountability
202.24 Act or any other federal or state regulation. Data, notes, and preliminary drafts of reports
202.25 created, collected, and maintained by the audit offices of government entities, or persons
202.26 performing audits for government entities, and relating to an audit or investigation are
202.27 confidential data on individuals or protected nonpublic data until the final report has been
202.28 published or the audit or investigation is no longer being pursued actively, except that the
202.29 data must be disclosed as required to comply with section 6.67 or 609.456.

202.30 (d) If the requirements of paragraphs (a) and (b) are not met, the reimbursement rate
202.31 may be reduced to 80 percent of the rate in effect on the first day of the fourth calendar
202.32 month after the close of the reporting period and the reduction ~~shall~~ must continue until the
202.33 requirements are met.

203.1 Sec. 22. Minnesota Statutes 2020, section 256R.09, subdivision 2, is amended to read:

203.2 Subd. 2. **Reporting of statistical and cost information.** All nursing facilities ~~shall~~ must
203.3 provide information annually to the commissioner on a form and in a manner determined
203.4 by the commissioner. The commissioner may separately require facilities to submit in a
203.5 manner specified by the commissioner documentation of statistical and cost information
203.6 included in the report to ensure accuracy in establishing payment rates and to perform audit
203.7 and appeal review functions under this chapter. The commissioner may also require nursing
203.8 facilities to provide statistical and cost information for a subset of the items in the annual
203.9 report on a semiannual basis. Nursing facilities ~~shall~~ must report only costs directly related
203.10 to the operation of the nursing facility. The facility ~~shall~~ must not include costs which are
203.11 separately reimbursed or reimbursable by residents, medical assistance, or other payors.
203.12 Allocations of costs from central, affiliated, or corporate office and related organization
203.13 transactions shall be reported according to sections 256R.07, subdivision 3, and 256R.12,
203.14 subdivisions 1 to 7. The commissioner shall not grant facilities extensions to the filing
203.15 deadline.

203.16 Sec. 23. Minnesota Statutes 2020, section 256R.09, subdivision 5, is amended to read:

203.17 Subd. 5. **Method of accounting.** The accrual method of accounting in accordance with
203.18 generally accepted accounting principles is the only method acceptable for purposes of
203.19 satisfying the reporting requirements of this chapter. If a governmentally owned nursing
203.20 facility demonstrates that the accrual method of accounting is not applicable to its accounts
203.21 and that a cash or modified accrual method of accounting more accurately reports the nursing
203.22 facility's financial operations, the commissioner shall permit the governmentally owned
203.23 nursing facility to use a cash or modified accrual method of accounting. For reimbursement
203.24 purposes, the accrued expense must be paid by the providers within 180 days following the
203.25 end of the reporting period. An expense disallowed by the commissioner under this section
203.26 in any cost report period must not be claimed by a provider on a subsequent cost report.
203.27 Specific exemptions to the 180-day rule may be granted by the commissioner for documented
203.28 contractual arrangements such as receivership, property tax installment payments, and
203.29 pension contributions.

203.30 Sec. 24. Minnesota Statutes 2020, section 256R.13, subdivision 4, is amended to read:

203.31 Subd. 4. **Extended record retention requirements.** The commissioner shall extend the
203.32 period for retention of records under section 256R.09, subdivision 3, for purposes of
203.33 performing field audits as necessary to enforce sections 256R.04; 256R.05, subdivision 2;

204.1 256R.06, subdivisions 2, 6, and 7; 256R.08, subdivisions 1 ~~to~~ and 3; and 256R.09,
 204.2 subdivisions 3 and 4, with written notice to the facility postmarked no later than 90 days
 204.3 prior to the expiration of the record retention requirement.

204.4 Sec. 25. Minnesota Statutes 2020, section 256R.16, subdivision 1, is amended to read:

204.5 Subdivision 1. **Calculation of a quality score.** (a) The commissioner shall determine
 204.6 a quality score for each nursing facility using quality measures established in section
 204.7 256B.439, according to methods determined by the commissioner in consultation with
 204.8 stakeholders and experts, and using the most recently available data as provided in the
 204.9 Minnesota Nursing Home Report Card. These methods ~~shall~~ must be exempt from the
 204.10 rulemaking requirements under chapter 14.

204.11 (b) For each quality measure, a score ~~shall~~ must be determined with the number of points
 204.12 assigned as determined by the commissioner using the methodology established according
 204.13 to this subdivision. The determination of the quality measures to be used and the methods
 204.14 of calculating scores may be revised annually by the commissioner.

204.15 (c) The quality score ~~shall~~ must include up to 50 points related to the Minnesota quality
 204.16 indicators score derived from the minimum data set, up to 40 points related to the resident
 204.17 quality of life score derived from the consumer survey conducted under section 256B.439,
 204.18 subdivision 3, and up to ten points related to the state inspection results score.

204.19 (d) The commissioner, in cooperation with the commissioner of health, may adjust the
 204.20 formula in paragraph (c), or the methodology for computing the total quality score, ~~effective~~
 204.21 ~~July 1 of any year,~~ with five months advance public notice. In changing the formula, the
 204.22 commissioner shall consider quality measure priorities registered by report card users, advice
 204.23 of stakeholders, and available research.

204.24 Sec. 26. Minnesota Statutes 2020, section 256R.17, subdivision 3, is amended to read:

204.25 Subd. 3. **Resident assessment schedule.** (a) Nursing facilities ~~shall~~ must conduct and
 204.26 submit case mix classification assessments according to the schedule established by the
 204.27 commissioner of health under section 144.0724, subdivisions 4 and 5.

204.28 (b) The case mix classifications established under section 144.0724, subdivision 3a,
 204.29 ~~shall be~~ are effective the day of admission for new admission assessments. The effective
 204.30 date for significant change assessments ~~shall be~~ is the assessment reference date. The
 204.31 effective date for annual and quarterly assessments ~~shall be~~ and significant corrections
 204.32 assessments is the first day of the month following assessment reference date.

205.1 Sec. 27. Minnesota Statutes 2020, section 256R.26, subdivision 1, is amended to read:

205.2 Subdivision 1. **Determination of limited undepreciated replacement cost.** A facility's
205.3 limited URC is the lesser of:

205.4 (1) the facility's recognized URC from the appraisal; or

205.5 (2) the product of (i) the number of the facility's licensed beds three months prior to the
205.6 beginning of the rate year, (ii) the construction cost per square foot value, and (iii) 1,000
205.7 square feet.

205.8 Sec. 28. Minnesota Statutes 2020, section 256R.261, subdivision 13, is amended to read:

205.9 Subd. 13. **Equipment allowance per bed value.** The equipment allowance per bed
205.10 value is \$10,000 adjusted annually for rate years beginning on or after January 1, 2021, by
205.11 the percentage change indicated by the urban consumer price index for Minneapolis-St.
205.12 Paul, as published by the Bureau of Labor Statistics (series ~~1967=100~~ 1982-84=100) for
205.13 the two previous Julys. The computation for this annual adjustment is based on the data that
205.14 is publicly available on November 1 immediately preceding the start of the rate year.

205.15 Sec. 29. Minnesota Statutes 2020, section 256R.37, is amended to read:

205.16 **256R.37 SCHOLARSHIPS.**

205.17 ~~(a) For the 27-month period beginning October 1, 2015, through December 31, 2017,~~
205.18 ~~the commissioner shall allow a scholarship per diem of up to 25 cents for each nursing~~
205.19 ~~facility with no scholarship per diem that is requesting a scholarship per diem to be added~~
205.20 ~~to the external fixed payment rate to be used:~~

205.21 ~~(1) for employee scholarships that satisfy the following requirements:~~

205.22 ~~(i) scholarships are available to all employees who work an average of at least ten hours~~
205.23 ~~per week at the facility except the administrator, and to reimburse student loan expenses~~
205.24 ~~for newly hired registered nurses and licensed practical nurses, and training expenses for~~
205.25 ~~nursing assistants as specified in section 144A.611, subdivisions 2 and 4, who are newly~~
205.26 ~~hired; and~~

205.27 ~~(ii) the course of study is expected to lead to career advancement with the facility or in~~
205.28 ~~long-term care, including medical care interpreter services and social work; and~~

205.29 ~~(2) to provide job-related training in English as a second language.~~

205.30 ~~(b) All facilities may annually request a rate adjustment under this section by submitting~~
205.31 ~~information to the commissioner on a schedule and in a form supplied by the commissioner.~~

206.1 ~~The commissioner shall allow a scholarship payment rate equal to the reported and allowable~~
206.2 ~~costs divided by resident days.~~

206.3 ~~(c) In calculating the per diem under paragraph (b), the commissioner shall allow costs~~
206.4 ~~related to tuition, direct educational expenses, and reasonable costs as defined by the~~
206.5 ~~commissioner for child care costs and transportation expenses related to direct educational~~
206.6 ~~expenses.~~

206.7 ~~(d) The rate increase under this section is an optional rate add-on that the facility must~~
206.8 ~~request from the commissioner in a manner prescribed by the commissioner. The rate~~
206.9 ~~increase must be used for scholarships as specified in this section.~~

206.10 ~~(e) For instances in which a rate adjustment will be 15 cents or greater, nursing facilities~~
206.11 ~~that close beds during a rate year may request to have their scholarship adjustment under~~
206.12 ~~paragraph (b) recalculated by the commissioner for the remainder of the rate year to reflect~~
206.13 ~~the reduction in resident days compared to the cost report year.~~

206.14 (a) The commissioner shall provide a scholarship per diem rate calculated using the
206.15 criteria in paragraphs (b) to (d). The per diem rate must be based on the allowable costs the
206.16 facility paid for employee scholarships for any eligible employee, except the facility
206.17 administrator, who works an average of at least ten hours per week in the licensed nursing
206.18 facility building when the facility has paid expenses related to:

206.19 (1) an employee's course of study that is expected to lead to career advancement with
206.20 the facility or in the field of long-term care;

206.21 (2) an employee's job-related training in English as a second language;

206.22 (3) the reimbursement of student loan expenses for newly hired registered nurses and
206.23 licensed practical nurses; and

206.24 (4) the reimbursement of training, testing, and associated expenses for newly hired
206.25 nursing assistants as specified in section 144A.611, subdivisions 2 and 4. The reimbursement
206.26 of nursing assistant expenses under this clause is not subject to the ten-hour minimum work
206.27 requirement under this paragraph.

206.28 (b) Allowable scholarship costs include: tuition, student loan reimbursement, other direct
206.29 educational expenses, and reasonable costs for child care and transportation expenses directly
206.30 related to education, as defined by the commissioner.

206.31 (c) The commissioner shall provide a scholarship per diem rate equal to the allowable
206.32 scholarship costs divided by resident days. The commissioner shall compute the scholarship

207.1 per diem rate annually and include the scholarship per diem rate in the external fixed costs
 207.2 payment rate.

207.3 (d) When the resulting scholarship per diem rate is 15 cents or more, nursing facilities
 207.4 that close beds during a rate year may request to have the scholarship rate recalculated. This
 207.5 recalculation is effective from the date of the bed closure through the remainder of the rate
 207.6 year and reflects the estimated reduction in resident days compared to the previous cost
 207.7 report year.

207.8 (e) Facilities seeking to have the facility's scholarship expenses recognized for the
 207.9 payment rate computation in section 256R.25 may apply annually by submitting information
 207.10 to the commissioner on a schedule and in a form supplied by the commissioner.

207.11 Sec. 30. Minnesota Statutes 2020, section 256R.39, is amended to read:

207.12 **256R.39 QUALITY IMPROVEMENT INCENTIVE PROGRAM.**

207.13 The commissioner shall develop a quality improvement incentive program in consultation
 207.14 with stakeholders. The annual funding pool available for quality improvement incentive
 207.15 payments ~~shall~~ must be equal to 0.8 percent of all operating payments, not including any
 207.16 rate components resulting from equitable cost-sharing for publicly owned nursing facility
 207.17 program participation under section 256R.48, critical access nursing facility program
 207.18 participation under section 256R.47, or performance-based incentive payment program
 207.19 participation under section 256R.38. ~~For the period from October 1, 2015, to December 31,~~
 207.20 ~~2016, rate adjustments provided under this section shall be effective for 15 months. Beginning~~
 207.21 ~~January 1, 2017, An~~ annual rate adjustments adjustment provided under this section ~~shall~~
 207.22 must be effective for one rate year.

207.23 Sec. 31. **REPEALER.**

207.24 Minnesota Statutes 2020, sections 245A.03, subdivision 5; 256R.08, subdivision 2; and
 207.25 256R.49, and Minnesota Rules, part 9555.6255, are repealed.

207.26 **ARTICLE 5**

207.27 **CONTINUING CARE FOR OLDER ADULTS**

207.28 Section 1. Minnesota Statutes 2020, section 177.27, subdivision 4, is amended to read:

207.29 Subd. 4. **Compliance orders.** The commissioner may issue an order requiring an
 207.30 employer to comply with sections 177.21 to 177.435, 181.02, 181.03, 181.031, 181.032,
 207.31 181.101, 181.11, 181.13, 181.14, 181.145, 181.15, 181.172, paragraph (a) or (d), 181.214

208.1 to 181.217, 181.275, subdivision 2a, 181.722, 181.79, and 181.939 to 181.943, or with any
208.2 rule promulgated under section 177.28 or 181.213. The commissioner shall issue an order
208.3 requiring an employer to comply with sections 177.41 to 177.435 if the violation is repeated.
208.4 For purposes of this subdivision only, a violation is repeated if at any time during the two
208.5 years that preceded the date of violation, the commissioner issued an order to the employer
208.6 for violation of sections 177.41 to 177.435 and the order is final or the commissioner and
208.7 the employer have entered into a settlement agreement that required the employer to pay
208.8 back wages that were required by sections 177.41 to 177.435. The department shall serve
208.9 the order upon the employer or the employer's authorized representative in person or by
208.10 certified mail at the employer's place of business. An employer who wishes to contest the
208.11 order must file written notice of objection to the order with the commissioner within 15
208.12 calendar days after being served with the order. A contested case proceeding must then be
208.13 held in accordance with sections 14.57 to 14.69. If, within 15 calendar days after being
208.14 served with the order, the employer fails to file a written notice of objection with the
208.15 commissioner, the order becomes a final order of the commissioner.

208.16 Sec. 2. Minnesota Statutes 2020, section 177.27, subdivision 7, is amended to read:

208.17 Subd. 7. **Employer liability.** If an employer is found by the commissioner to have
208.18 violated a section identified in subdivision 4, or any rule adopted under section 177.28 or
208.19 181.213, and the commissioner issues an order to comply, the commissioner shall order the
208.20 employer to cease and desist from engaging in the violative practice and to take such
208.21 affirmative steps that in the judgment of the commissioner will effectuate the purposes of
208.22 the section or rule violated. The commissioner shall order the employer to pay to the
208.23 aggrieved parties back pay, gratuities, and compensatory damages, less any amount actually
208.24 paid to the employee by the employer, and for an additional equal amount as liquidated
208.25 damages. Any employer who is found by the commissioner to have repeatedly or willfully
208.26 violated a section or sections identified in subdivision 4 shall be subject to a civil penalty
208.27 of up to \$1,000 for each violation for each employee. In determining the amount of a civil
208.28 penalty under this subdivision, the appropriateness of such penalty to the size of the
208.29 employer's business and the gravity of the violation shall be considered. In addition, the
208.30 commissioner may order the employer to reimburse the department and the attorney general
208.31 for all appropriate litigation and hearing costs expended in preparation for and in conducting
208.32 the contested case proceeding, unless payment of costs would impose extreme financial
208.33 hardship on the employer. If the employer is able to establish extreme financial hardship,
208.34 then the commissioner may order the employer to pay a percentage of the total costs that
208.35 will not cause extreme financial hardship. Costs include but are not limited to the costs of

209.1 services rendered by the attorney general, private attorneys if engaged by the department,
209.2 administrative law judges, court reporters, and expert witnesses as well as the cost of
209.3 transcripts. Interest shall accrue on, and be added to, the unpaid balance of a commissioner's
209.4 order from the date the order is signed by the commissioner until it is paid, at an annual rate
209.5 provided in section 549.09, subdivision 1, paragraph (c). The commissioner may establish
209.6 escrow accounts for purposes of distributing damages.

209.7 Sec. 3. 181.211 **DEFINITIONS.**

209.8 Subdivision 1. **Application.** The terms defined in this section apply to sections 181.211
209.9 to 181.217.

209.10 Subd. 2. **Board.** "Board" means the Minnesota Nursing Home Workforce Standards
209.11 Board established under section 181.212.

209.12 Subd. 3. **Certified worker organization.** "Certified worker organization" means a
209.13 worker organization that is certified by the board to conduct nursing home worker trainings
209.14 under section 181.214.

209.15 Subd. 4. **Commissioner.** "Commissioner" means the commissioner of labor and industry.

209.16 Subd. 5. **Employer organization.** "Employer organization" means:

209.17 (1) an organization that is exempt from federal income taxation under section 501(c)(6)
209.18 of the Internal Revenue Code and that represents nursing home employers; or

209.19 (2) an entity that employers, who together employ a majority of nursing home workers
209.20 in Minnesota, have selected as a representative.

209.21 Subd. 6. **Nursing home.** "Nursing home" means a nursing home licensed under chapter
209.22 144A, or a boarding care home licensed under sections 144.50 to 144.56.

209.23 Subd. 7. **Nursing home employer.** "Nursing home employer" means an employer of
209.24 nursing home workers.

209.25 Subd. 8. **Nursing home worker.** "Nursing home worker" means any worker who provides
209.26 services in a nursing home in Minnesota, including direct care staff, administrative staff,
209.27 and contractors.

209.28 Subd. 9. **Retaliatory personnel action.** "Retaliatory personnel action" means any form
209.29 of intimidation, threat, reprisal, harassment, discrimination, or adverse employment action,
209.30 including discipline, discharge, suspension, transfer, or reassignment to a lesser position in
209.31 terms of job classification, job security, or other condition of employment; reduction in pay
209.32 or hours or denial of additional hours; informing another employer that a nursing home

210.1 worker has engaged in activities protected under sections 181.211 to 181.217; or reporting
 210.2 or threatening to report the actual or suspected citizenship or immigration status of a nursing
 210.3 home worker, former nursing home worker, or family member of a nursing home worker
 210.4 to a federal, state, or local agency.

210.5 Subd. 10. **Worker organization.** "Worker organization" means an organization that is
 210.6 exempt from federal income taxation under section 501(c)(3), 501(c)(4), or 501(c)(5) of
 210.7 the Internal Revenue Code, that is not dominated or controlled by any nursing home employer
 210.8 within the meaning of United States Code, title 29, section 158a(2), and that has at least
 210.9 five years of demonstrated experience engaging with and advocating for nursing home
 210.10 workers.

210.11 Sec. 4. **[181.212] MINNESOTA NURSING HOME WORKFORCE STANDARDS**
 210.12 **BOARD; ESTABLISHMENT.**

210.13 Subdivision 1. **Board established; membership.** The Minnesota Nursing Home
 210.14 Workforce Standards Board is created with the powers and duties established by law. The
 210.15 board is composed of the following members:

210.16 (1) the commissioner of human services or a designee;

210.17 (2) the commissioner of health or a designee;

210.18 (3) the commissioner of labor and industry or a designee;

210.19 (4) three members who represent nursing home employers or employer organizations,
 210.20 appointed by the governor; and

210.21 (5) three members who represent nursing home workers or worker organizations,
 210.22 appointed by the governor.

210.23 Subd. 2. **Terms; vacancies.** (a) Board members appointed under subdivision 1, clause
 210.24 (4) or (5), shall serve four-year terms following the initial staggered-lot determination. The
 210.25 initial terms of members appointed under subdivision 1, clauses (4) and (5), shall be
 210.26 determined by lot by the secretary of state and shall be as follows:

210.27 (1) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve
 210.28 a two-year term;

210.29 (2) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve
 210.30 a three-year term; and

210.31 (3) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve
 210.32 a four-year term.

211.1 (b) For members appointed under subdivision 1, clause (4) or (5), the governor shall fill
 211.2 vacancies occurring prior to the expiration of a member's term by appointment for the
 211.3 unexpired term. A member appointed under subdivision 1, clause (4) or (5), must not be
 211.4 appointed to more than two consecutive four-year terms.

211.5 Subd. 3. **Chairperson.** The board shall elect a member by majority vote to serve as its
 211.6 chairperson and shall determine the term to be served by the chairperson.

211.7 Subd. 4. **Staffing.** The board may employ an executive director and other personnel to
 211.8 carry out duties of the board under sections 181.211 to 181.217.

211.9 Subd. 5. **Compensation.** Compensation of board members is governed by section
 211.10 15.0575.

211.11 Subd. 6. **Application of other laws.** Meetings of the board are subject to chapter 13D.
 211.12 The board is subject to chapter 13.

211.13 Subd. 7. **Voting.** The affirmative vote of five board members is required for the board
 211.14 to take any action, including action to establish minimum nursing home employment
 211.15 standards under section 181.213.

211.16 Subd. 8. **Hearings and investigations.** To carry out its duties, the board shall hold public
 211.17 hearings on, and conduct investigations into, working conditions in the nursing home
 211.18 industry.

211.19 Sec. 5. **[181.213] DUTIES OF THE BOARD; MINIMUM NURSING HOME**
 211.20 **EMPLOYMENT STANDARDS.**

211.21 Subdivision 1. **Authority to establish minimum nursing home employment**
 211.22 **standards.** (a) The board must adopt rules establishing minimum nursing home employment
 211.23 standards that are reasonably necessary and appropriate to protect the health and welfare
 211.24 of nursing home workers, to ensure that nursing home workers are properly trained and
 211.25 fully informed of their rights under sections 181.211 to 181.217, and to otherwise satisfy
 211.26 the purposes of sections 181.211 to 181.217. Standards established by the board must
 211.27 include, as appropriate, standards on compensation, working hours, and other working
 211.28 conditions for nursing home workers. Any standards established by the board under this
 211.29 section must be at least as protective of or beneficial to nursing home workers as any other
 211.30 applicable statute or rule or any standard previously established by the board. In establishing
 211.31 standards under this section, the board may establish statewide standards, standards that
 211.32 apply to specific nursing home occupations, standards that apply to specific geographic
 211.33 areas within the state, or any combination thereof.

212.1 (b) The board must adopt rules establishing initial standards for wages and working
 212.2 hours for nursing home workers no later than August 1, 2023. The board may use the
 212.3 authority in section 14.389 to adopt rules under this paragraph.

212.4 (c) To the extent that any minimum standards that the board finds are reasonably
 212.5 necessary and appropriate to protect the health and welfare of nursing home workers fall
 212.6 within the jurisdiction of chapter 182, the board shall not adopt rules establishing the
 212.7 standards but shall instead recommend the standards to the commissioner of labor and
 212.8 industry. The commissioner of labor and industry shall adopt nursing home health and safety
 212.9 standards under section 182.655 as recommended by the board, unless the commissioner
 212.10 determines that the recommended standard is outside the statutory authority of the
 212.11 commissioner or is otherwise unlawful and issues a written explanation of this determination.

212.12 Subd. 2. **Investigation of market conditions.** The board must investigate market
 212.13 conditions and the existing wages, benefits, and working conditions of nursing home workers
 212.14 for specific geographic areas of the state and specific nursing home occupations. Based on
 212.15 this information, the board must seek to adopt minimum nursing home employment standards
 212.16 that meet or exceed existing industry conditions for a majority of nursing home workers in
 212.17 the relevant geographic area and nursing home occupation. The board must consider the
 212.18 following types of information in making wage rate determinations that are reasonably
 212.19 necessary to protect the health and welfare of nursing home workers:

212.20 (1) wage rate and benefit data collected by or submitted to the board for nursing home
 212.21 workers in the relevant geographic area and nursing home occupations;

212.22 (2) statements showing wage rates and benefits paid to nursing home workers in the
 212.23 relevant geographic area and nursing home occupations;

212.24 (3) signed collective bargaining agreements applicable to nursing home workers in the
 212.25 relevant geographic area and nursing home occupations;

212.26 (4) testimony and information from current and former nursing home workers, worker
 212.27 organizations, nursing home employers, and employer organizations;

212.28 (5) local minimum nursing home employment standards;

212.29 (6) information submitted by or obtained from state and local government entities; and

212.30 (7) any other information pertinent to establishing minimum nursing home employment
 212.31 standards.

212.32 Subd. 3. **Review of standards.** At least once every two years, the board shall:

213.1 (1) conduct a full review of the adequacy of the minimum nursing home employment
 213.2 standards previously established by the board; and

213.3 (2) following that review, adopt new rules, amend or repeal existing rules, or make
 213.4 recommendations to adopt new rules or amend or repeal existing rules, as appropriate to
 213.5 meet the purposes of sections 181.211 to 181.217.

213.6 Subd. 4. **Conflict.** In the event of a conflict between a standard established by the board
 213.7 in rule and a rule adopted by another state agency, the rule adopted by the board shall apply
 213.8 to nursing home workers and nursing home employers, except where the conflicting rule
 213.9 is issued after the board's standard, and the rule issued by the other state agency is more
 213.10 protective or more beneficial, then the subsequent more protective or more beneficial rule
 213.11 must apply to nursing home workers and nursing home employers.

213.12 Subd. 5. **Effect on other agreements.** Nothing in sections 181.211 to 181.217 shall be
 213.13 construed to:

213.14 (1) limit the rights of parties to a collective bargaining agreement to bargain and agree
 213.15 with respect to nursing home employment standards; or

213.16 (2) diminish the obligation of a nursing home employer to comply with any contract,
 213.17 collective bargaining agreement, or employment benefit program or plan that meets or
 213.18 exceeds, and does not conflict with, the minimum standards and requirements in sections
 213.19 181.211 to 181.217 or established by the board.

213.20 Sec. 6. **[181.214] DUTIES OF THE BOARD; TRAINING FOR NURSING HOME**
 213.21 **WORKERS.**

213.22 Subdivision 1. **Certification of worker organizations.** The board shall certify worker
 213.23 organizations that it finds are qualified to provide training to nursing home workers according
 213.24 to this section. The board shall by rule establish certification criteria that a worker
 213.25 organization must meet in order to be certified. In adopting rules to establish initial
 213.26 certification criteria under this subdivision, the board may use the authority in section 14.389.
 213.27 The criteria must ensure that a worker organization, if certified, is able to provide:

213.28 (1) effective, interactive training on the information required by this section; and

213.29 (2) follow-up written materials and responses to inquiries from nursing home workers
 213.30 in the languages in which nursing home workers are proficient.

214.1 Subd. 2. Curriculum. (a) The board shall establish requirements for the curriculum for
214.2 the nursing home worker training required by this section. A curriculum must at least provide
214.3 the following information to nursing home workers:

214.4 (1) the applicable compensation, working hours, and working conditions in the minimum
214.5 standards or local minimum standards established by the board;

214.6 (2) the antiretaliation protections established in section 181.216;

214.7 (3) information on how to enforce sections 181.211 to 181.217 and on how to report
214.8 violations of sections 181.211 to 181.217 or of standards established by the board, including
214.9 contact information for the Department of Labor and Industry, the board, and any local
214.10 enforcement agencies, and information on the remedies available for violations;

214.11 (4) the purposes and functions of the board and information on upcoming hearings,
214.12 investigations, or other opportunities for nursing home workers to become involved in board
214.13 proceedings;

214.14 (5) other rights, duties, and obligations under sections 181.211 to 181.217;

214.15 (6) any updates or changes to the information provided according to clauses (1) to (5)
214.16 since the most recent training session;

214.17 (7) any other information the board deems appropriate to facilitate compliance with
214.18 sections 181.211 to 181.217; and

214.19 (8) information on other applicable local, state, and federal laws, rules, and ordinances
214.20 regarding nursing home working conditions or nursing home worker health and safety.

214.21 (b) Before establishing initial curriculum requirements, the board must hold at least one
214.22 public hearing to solicit input on the requirements.

214.23 Subd. 3. Topics covered in training session. A certified worker organization is not
214.24 required to cover all of the topics listed in subdivision 2 in a single training session. A
214.25 curriculum used by a certified worker organization may provide instruction on each topic
214.26 listed in subdivision 2 over the course of up to three training sessions.

214.27 Subd. 4. Annual review of curriculum requirements. The board must review the
214.28 adequacy of its curriculum requirements at least annually and must revise the requirements
214.29 as appropriate to meet the purposes of sections 181.211 to 181.217. As part of each annual
214.30 review of the curriculum requirements, the board must hold at least one public hearing to
214.31 solicit input on the requirements.

214.32 Subd. 5. Duties of certified worker organizations. A certified worker organization:

215.1 (1) must use a curriculum for its training sessions that meets requirements established
215.2 by the board;

215.3 (2) must provide trainings that are interactive and conducted in the languages in which
215.4 the attending nursing home workers are proficient;

215.5 (3) must, at the end of each training session, provide attending nursing home workers
215.6 with follow-up written or electronic materials on the topics covered in the training session,
215.7 in order to fully inform nursing home workers of their rights and opportunities under sections
215.8 181.211 to 181.217 and other applicable laws, rules, and ordinances governing nursing
215.9 home working conditions or worker health and safety;

215.10 (4) must make itself reasonably available to respond to inquiries from nursing home
215.11 workers during and after training sessions; and

215.12 (5) may conduct surveys of nursing home workers who attend a training session to assess
215.13 the effectiveness of the training session and industry compliance with sections 181.211 to
215.14 181.217 and other applicable laws, rules, and ordinances governing nursing home working
215.15 conditions or worker health and safety.

215.16 **Subd. 6. Nursing home employer duties regarding training.** (a) A nursing home
215.17 employer must ensure, and must provide proof to the commissioner of labor and industry,
215.18 that every six months each of its nursing home workers completes one hour of training that
215.19 meets the requirements of this section and is provided by a certified worker organization.
215.20 A nursing home employer may, but is not required to, host training sessions on the premises
215.21 of the nursing home.

215.22 (b) If requested by a certified worker organization, a nursing home employer must, after
215.23 a training session provided by the certified worker organization, provide the certified worker
215.24 organization with the names and contact information of the nursing home workers who
215.25 attended the training session, unless a nursing home worker opts out according to paragraph
215.26 (c).

215.27 (c) A nursing home worker may opt out of having the worker's nursing home employer
215.28 provide the worker's name and contact information to a certified worker organization that
215.29 provided a training session attended by the worker by submitting a written statement to that
215.30 effect to the nursing home employer.

215.31 **Subd. 7. Compensation.** A nursing home employer must compensate its nursing home
215.32 workers at their regular hourly rate of wages and benefits for each hour of training completed
215.33 as required by this section.

216.1 **Sec. 7. [181.215] REQUIRED NOTICES.**

216.2 Subdivision 1. **Provision of notice.** (a) Nursing home employers must provide notices
216.3 informing nursing home workers of the rights and obligations provided under sections
216.4 181.211 to 181.217 of applicable minimum nursing home employment standards or local
216.5 minimum standards and that for assistance and information, nursing home workers should
216.6 contact the Department of Labor and Industry. A nursing home employer must provide
216.7 notice using the same means that the nursing home employer uses to provide other
216.8 work-related notices to nursing home workers. Provision of notice must be at least as
216.9 conspicuous as:

216.10 (1) posting a copy of the notice at each work site where nursing home workers work
216.11 and where the notice may be readily observed and reviewed by all nursing home workers
216.12 working at the site; or

216.13 (2) providing a paper or electronic copy of the notice to all nursing home workers and
216.14 applicants for employment as a nursing home worker.

216.15 (b) The notice required by this subdivision must include text provided by the board that
216.16 informs nursing home workers that they may request the notice to be provided in a particular
216.17 language. The nursing home employer must provide the notice in the language requested
216.18 by the nursing home worker. The board must assist nursing home employers in translating
216.19 the notice in the languages requested by their nursing home workers.

216.20 Subd. 2. **Minimum content and posting requirements.** The board must adopt rules
216.21 specifying the minimum content and posting requirements for the notices required in
216.22 subdivision 1. The board must make available to nursing home employers a template or
216.23 sample notice that satisfies the requirements of this section and rules adopted under this
216.24 section.

216.25 **Sec. 8. [181.216] RETALIATION ON CERTAIN GROUNDS PROHIBITED.**

216.26 A nursing home employer must not retaliate against a nursing home worker, including
216.27 taking retaliatory personnel action, for:

216.28 (1) exercising any right afforded to the nursing home worker under sections 181.211 to
216.29 181.217;

216.30 (2) participating in any process or proceeding under sections 181.211 to 181.217,
216.31 including but not limited to board hearings, investigations, or other proceedings; or

216.32 (3) attending or participating in the training required by section 181.214.

217.1 Sec. 9. **[181.217] ENFORCEMENT.**

217.2 **Subdivision 1. Minimum nursing home employment standards.** The minimum wages,
217.3 maximum hours of work, and other working conditions established by the board in rule as
217.4 minimum nursing home employment standards shall be the minimum wages, maximum
217.5 hours of work, and standard conditions of labor for nursing home workers or a subgroup
217.6 of nursing home workers as a matter of state law. It shall be unlawful for a nursing home
217.7 employer to employ a nursing home worker for lower wages or for longer hours than those
217.8 established as the minimum nursing home employment standards or under any other working
217.9 conditions that violate the minimum nursing home employment standards.

217.10 **Subd. 2. Investigations.** The commissioner may investigate possible violations of sections
217.11 181.214 to 181.217 or of the minimum nursing home employment standards established by
217.12 the board whenever it has cause to believe that a violation has occurred, either on the basis
217.13 of a report of a suspected violation or on the basis of any other credible information, including
217.14 violations found during the course of an investigation.

217.15 **Subd. 3. Enforcement authority.** The Department of Labor and Industry shall enforce
217.16 sections 181.214 to 181.217 and compliance with the minimum nursing home employment
217.17 standards established by the board according to the authority in section 177.27, subdivisions
217.18 4 and 7.

217.19 **Subd. 4. Civil action by nursing home worker.** (a) One or more nursing home workers
217.20 may bring a civil action in district court seeking redress for violations of sections 181.211
217.21 to 181.217 or of any applicable minimum nursing home employment standards or local
217.22 minimum nursing home employment standards. Such an action may be filed in the district
217.23 court of the county where a violation or violations are alleged to have been committed or
217.24 where the nursing home employer resides, or in any other court of competent jurisdiction,
217.25 and may represent a class of similarly situated nursing home workers.

217.26 (b) Upon a finding of one or more violations, a nursing home employer shall be liable
217.27 to each nursing home worker for the full amount of the wages, benefits, and overtime
217.28 compensation, less any amount the nursing home employer is able to establish was actually
217.29 paid to each nursing home worker and for an additional equal amount as liquidated damages.
217.30 In an action under this subdivision, nursing home workers may seek damages and other
217.31 appropriate relief provided by section 177.27, subdivision 7, or otherwise provided by law,
217.32 including reasonable costs, disbursements, witness fees, and attorney fees. A court may also
217.33 issue an order requiring compliance with sections 181.211 to 181.217 or with the applicable
217.34 minimum nursing home employment standards or local minimum nursing home employment

218.1 standards. A nursing home worker found to have experienced a retaliatory personnel action
 218.2 in violation of section 181.216 shall be entitled to reinstatement to the worker's previous
 218.3 position, wages, benefits, hours, and other conditions of employment.

218.4 (c) An agreement between a nursing home employer and nursing home worker or labor
 218.5 union that fails to meet the minimum standards and requirements in sections 181.211 to
 218.6 181.217 or established by the board is not a defense to an action brought under this
 218.7 subdivision.

218.8 Sec. 10. Minnesota Statutes 2020, section 256B.0913, subdivision 4, is amended to read:

218.9 Subd. 4. **Eligibility for funding for services for nonmedical assistance recipients.** (a)
 218.10 Funding for services under the alternative care program is available to persons who meet
 218.11 the following criteria:

218.12 (1) the person is a citizen of the United States or a United States national;

218.13 (2) the person has been determined by a community assessment under section 256B.0911
 218.14 to be a person who would require the level of care provided in a nursing facility, as
 218.15 determined under section 256B.0911, subdivision 4e, but for the provision of services under
 218.16 the alternative care program;

218.17 (3) the person is age 65 or older;

218.18 (4) the person would be eligible for medical assistance within 135 days of admission to
 218.19 a nursing facility;

218.20 (5) the person is not ineligible for the payment of long-term care services by the medical
 218.21 assistance program due to an asset transfer penalty under section 256B.0595 or equity
 218.22 interest in the home exceeding \$500,000 as stated in section 256B.056;

218.23 (6) the person needs long-term care services that are not funded through other state or
 218.24 federal funding, or other health insurance or other third-party insurance such as long-term
 218.25 care insurance;

218.26 (7) except for individuals described in clause (8), the monthly cost of the alternative
 218.27 care services funded by the program for this person does not exceed 75 percent of the
 218.28 monthly limit described under section 256S.18. This monthly limit does not prohibit the
 218.29 alternative care client from payment for additional services, but in no case may the cost of
 218.30 additional services purchased under this section exceed the difference between the client's
 218.31 monthly service limit defined under section 256S.04, and the alternative care program
 218.32 monthly service limit defined in this paragraph. If care-related supplies and equipment or

219.1 environmental modifications and adaptations are or will be purchased for an alternative
 219.2 care services recipient, the costs may be prorated on a monthly basis for up to 12 consecutive
 219.3 months beginning with the month of purchase. If the monthly cost of a recipient's other
 219.4 alternative care services exceeds the monthly limit established in this paragraph, the annual
 219.5 cost of the alternative care services ~~shall~~ must be determined. In this event, the annual cost
 219.6 of alternative care services ~~shall~~ must not exceed 12 times the monthly limit described in
 219.7 this paragraph;

219.8 (8) for individuals assigned a case mix classification A as described under section
 219.9 256S.18, with (i) no dependencies in activities of daily living, or (ii) up to two dependencies
 219.10 in bathing, dressing, grooming, walking, and eating when the dependency score in eating
 219.11 is three or greater as determined by an assessment performed under section 256B.0911, the
 219.12 monthly cost of alternative care services funded by the program cannot exceed \$593 per
 219.13 month for all new participants enrolled in the program on or after July 1, 2011. This monthly
 219.14 limit shall be applied to all other participants who meet this criteria at reassessment. This
 219.15 monthly limit ~~shall~~ must be increased annually as described in section 256S.18. This monthly
 219.16 limit does not prohibit the alternative care client from payment for additional services, but
 219.17 in no case may the cost of additional services purchased exceed the difference between the
 219.18 client's monthly service limit defined in this clause and the limit described in clause (7) for
 219.19 case mix classification A; ~~and~~

219.20 (9) the person is making timely payments of the assessed monthly fee; and

219.21 (10) for a person participating in consumer-directed community supports, the person's
 219.22 monthly service limit must be equal to the monthly service limits in clause (7), except that
 219.23 a person assigned a case mix classification L must receive the monthly service limit for
 219.24 case mix classification A.

219.25 A person is ineligible if payment of the fee is over 60 days past due, unless the person agrees
 219.26 to:

219.27 (i) the appointment of a representative payee;

219.28 (ii) automatic payment from a financial account;

219.29 (iii) the establishment of greater family involvement in the financial management of
 219.30 payments; or

219.31 (iv) another method acceptable to the lead agency to ensure prompt fee payments.

219.32 The lead agency may extend the client's eligibility as necessary while making
 219.33 arrangements to facilitate payment of past-due amounts and future premium payments.

220.1 Following disenrollment due to nonpayment of a monthly fee, eligibility ~~shall~~ must not be
220.2 reinstated for a period of 30 days.

220.3 (b) Alternative care funding under this subdivision is not available for a person who is
220.4 a medical assistance recipient or who would be eligible for medical assistance without a
220.5 spenddown or waiver obligation. A person whose initial application for medical assistance
220.6 and the elderly waiver program is being processed may be served under the alternative care
220.7 program for a period up to 60 days. If the individual is found to be eligible for medical
220.8 assistance, medical assistance must be billed for services payable under the federally
220.9 approved elderly waiver plan and delivered from the date the individual was found eligible
220.10 for the federally approved elderly waiver plan. Notwithstanding this provision, alternative
220.11 care funds may not be used to pay for any service the cost of which: (i) is payable by medical
220.12 assistance; (ii) is used by a recipient to meet a waiver obligation; or (iii) is used to pay a
220.13 medical assistance income spenddown for a person who is eligible to participate in the
220.14 federally approved elderly waiver program under the special income standard provision.

220.15 (c) Alternative care funding is not available for a person who resides in a licensed nursing
220.16 home, certified boarding care home, hospital, or intermediate care facility, except for case
220.17 management services which are provided in support of the discharge planning process for
220.18 a nursing home resident or certified boarding care home resident to assist with a relocation
220.19 process to a community-based setting.

220.20 (d) Alternative care funding is not available for a person whose income is greater than
220.21 the maintenance needs allowance under section 256S.05, but equal to or less than 120 percent
220.22 of the federal poverty guideline effective July 1 in the fiscal year for which alternative care
220.23 eligibility is determined, who would be eligible for the elderly waiver with a waiver
220.24 obligation.

220.25 **EFFECTIVE DATE.** This section is effective January 1, 2023.

220.26 Sec. 11. Minnesota Statutes 2020, section 256B.0913, subdivision 5, is amended to read:

220.27 Subd. 5. **Services covered under alternative care.** Alternative care funding may be
220.28 used for payment of costs of:

220.29 (1) adult day services and adult day services bath;

220.30 (2) home care;

220.31 (3) homemaker services;

220.32 (4) personal care;

- 221.1 (5) case management and conversion case management;
- 221.2 (6) respite care;
- 221.3 (7) specialized supplies and equipment;
- 221.4 (8) home-delivered meals;
- 221.5 (9) nonmedical transportation;
- 221.6 (10) nursing services;
- 221.7 (11) chore services;
- 221.8 (12) companion services;
- 221.9 (13) nutrition services;
- 221.10 (14) family caregiver training and education;
- 221.11 (15) coaching and counseling;
- 221.12 (16) telehome care to provide services in their own homes in conjunction with in-home
- 221.13 visits;
- 221.14 (17) consumer-directed community supports ~~under the alternative care programs which~~
- 221.15 ~~are available statewide and limited to the average monthly expenditures representative of~~
- 221.16 ~~all alternative care program participants for the same case mix resident class assigned in~~
- 221.17 ~~the most recent fiscal year for which complete expenditure data is available;~~
- 221.18 (18) environmental accessibility and adaptations; and
- 221.19 (19) discretionary services, for which lead agencies may make payment from their
- 221.20 alternative care program allocation for services not otherwise defined in this section or
- 221.21 section 256B.0625, following approval by the commissioner.
- 221.22 Total annual payments for discretionary services for all clients served by a lead agency
- 221.23 must not exceed 25 percent of that lead agency's annual alternative care program base
- 221.24 allocation, except that when alternative care services receive federal financial participation
- 221.25 under the 1115 waiver demonstration, funding shall be allocated in accordance with
- 221.26 subdivision 17.
- 221.27 **EFFECTIVE DATE.** This section is effective January 1, 2023.

221.28 Sec. 12. Minnesota Statutes 2020, section 256S.15, subdivision 2, is amended to read:

221.29 Subd. 2. **Foster care limit.** The elderly waiver payment for the foster care service in

221.30 combination with the payment for all other elderly waiver services, including case

222.1 management, must not exceed the monthly case mix budget cap for the participant as
 222.2 specified in sections 256S.18, subdivision 3, and 256S.19, ~~subdivisions~~ subdivision 3 and
 222.3 4.

222.4 **EFFECTIVE DATE.** This section is effective January 1, 2023.

222.5 Sec. 13. Minnesota Statutes 2020, section 256S.18, is amended by adding a subdivision
 222.6 to read:

222.7 Subd. 3a. **Monthly case mix budget caps for consumer-directed community**
 222.8 **supports.** The monthly case mix budget caps for each case mix classification for
 222.9 consumer-directed community supports must be equal to the monthly case mix budget caps
 222.10 in subdivision 3.

222.11 **EFFECTIVE DATE.** This section is effective January 1, 2023.

222.12 Sec. 14. Minnesota Statutes 2020, section 256S.19, subdivision 3, is amended to read:

222.13 Subd. 3. ~~Calculation of monthly conversion budget cap without consumer-directed~~
 222.14 ~~community supports caps.~~ (a) The elderly waiver monthly conversion budget cap for the
 222.15 cost of elderly waiver services ~~without consumer-directed community supports~~ must be
 222.16 based on the nursing facility case mix adjusted total payment rate of the nursing facility
 222.17 where the elderly waiver applicant currently resides for the applicant's case mix classification
 222.18 as determined according to section 256R.17.

222.19 (b) The elderly waiver monthly conversion budget cap for the cost of elderly waiver
 222.20 services ~~without consumer-directed community supports shall~~ must be calculated by
 222.21 multiplying the applicable nursing facility case mix adjusted total payment rate by 365,
 222.22 dividing by 12, and subtracting the participant's maintenance needs allowance.

222.23 (c) A participant's initially approved monthly conversion budget cap for elderly waiver
 222.24 services ~~without consumer-directed community supports shall~~ must be adjusted at least
 222.25 annually as described in section 256S.18, subdivision 5.

222.26 (d) Conversion budget caps for individuals participating in consumer-directed community
 222.27 supports are also set as described in paragraphs (a) to (c).

222.28 **EFFECTIVE DATE.** This section is effective January 1, 2023.

223.1 Sec. 15. Minnesota Statutes 2021 Supplement, section 256S.21, is amended to read:

223.2 **256S.21 RATE SETTING; APPLICATION.**

223.3 The payment methodologies in sections 256S.2101 to 256S.215 apply to:

223.4 (1) elderly waiver, elderly waiver customized living, and elderly waiver foster care under
223.5 this chapter;

223.6 (2) alternative care under section 256B.0913;

223.7 (3) essential community supports under section 256B.0922; and

223.8 (4) community access for disability inclusion customized living and brain injury
223.9 customized living under section 256B.49.

223.10 Sec. 16. Minnesota Statutes 2021 Supplement, section 256S.2101, subdivision 2, is
223.11 amended to read:

223.12 Subd. 2. **Phase-in for elderly waiver rates.** Except for home-delivered meals as
223.13 ~~described in section 256S.215, subdivision 15,~~ all rates and rate components for elderly
223.14 waiver, elderly waiver customized living, and elderly waiver foster care under this chapter;
223.15 alternative care under section 256B.0913; and essential community supports under section
223.16 256B.0922 ~~shall~~ must be the sum of ~~18.8~~ 21.6 percent of the rates calculated under sections
223.17 256S.211 to 256S.215, and ~~81.2~~ 78.4 percent of the rates calculated using the rate
223.18 methodology in effect as of June 30, 2017. ~~The rate for home-delivered meals shall be the~~
223.19 ~~sum of the service rate in effect as of January 1, 2019, and the increases described in section~~
223.20 ~~256S.215, subdivision 15.~~

223.21 **EFFECTIVE DATE.** This section is effective January 1, 2023.

223.22 Sec. 17. Minnesota Statutes 2021 Supplement, section 256S.2101, is amended by adding
223.23 a subdivision to read:

223.24 Subd. 3. **Phase-in for home-delivered meals rate.** The home-delivered meals rate for
223.25 elderly waiver under this chapter; alternative care under section 256B.0913; and essential
223.26 community supports under section 256B.0922 must be the sum of 65 percent of the rate in
223.27 section 256S.215, subdivision 15, and 35 percent of the rate calculated using the rate
223.28 methodology in effect as of June 30, 2017.

223.29 **EFFECTIVE DATE.** This section is effective January 1, 2023.

224.1 Sec. 18. Minnesota Statutes 2020, section 256S.211, is amended by adding a subdivision
224.2 to read:

224.3 Subd. 3. **Updating service rates.** On January 1, 2023, and every two years thereafter,
224.4 the commissioner shall recalculate rates for services described in section 256S.2101,
224.5 subdivision 2, as directed by section 256S.215. Prior to recalculating the rates, the
224.6 commissioner shall:

224.7 (1) update the base wages in section 256S.212 based on the most recently available
224.8 Bureau of Labor Statistics Minneapolis-St. Paul-Bloomington, MN-WI MetroSA data;

224.9 (2) update the payroll taxes and benefits factor in section 256S.213, subdivision 1, based
224.10 on the most recently available nursing facility cost report data;

224.11 (3) update the registered nurse management and supervision wage component and the
224.12 unlicensed supervisor supervision wage component as directed in section 256S.213,
224.13 subdivisions 4 and 5; and

224.14 (4) update the adjusted base wage for the services as directed in section 256S.214.

224.15 **EFFECTIVE DATE.** This section is effective January 1, 2023.

224.16 Sec. 19. Minnesota Statutes 2020, section 256S.211, is amended by adding a subdivision
224.17 to read:

224.18 Subd. 4. **Updating the home-delivered meals rate.** On July 1 of each year, the
224.19 commissioner shall update the home-delivered meals rate in section 256S.215, subdivision
224.20 15, by the percent increase in the nursing facility dietary per diem using the two most recent
224.21 and available nursing facility cost reports.

224.22 **EFFECTIVE DATE.** This section is effective July 1, 2022.

224.23 Sec. 20. Minnesota Statutes 2020, section 256S.212, is amended to read:

224.24 **256S.212 RATE SETTING; BASE WAGE INDEX.**

224.25 Subdivision 1. **Updating SOC codes.** If any of the SOC codes and positions used in
224.26 this section are no longer available, the commissioner shall, in consultation with stakeholders,
224.27 select a new SOC code and position that is the closest match to the previously used SOC
224.28 position.

224.29 Subd. 2. **Home management and support services base wage.** For customized living,
224.30 and foster care, and residential care component services, the home management and support
224.31 services base wage equals 33.33 percent of the Minneapolis-St. Paul-Bloomington, MN-WI

225.1 MetroSA average wage for home health and personal and home care aide aides (SOC code
 225.2 ~~39-9021~~ 31-1120); 33.33 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA
 225.3 average wage for food preparation workers (SOC code 35-2021); and 33.34 percent of the
 225.4 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for maids and
 225.5 housekeeping cleaners (SOC code 37-2012).

225.6 Subd. 3. **Home care aide base wage.** For customized living, and foster care, ~~and~~
 225.7 ~~residential care~~ component services, the home care aide base wage equals ~~50~~ 75 percent of
 225.8 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home health
 225.9 and personal care aides (SOC code ~~31-1014~~ 31-1120); and ~~50~~ 25 percent of the
 225.10 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants
 225.11 (SOC code ~~31-1014~~ 31-1131).

225.12 Subd. 4. **Home health aide base wage.** For customized living, and foster care, ~~and~~
 225.13 ~~residential care~~ component services, the home health aide base wage equals ~~20~~ 33.33 percent
 225.14 of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for licensed
 225.15 practical and licensed vocational nurses (SOC code 29-2061); ~~and 80~~ 33.33 percent of the
 225.16 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants
 225.17 (SOC code ~~31-1014~~ 31-1131); and 33.34 percent of the Minneapolis-St. Paul-Bloomington,
 225.18 MN-WI MetroSA average wage for home health and personal care aides (SOC code
 225.19 31-1120).

225.20 Subd. 5. **Medication setups by licensed nurse base wage.** For customized living, and
 225.21 ~~foster care, and residential care~~ component services, the medication setups by licensed nurse
 225.22 base wage equals ~~ten~~ 25 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA
 225.23 average wage for licensed practical and licensed vocational nurses (SOC code 29-2061);
 225.24 and ~~90~~ 75 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average
 225.25 wage for registered nurses (SOC code 29-1141).

225.26 Subd. 6. **Chore services base wage.** The chore services base wage equals ~~100~~ 50 percent
 225.27 of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for landscaping
 225.28 and groundskeeping workers (SOC code 37-3011); and 50 percent of the Minneapolis-St.
 225.29 Paul-Bloomington, MN-WI MetroSA average wage for maids and housekeeping cleaners
 225.30 (SOC code 37-2012).

225.31 Subd. 7. **Companion services base wage.** The companion services base wage equals
 225.32 ~~50~~ 80 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage
 225.33 for home health and personal and home care aides (SOC code ~~39-9021~~ 31-1120); and ~~50~~

226.1 20 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for
226.2 maids and housekeeping cleaners (SOC code 37-2012).

226.3 Subd. 8. **Homemaker services and assistance with personal care base wage.** The
226.4 homemaker services and assistance with personal care base wage equals ~~60~~ 50 percent of
226.5 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home health
226.6 and personal and home care aide aides (SOC code ~~39-9021~~ 31-1120); ~~20~~ and 50 percent of
226.7 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants
226.8 (SOC code ~~31-1014~~ 31-1131); and ~~20~~ percent of the Minneapolis-St. Paul-Bloomington,
226.9 MN-WI MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).

226.10 Subd. 9. **Homemaker services and cleaning base wage.** The homemaker services and
226.11 cleaning base wage equals ~~60~~ percent of the Minneapolis-St. Paul-Bloomington, MN-WI
226.12 MetroSA average wage for personal and home care aide (SOC code ~~39-9021~~); ~~20~~ percent
226.13 of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing
226.14 assistants (SOC code ~~31-1014~~); and ~~20~~ 100 percent of the Minneapolis-St. Paul-Bloomington,
226.15 MN-WI MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).

226.16 Subd. 10. **Homemaker services and home management base wage.** The homemaker
226.17 services and home management base wage equals ~~60~~ 50 percent of the Minneapolis-St.
226.18 Paul-Bloomington, MN-WI MetroSA average wage for home health and personal and home
226.19 care aide aides (SOC code ~~39-9021~~ 31-1120); ~~20~~ and 50 percent of the Minneapolis-St.
226.20 Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants (SOC code
226.21 ~~31-1014~~ 31-1131); and ~~20~~ percent of the Minneapolis-St. Paul-Bloomington, MN-WI
226.22 MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).

226.23 Subd. 11. **In-home respite care services base wage.** The in-home respite care services
226.24 base wage equals ~~five~~ 15 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA
226.25 average wage for registered nurses (SOC code 29-1141); 75 percent of the Minneapolis-St.
226.26 Paul-Bloomington, MN-WI MetroSA average wage for ~~nursing assistants~~ home health and
226.27 personal care aides (SOC code ~~31-1014~~ 31-1120); and ~~20~~ ten percent of the Minneapolis-St.
226.28 Paul-Bloomington, MN-WI MetroSA average wage for licensed practical and licensed
226.29 vocational nurses (SOC code 29-2061).

226.30 Subd. 12. **Out-of-home respite care services base wage.** The out-of-home respite care
226.31 services base wage equals ~~five~~ 15 percent of the Minneapolis-St. Paul-Bloomington, MN-WI
226.32 MetroSA average wage for registered nurses (SOC code 29-1141); 75 percent of the
226.33 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for ~~nursing assistants~~
226.34 home health and personal care aides (SOC code ~~31-1014~~ 31-1120); and ~~20~~ ten percent of

227.1 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for licensed practical
227.2 and licensed vocational nurses (SOC code 29-2061).

227.3 Subd. 13. **Individual community living support base wage.** The individual community
227.4 living support base wage equals ~~20~~ 60 percent of the Minneapolis-St. Paul-Bloomington,
227.5 MN-WI MetroSA average wage for ~~licensed practical and licensed vocational nurses~~ social
227.6 and human services aides (SOC code ~~29-2061~~ 21-1093); and ~~80~~ 40 percent of the
227.7 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants
227.8 (SOC code ~~31-1014~~ 31-1131).

227.9 Subd. 14. **Registered nurse base wage.** The registered nurse base wage equals 100
227.10 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for
227.11 registered nurses (SOC code 29-1141).

227.12 Subd. 15. ~~Social worker~~ **Unlicensed supervisor base wage.** The ~~social worker~~
227.13 unlicensed supervisor base wage equals 100 percent of the Minneapolis-St.
227.14 Paul-Bloomington, MN-WI MetroSA average wage for ~~medical and public health social~~
227.15 first-line supervisors of personal service workers (SOC code ~~21-1022~~ 39-1098).

227.16 Subd. 16. **Adult day services base wage.** The adult day services base wage equals 75
227.17 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home
227.18 health and personal care aides (SOC code 31-1120); and 25 percent of the Minneapolis-St.
227.19 Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants (SOC code
227.20 31-1131).

227.21 **EFFECTIVE DATE.** This section is effective January 1, 2023.

227.22 Sec. 21. Minnesota Statutes 2020, section 256S.213, is amended to read:

227.23 **256S.213 RATE SETTING; FACTORS AND SUPERVISION WAGE**
227.24 **COMPONENTS.**

227.25 Subdivision 1. **Payroll taxes and benefits factor.** The payroll taxes and benefits factor
227.26 is the sum of net payroll taxes and benefits, divided by the sum of all salaries for all nursing
227.27 facilities on the most recent and available cost report.

227.28 Subd. 2. **General and administrative factor.** The general and administrative factor is
227.29 ~~the difference of net general and administrative expenses and administrative salaries, divided~~
227.30 ~~by total operating expenses for all nursing facilities on the most recent and available cost~~
227.31 ~~report~~ 14.4 percent.

228.1 Subd. 3. **Program plan support factor.** (a) The program plan support factor is 12.8 ten
 228.2 percent for the following services to cover the cost of direct service staff needed to provide
 228.3 support for home and community-based the service when not engaged in direct contact with
 228.4 participants:

228.5 (1) adult day services;

228.6 (2) customized living; and

228.7 (3) foster care.

228.8 (b) The program plan support factor is 15.5 percent for the following services to cover
 228.9 the cost of direct service staff needed to provide support for the service when not engaged
 228.10 in direct contact with participants:

228.11 (1) chore services;

228.12 (2) companion services;

228.13 (3) homemaker services and assistance with personal care;

228.14 (4) homemaker services and cleaning;

228.15 (5) homemaker services and home management;

228.16 (6) in-home respite care;

228.17 (7) individual community living support; and

228.18 (8) out-of-home respite care.

228.19 Subd. 4. **Registered nurse management and supervision factor wage component.** The
 228.20 registered nurse management and supervision ~~factor~~ wage component equals 15 percent of
 228.21 the registered nurse adjusted base wage as defined in section 256S.214.

228.22 Subd. 5. ~~Social worker~~ **Unlicensed supervisor supervision factor wage**
 228.23 **component.** The ~~social worker~~ unlicensed supervisor supervision factor wage component
 228.24 equals 15 percent of the ~~social worker~~ unlicensed supervisor adjusted base wage as defined
 228.25 in section 256S.214.

228.26 Subd. 6. **Facility and equipment factor.** The facility and equipment factor for adult
 228.27 day services is 16.2 percent.

228.28 Subd. 7. **Food, supplies, and transportation factor.** The food, supplies, and
 228.29 transportation factor for adult day services is 24 percent.

229.1 Subd. 8. **Supplies and transportation factor.** The supplies and transportation factor
 229.2 for the following services is 1.56 percent:

229.3 (1) chore services;

229.4 (2) companion services;

229.5 (3) homemaker services and assistance with personal care;

229.6 (4) homemaker services and cleaning;

229.7 (5) homemaker services and home management;

229.8 (6) in-home respite care;

229.9 (7) individual community living support; and

229.10 (8) out-of-home respite care.

229.11 Subd. 9. **Absence factor.** The absence factor for the following services is 4.5 percent:

229.12 (1) adult day services;

229.13 (2) chore services;

229.14 (3) companion services;

229.15 (4) homemaker services and assistance with personal care;

229.16 (5) homemaker services and cleaning;

229.17 (6) homemaker services and home management;

229.18 (7) in-home respite care;

229.19 (8) individual community living support; and

229.20 (9) out-of-home respite care.

229.21 **EFFECTIVE DATE.** This section is effective January 1, 2023.

229.22 Sec. 22. Minnesota Statutes 2020, section 256S.214, is amended to read:

229.23 **256S.214 RATE SETTING; ADJUSTED BASE WAGE.**

229.24 For the purposes of section 256S.215, the adjusted base wage for each position equals
 229.25 the position's base wage under section 256S.212 plus:

229.26 (1) the position's base wage multiplied by the payroll taxes and benefits factor under
 229.27 section 256S.213, subdivision 1;

230.1 ~~(2) the position's base wage multiplied by the general and administrative factor under~~
 230.2 ~~section 256S.213, subdivision 2; and~~

230.3 ~~(3) (2) the position's base wage multiplied by the applicable program plan support factor~~
 230.4 ~~under section 256S.213, subdivision 3; and~~

230.5 (3) the position's base wage multiplied by the absence factor under section 256S.213,
 230.6 subdivision 9, if applicable.

230.7 **EFFECTIVE DATE.** This section is effective January 1, 2023.

230.8 Sec. 23. Minnesota Statutes 2020, section 256S.215, is amended to read:

230.9 **256S.215 RATE SETTING; COMPONENT RATES.**

230.10 Subdivision 1. **Medication setups by licensed nurse component rate.** The component
 230.11 rate for medication setups by a licensed nurse equals the medication setups by licensed
 230.12 nurse adjusted base wage.

230.13 Subd. 2. **Home management and support services component rate.** The component
 230.14 rate for home management and support services is calculated as follows:

230.15 (1) sum the home management and support services adjusted base wage plus and the
 230.16 registered nurse management and supervision factor; wage component;

230.17 (2) multiply the result of clause (1) by one plus the general and administrative factor;
 230.18 and

230.19 (3) sum the results of clauses (1) and (2).

230.20 Subd. 3. **Home care aide services component rate.** The component rate for home care
 230.21 aide services is calculated as follows:

230.22 (1) sum the home health aide services adjusted base wage plus and the registered nurse
 230.23 management and supervision factor; wage component;

230.24 (2) multiply clause (1) by one plus the general and administrative factor; and

230.25 (3) sum the results of clauses (1) and (2).

230.26 Subd. 4. **Home health aide services component rate.** The component rate for home
 230.27 health aide services is calculated as follows:

230.28 (1) sum the home health aide services adjusted base wage plus and the registered nurse
 230.29 management and supervision factor; wage component;

231.1 (2) multiply the result of clause (1) by one plus the general and administrative factor;
 231.2 and

231.3 (3) sum the results of clauses (1) and (2).

231.4 **Subd. 5. Socialization component rate.** The component rate under elderly waiver
 231.5 customized living for one-to-one socialization equals the home management and support
 231.6 services component rate.

231.7 **Subd. 6. Transportation component rate.** The component rate under elderly waiver
 231.8 customized living for one-to-one transportation equals the home management and support
 231.9 services component rate.

231.10 **Subd. 7. Chore services rate.** The 15-minute unit rate for chore services is calculated
 231.11 as follows:

231.12 (1) sum the chore services adjusted base wage and the ~~social worker~~ unlicensed supervisor
 231.13 supervision factor wage component; and

231.14 (2) multiply the result of clause (1) by one plus the general and administrative factor;

231.15 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;

231.16 and

231.17 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

231.18 **Subd. 8. Companion services rate.** The 15-minute unit rate for companion services is
 231.19 calculated as follows:

231.20 (1) sum the companion services adjusted base wage and the ~~social worker~~ unlicensed
 231.21 supervisor supervision factor wage component; and

231.22 (2) multiply the result of clause (1) by one plus the general and administrative factor;

231.23 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;

231.24 and

231.25 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

231.26 **Subd. 9. Homemaker services and assistance with personal care rate.** The 15-minute
 231.27 unit rate for homemaker services and assistance with personal care is calculated as follows:

231.28 (1) sum the homemaker services and assistance with personal care adjusted base wage
 231.29 and the ~~registered nurse management and~~ unlicensed supervisor supervision factor wage
 231.30 component; and

231.31 (2) multiply the result of clause (1) by one plus the general and administrative factor;

232.1 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;
 232.2 and

232.3 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

232.4 Subd. 10. **Homemaker services and cleaning rate.** The 15-minute unit rate for
 232.5 homemaker services and cleaning is calculated as follows:

232.6 (1) sum the homemaker services and cleaning adjusted base wage and the ~~registered~~
 232.7 ~~nurse management and~~ unlicensed supervisor supervision factor base wage; and

232.8 (2) multiply the result of clause (1) by one plus the general and administrative factor;

232.9 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;

232.10 and

232.11 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

232.12 Subd. 11. **Homemaker services and home management rate.** The 15-minute unit rate
 232.13 for homemaker services and home management is calculated as follows:

232.14 (1) sum the homemaker services and home management adjusted base wage and the
 232.15 ~~registered nurse management and~~ unlicensed supervisor supervision factor wage component;

232.16 and

232.17 (2) multiply the result of clause (1) by one plus the general and administrative factor;

232.18 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;

232.19 and

232.20 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

232.21 Subd. 12. **In-home respite care services rates.** (a) The 15-minute unit rate for in-home
 232.22 respite care services is calculated as follows:

232.23 (1) sum the in-home respite care services adjusted base wage and the registered nurse
 232.24 management and supervision ~~factor~~ wage component; ~~and~~

232.25 (2) multiply the result of clause (1) by one plus the general and administrative factor;

232.26 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;

232.27 and

232.28 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

232.29 (b) The in-home respite care services daily rate equals the in-home respite care services
 232.30 15-minute unit rate multiplied by 18.

233.1 Subd. 13. **Out-of-home respite care services rates.** (a) The 15-minute unit rate for
233.2 out-of-home respite care is calculated as follows:

233.3 (1) sum the out-of-home respite care services adjusted base wage and the registered
233.4 nurse management and supervision ~~factor~~ wage component; ~~and~~

233.5 (2) multiply the result of clause (1) by one plus the general and administrative factor;

233.6 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;
233.7 and

233.8 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

233.9 (b) The out-of-home respite care services daily rate equals the 15-minute unit rate for
233.10 out-of-home respite care services multiplied by 18.

233.11 Subd. 14. **Individual community living support rate.** The individual community living
233.12 support rate is calculated as follows:

233.13 (1) sum the ~~home care aide~~ individual community living support adjusted base wage
233.14 and the ~~social worker~~ registered nurse management and supervision factor wage component;
233.15 ~~and~~

233.16 (2) multiply the result of clause (1) by one plus the general and administrative factor;

233.17 (3) multiply the result of clause (1) by one plus the supplies and transportation factor;
233.18 and

233.19 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

233.20 Subd. 15. **Home-delivered meals rate.** The home-delivered meals rate equals ~~\$9.30~~
233.21 \$8.17. ~~The commissioner shall increase the home delivered meals rate every July 1 by the~~
233.22 ~~percent increase in the nursing facility dietary per diem using the two most recent and~~
233.23 ~~available nursing facility cost reports.~~

233.24 Subd. 16. **Adult day services rate.** The 15-minute unit rate for adult day services, ~~with~~
233.25 ~~an assumed staffing ratio of one staff person to four participants, is the sum of~~ is calculated
233.26 as follows:

233.27 (1) ~~one-sixteenth of the home care aide~~ divide the adult day services adjusted base wage;
233.28 ~~except that the general and administrative factor used to determine the home care aide~~
233.29 ~~services adjusted base wage is 20 percent~~ by five to reflect an assumed staffing ratio of one
233.30 to five;

234.1 ~~(2) one-fourth of the registered nurse management and supervision factor~~ sum the result
 234.2 of clause (1) and the registered nurse management and supervision wage component; and

234.3 ~~(3) \$0.63 to cover the cost of meals.~~ multiply the result of clause (2) by one plus the
 234.4 general and administrative factor;

234.5 (4) multiply the result of clause (2) by one plus the facility and equipment factor;

234.6 (5) multiply the result of clause (2) by one plus the food, supplies, and transportation
 234.7 factor; and

234.8 (6) sum the results of clauses (2) to (5) and divide the result by four.

234.9 Subd. 17. **Adult day services bath rate.** The 15-minute unit rate for adult day services
 234.10 bath is ~~the sum of~~ calculated as follows:

234.11 ~~(1) one-fourth of the home care aide~~ sum the adult day services adjusted base wage,
 234.12 ~~except that the general and administrative factor used to determine the home care aide~~
 234.13 ~~services adjusted base wage is 20 percent~~ and the nurse management and supervision wage
 234.14 component;

234.15 ~~(2) one-fourth of the registered nurse management and supervision factor~~ multiply the
 234.16 result of clause (1) by one plus the general and administrative factor; and

234.17 ~~(3) \$0.63 to cover the cost of meals.~~ multiply the result of clause (1) by one plus the
 234.18 facility and equipment factor;

234.19 (4) multiply the result of clause (1) by one plus the food, supplies, and transportation
 234.20 factor; and

234.21 (5) sum the results of clauses (1) to (4) and divide the result by four.

234.22 **EFFECTIVE DATE.** This section is effective January 1, 2023.

234.23 Sec. 24. **DIRECTION TO COMMISSIONER; INITIAL PACE IMPLEMENTATION**
 234.24 **FUNDING.**

234.25 The commissioner of human services must work with stakeholders to develop
 234.26 recommendations for financing mechanisms to complete the actuarial work and cover the
 234.27 administrative costs of a program of all-inclusive care for the elderly (PACE). The
 234.28 commissioner must recommend a financing mechanism that could begin July 1, 2024. By
 234.29 December 15, 2023, the commissioner shall inform the chairs and ranking minority members
 234.30 of the legislative committees with jurisdiction over health care funding on the commissioner's
 234.31 progress toward developing a recommended financing mechanism.

235.1 Sec. 25. TITLE.

235.2 Sections 181.212 to 181.217 shall be known as the "Minnesota Nursing Home Workforce
 235.3 Standards Board Act."

235.4 Sec. 26. INITIAL APPOINTMENTS.

235.5 The governor shall make initial appointments to the Minnesota Nursing Home Workforce
 235.6 Standards Board under Minnesota Statutes, section 181.212, no later than August 1, 2022.

235.7 Sec. 27. REPEALER.

235.8 Minnesota Statutes 2020, section 256S.19, subdivision 4, is repealed.

235.9 EFFECTIVE DATE. This section is effective January 1, 2023.

235.10

ARTICLE 6

235.11

CHILD AND VULNERABLE ADULT PROTECTION POLICY

235.12 Section 1. Minnesota Statutes 2020, section 260.012, is amended to read:

235.13 **260.012 DUTY TO ENSURE PLACEMENT PREVENTION AND FAMILY**
 235.14 **REUNIFICATION; REASONABLE EFFORTS.**

235.15 (a) Once a child alleged to be in need of protection or services is under the court's
 235.16 jurisdiction, the court shall ensure that reasonable efforts, including culturally appropriate
 235.17 services and practices, by the social services agency are made to prevent placement or to
 235.18 eliminate the need for removal and to reunite the child with the child's family at the earliest
 235.19 possible time, and the court must ensure that the responsible social services agency makes
 235.20 reasonable efforts to finalize an alternative permanent plan for the child as provided in
 235.21 paragraph (e). In determining reasonable efforts to be made with respect to a child and in
 235.22 making those reasonable efforts, the child's best interests, health, and safety must be of
 235.23 paramount concern. Reasonable efforts to prevent placement and for rehabilitation and
 235.24 reunification are always required except upon a determination by the court that a petition
 235.25 has been filed stating a prima facie case that:

235.26 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
 235.27 subdivision 14;

235.28 (2) the parental rights of the parent to another child have been terminated involuntarily;

235.29 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
 235.30 (a), clause (2);

236.1 (4) the parent's custodial rights to another child have been involuntarily transferred to a
236.2 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d),
236.3 clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction;

236.4 (5) the parent has committed sexual abuse as defined in section 260E.03, against the
236.5 child or another child of the parent;

236.6 (6) the parent has committed an offense that requires registration as a predatory offender
236.7 under section 243.166, subdivision 1b, paragraph (a) or (b); or

236.8 (7) the provision of services or further services for the purpose of reunification is futile
236.9 and therefore unreasonable under the circumstances.

236.10 (b) When the court makes one of the prima facie determinations under paragraph (a),
236.11 either permanency pleadings under section 260C.505, or a termination of parental rights
236.12 petition under sections 260C.141 and 260C.301 must be filed. A permanency hearing under
236.13 sections 260C.503 to 260C.521 must be held within 30 days of this determination.

236.14 (c) In the case of an Indian child, in proceedings under sections 260B.178, 260C.178,
236.15 260C.201, 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, the juvenile court
236.16 must make findings and conclusions consistent with the Indian Child Welfare Act of 1978,
236.17 United States Code, title 25, section 1901 et seq., as to the provision of active efforts. In
236.18 cases governed by the Indian Child Welfare Act of 1978, United States Code, title 25, section
236.19 1901, the responsible social services agency must provide active efforts as required under
236.20 United States Code, title 25, section 1911(d).

236.21 (d) "Reasonable efforts to prevent placement" means:

236.22 (1) the agency has made reasonable efforts to prevent the placement of the child in foster
236.23 care by working with the family to develop and implement a safety plan that is individualized
236.24 to the needs of the child and the child's family and may include support persons from the
236.25 child's extended family, kin network, and community; or

236.26 (2) the agency has demonstrated to the court that, given the particular circumstances of
236.27 the child and family at the time of the child's removal, there are no services or efforts
236.28 available ~~which~~ that could allow the child to safely remain in the home.

236.29 (e) "Reasonable efforts to finalize a permanent plan for the child" means due diligence
236.30 by the responsible social services agency to:

236.31 (1) reunify the child with the parent or guardian from whom the child was removed;

237.1 (2) assess a noncustodial parent's ability to provide day-to-day care for the child and,
237.2 where appropriate, provide services necessary to enable the noncustodial parent to safely
237.3 provide the care, as required by section 260C.219;

237.4 (3) conduct a relative search to identify and provide notice to adult relatives, and engage
237.5 relatives in case planning and permanency planning, as required under section 260C.221;

237.6 (4) consider placing the child with relatives in the order specified in section 260C.212,
237.7 subdivision 2, paragraph (a);

237.8 ~~(4)~~ (5) place siblings removed from their home in the same home for foster care or
237.9 adoption, or transfer permanent legal and physical custody to a relative. Visitation between
237.10 siblings who are not in the same foster care, adoption, or custodial placement or facility
237.11 shall be consistent with section 260C.212, subdivision 2; and

237.12 ~~(5)~~ (6) when the child cannot return to the parent or guardian from whom the child was
237.13 removed, to plan for and finalize a safe and legally permanent alternative home for the child,
237.14 and considers permanent alternative homes for the child inside or outside of the state,
237.15 preferably with a relative in the order specified in section 260C.212, subdivision 2, paragraph
237.16 (a), through adoption or transfer of permanent legal and physical custody of the child.

237.17 (f) Reasonable efforts are made upon the exercise of due diligence by the responsible
237.18 social services agency to use culturally appropriate and available services to meet the
237.19 individualized needs of the child and the child's family. Services may include those provided
237.20 by the responsible social services agency and other culturally appropriate services available
237.21 in the community. The responsible social services agency must select services for a child
237.22 and the child's family by collaborating with the child's family and, if appropriate, the child.
237.23 At each stage of the proceedings ~~where~~ when the court is required to review the
237.24 appropriateness of the responsible social services agency's reasonable efforts as described
237.25 in paragraphs (a), (d), and (e), the social services agency has the burden of demonstrating
237.26 that:

237.27 (1) ~~the agency~~ has made reasonable efforts to prevent placement of the child in foster
237.28 care, including that the agency considered or established a safety plan according to paragraph
237.29 (d), clause (1);

237.30 (2) ~~the agency~~ has made reasonable efforts to eliminate the need for removal of the
237.31 child from the child's home and to reunify the child with the child's family at the earliest
237.32 possible time;

238.1 (3) the agency has made reasonable efforts to finalize a permanent plan for the child
 238.2 pursuant to paragraph (e);

238.3 ~~(3) it~~ (4) the agency has made reasonable efforts to finalize an alternative permanent
 238.4 home for the child, and ~~considers~~ considered permanent alternative homes for the child
 238.5 ~~inside or outside~~ in or out of the state, preferably with a relative in the order specified in
 238.6 section 260C.212, subdivision 2, paragraph (a); or

238.7 ~~(4)~~ (5) reasonable efforts to prevent placement and to reunify the child with the parent
 238.8 or guardian are not required. The agency may meet this burden by stating facts in a sworn
 238.9 petition filed under section 260C.141, by filing an affidavit summarizing the agency's
 238.10 reasonable efforts or facts that the agency believes demonstrate that there is no need for
 238.11 reasonable efforts to reunify the parent and child, or through testimony or a certified report
 238.12 required under juvenile court rules.

238.13 (g) Once the court determines that reasonable efforts for reunification are not required
 238.14 because the court has made one of the prima facie determinations under paragraph (a), the
 238.15 court may only require the agency to make reasonable efforts for reunification after a hearing
 238.16 according to section 260C.163, ~~where~~ if the court finds that there is not clear and convincing
 238.17 evidence of the facts upon which the court based ~~its~~ the court's prima facie determination.
 238.18 ~~In this case when~~ If there is clear and convincing evidence that the child is in need of
 238.19 protection or services, the court may find the child in need of protection or services and
 238.20 order any of the dispositions available under section 260C.201, subdivision 1. Reunification
 238.21 of a child with a parent is not required if the parent has been convicted of:

238.22 (1) a violation of, or an attempt or conspiracy to commit a violation of, sections 609.185
 238.23 to 609.20; 609.222, subdivision 2; or 609.223 in regard to another child of the parent;

238.24 (2) a violation of section 609.222, subdivision 2; or 609.223, in regard to the child;

238.25 (3) a violation of, or an attempt or conspiracy to commit a violation of, United States
 238.26 Code, title 18, section 1111(a) or 1112(a), in regard to another child of the parent;

238.27 (4) committing sexual abuse as defined in section 260E.03, against the child or another
 238.28 child of the parent; or

238.29 (5) an offense that requires registration as a predatory offender under section 243.166,
 238.30 subdivision 1b, paragraph (a) or (b).

238.31 (h) The juvenile court, in proceedings under sections 260B.178, 260C.178, 260C.201,
 238.32 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, shall make findings and
 238.33 conclusions as to the provision of reasonable efforts. When determining whether reasonable

239.1 efforts have been made by the agency, the court shall consider whether services to the child
239.2 and family were:

239.3 (1) selected in collaboration with the child's family and, if appropriate, the child;

239.4 (2) tailored to the individualized needs of the child and child's family;

239.5 ~~(1)~~ (3) relevant to the safety and, protection, and well-being of the child;

239.6 ~~(2)~~ (4) adequate to meet the individualized needs of the child and family;

239.7 ~~(3)~~ (5) culturally appropriate;

239.8 ~~(4)~~ (6) available and accessible;

239.9 ~~(5)~~ (7) consistent and timely; and

239.10 ~~(6)~~ (8) realistic under the circumstances.

239.11 In the alternative, the court may determine that the provision of services or further services
239.12 for the purpose of rehabilitation is futile and therefore unreasonable under the circumstances
239.13 or that reasonable efforts are not required as provided in paragraph (a).

239.14 (i) This section does not prevent out-of-home placement for the treatment of a child with
239.15 a mental disability when it is determined to be medically necessary as a result of the child's
239.16 diagnostic assessment or the child's individual treatment plan indicates that appropriate and
239.17 necessary treatment cannot be effectively provided outside of a residential or inpatient
239.18 treatment program and the level or intensity of supervision and treatment cannot be
239.19 effectively and safely provided in the child's home or community and it is determined that
239.20 a residential treatment setting is the least restrictive setting that is appropriate to the needs
239.21 of the child.

239.22 (j) If continuation of reasonable efforts to prevent placement or reunify the child with
239.23 the parent or guardian from whom the child was removed is determined by the court to be
239.24 inconsistent with the permanent plan for the child or upon the court making one of the prima
239.25 facie determinations under paragraph (a), reasonable efforts must be made to place the child
239.26 in a timely manner in a safe and permanent home and to complete whatever steps are
239.27 necessary to legally finalize the permanent placement of the child.

239.28 (k) Reasonable efforts to place a child for adoption or in another permanent placement
239.29 may be made concurrently with reasonable efforts to prevent placement or to reunify the
239.30 child with the parent or guardian from whom the child was removed. When the responsible
239.31 social services agency decides to concurrently make reasonable efforts for both reunification
239.32 and permanent placement away from the parent under paragraph (a), the agency shall disclose

240.1 ~~its~~ the agency's decision and both plans for concurrent reasonable efforts to all parties and
240.2 the court. When the agency discloses ~~its~~ the agency's decision to proceed ~~on~~ with both plans
240.3 for reunification and permanent placement away from the parent, the court's review of the
240.4 agency's reasonable efforts shall include the agency's efforts under both plans.

240.5 Sec. 2. Minnesota Statutes 2020, section 260C.007, subdivision 27, is amended to read:

240.6 Subd. 27. **Relative.** "Relative" means a person related to the child by blood, marriage,
240.7 or adoption; the legal parent, guardian, or custodian of the child's siblings; or an individual
240.8 who is an important friend of the child or of the child's parent or custodian, including an
240.9 individual with whom the child has resided or had significant contact or who has a significant
240.10 relationship to the child or the child's parent or custodian.

240.11 Sec. 3. Minnesota Statutes 2020, section 260C.151, subdivision 6, is amended to read:

240.12 Subd. 6. **Immediate custody.** If the court makes individualized, explicit findings, based
240.13 on the notarized petition or sworn affidavit, that there are reasonable grounds to believe
240.14 that the child is in surroundings or conditions which that endanger the child's health, safety,
240.15 or welfare that require that responsibility for the child's care and custody be immediately
240.16 assumed by the responsible social services agency and that continuation of the child in the
240.17 custody of the parent or guardian is contrary to the child's welfare, the court may order that
240.18 the officer serving the summons take the child into immediate custody for placement of the
240.19 child in foster care, preferably with a relative. In ordering that responsibility for the care,
240.20 custody, and control of the child be assumed by the responsible social services agency, the
240.21 court is ordering emergency protective care as that term is defined in the juvenile court
240.22 rules.

240.23 Sec. 4. Minnesota Statutes 2020, section 260C.152, subdivision 5, is amended to read:

240.24 Subd. 5. **Notice to foster parents and preadoptive parents and relatives.** The foster
240.25 parents, if any, of a child and any preadoptive parent or relative providing care for the child
240.26 must be provided notice of and a right to be heard in any review or hearing to be held with
240.27 respect to the child. Any other relative may also request, and must be granted, a notice and
240.28 the opportunity right to be heard under this section. This subdivision does not require that
240.29 a foster parent, preadoptive parent, or any relative providing care for the child be made a
240.30 party to a review or hearing solely on the basis of the notice and right to be heard.

241.1 Sec. 5. Minnesota Statutes 2020, section 260C.175, subdivision 2, is amended to read:

241.2 Subd. 2. **Notice to parent or custodian and child; emergency placement with**
 241.3 **relative.** ~~Whenever~~ (a) At the time that a peace officer takes a child into custody for relative
 241.4 placement or shelter care or relative placement pursuant to subdivision 1, section 260C.151,
 241.5 subdivision 5, or section 260C.154, the officer shall notify the child's parent or custodian
 241.6 and the child, if the child is ten years of age or older, that under section 260C.181, subdivision
 241.7 2, the parent or custodian or the child may request ~~that~~ to place the child ~~be placed~~ with a
 241.8 relative ~~or a designated caregiver under~~ as defined in section 260C.007, subdivision 27,
 241.9 ~~chapter 257A~~ instead of in a shelter care facility. When a child who is not alleged to be
 241.10 delinquent is taken into custody pursuant to subdivision 1, clause (1) or (2), item (ii), and
 241.11 placement with an identified relative is requested, the peace officer shall coordinate with
 241.12 the responsible social services agency to ensure the child's safety and well-being, and comply
 241.13 with section 260C.181, subdivision 2.

241.14 (c) The officer also shall give the parent or custodian of the child a list of names,
 241.15 addresses, and telephone numbers of social services agencies that offer child welfare services.
 241.16 If the parent or custodian was not present when the child was removed from the residence,
 241.17 the list shall be left with an adult on the premises or left in a conspicuous place on the
 241.18 premises if no adult is present. If the officer has reason to believe the parent or custodian
 241.19 is not able to read and understand English, the officer must provide a list that is written in
 241.20 the language of the parent or custodian. The list shall be prepared by the commissioner of
 241.21 human services. The commissioner shall prepare lists for each county and provide each
 241.22 county with copies of the list without charge. The list shall be reviewed annually by the
 241.23 commissioner and updated if it is no longer accurate. Neither the commissioner nor any
 241.24 peace officer or the officer's employer shall be liable to any person for mistakes or omissions
 241.25 in the list. The list does not constitute a promise that any agency listed will ~~in fact~~ assist the
 241.26 parent or custodian.

241.27 Sec. 6. Minnesota Statutes 2020, section 260C.176, subdivision 2, is amended to read:

241.28 Subd. 2. **Reasons for detention.** (a) If the child is not released as provided in subdivision
 241.29 1, the person taking the child into custody shall notify the court as soon as possible of the
 241.30 detention of the child and the reasons for detention.

241.31 (b) No child taken into custody and placed in a relative's home or shelter care facility
 241.32 ~~or relative's home~~ by a peace officer pursuant to section 260C.175, subdivision 1, clause
 241.33 (1) or (2), item (ii), may be held in custody longer than 72 hours, excluding Saturdays,
 241.34 Sundays and holidays, unless a petition has been filed and the judge or referee determines

242.1 pursuant to section 260C.178 that the child shall remain in custody or unless the court has
 242.2 made a finding of domestic abuse perpetrated by a minor after a hearing under Laws 1997,
 242.3 chapter 239, article 10, sections 2 to 26, in which case the court may extend the period of
 242.4 detention for an additional seven days, within which time the social services agency shall
 242.5 conduct an assessment and shall provide recommendations to the court regarding voluntary
 242.6 services or file a child in need of protection or services petition.

242.7 Sec. 7. Minnesota Statutes 2020, section 260C.178, subdivision 1, is amended to read:

242.8 Subdivision 1. **Hearing and release requirements.** (a) If a child was taken into custody
 242.9 under section 260C.175, subdivision 1, clause (1) or (2), item (ii), the court shall hold a
 242.10 hearing within 72 hours of the time that the child was taken into custody, excluding
 242.11 Saturdays, Sundays, and holidays, to determine whether the child should continue to be in
 242.12 custody.

242.13 (b) Unless there is reason to believe that the child would endanger self or others or not
 242.14 return for a court hearing, or that the child's health or welfare would be immediately
 242.15 endangered, the child shall be released to the custody of a parent, guardian, custodian, or
 242.16 other suitable person, subject to reasonable conditions of release including, but not limited
 242.17 to, a requirement that the child undergo a chemical use assessment as provided in section
 242.18 260C.157, subdivision 1.

242.19 (c) If the court determines that there is reason to believe that the child would endanger
 242.20 self or others or not return for a court hearing, or that the child's health or welfare would be
 242.21 immediately endangered if returned to the care of the parent or guardian who has custody
 242.22 and from whom the child was removed, the court shall order the child:

242.23 (1) into the care of the child's noncustodial parent and order the noncustodial parent to
 242.24 comply with any conditions that the court determines appropriate to ensure the safety and
 242.25 care of the child, including requiring the noncustodial parent to cooperate with paternity
 242.26 establishment proceedings if the noncustodial parent has not been adjudicated the child's
 242.27 father; or

242.28 (2) into foster care as defined in section 260C.007, subdivision 18, under the legal
 242.29 responsibility of the responsible social services agency or responsible probation or corrections
 242.30 agency for the purposes of protective care as that term is used in the juvenile court rules ~~or~~
 242.31 ~~into the home of a noncustodial parent and order the noncustodial parent to comply with~~
 242.32 ~~any conditions the court determines to be appropriate to the safety and care of the child,~~
 242.33 ~~including cooperating with paternity establishment proceedings in the case of a man who~~
 242.34 ~~has not been adjudicated the child's father.~~ The court shall not give the responsible social

243.1 services legal custody and order a trial home visit at any time prior to adjudication and
243.2 disposition under section 260C.201, subdivision 1, paragraph (a), clause (3), but may order
243.3 the child returned to the care of the parent or guardian who has custody and from whom the
243.4 child was removed and order the parent or guardian to comply with any conditions the court
243.5 determines to be appropriate to meet the safety, health, and welfare of the child.

243.6 (d) In determining whether the child's health or welfare would be immediately
243.7 endangered, the court shall consider whether the child would reside with a perpetrator of
243.8 domestic child abuse.

243.9 (e) The court, before determining whether a child should be placed in or continue in
243.10 foster care under the protective care of the responsible agency, shall also make a
243.11 determination, consistent with section 260.012 as to whether reasonable efforts were made
243.12 to prevent placement or whether reasonable efforts to prevent placement are not required.
243.13 In the case of an Indian child, the court shall determine whether active efforts, according
243.14 to section 260.762 and the Indian Child Welfare Act of 1978, United States Code, title 25,
243.15 section 1912(d), were made to prevent placement. The court shall enter a finding that the
243.16 responsible social services agency has made reasonable efforts to prevent placement when
243.17 the agency establishes either:

243.18 (1) that ~~it~~ the agency has actually provided services or made efforts in an attempt to
243.19 prevent the child's removal but that such services or efforts have not proven sufficient to
243.20 permit the child to safely remain in the home; or

243.21 (2) that there are no services or other efforts that could be made at the time of the hearing
243.22 that could safely permit the child to remain home or to return home. The court shall not
243.23 make a reasonable efforts determination under this clause unless the court is satisfied that
243.24 the agency has sufficiently demonstrated to the court that there were no services or other
243.25 efforts that the agency was able to provide at the time of the hearing enabling the child to
243.26 safely remain home or to safely return home. When reasonable efforts to prevent placement
243.27 are required and there are services or other efforts that could be ordered ~~which~~ that would
243.28 permit the child to safely return home, the court shall order the child returned to the care of
243.29 the parent or guardian and the services or efforts put in place to ensure the child's safety.
243.30 When the court makes a prima facie determination that one of the circumstances under
243.31 paragraph (g) exists, the court shall determine that reasonable efforts to prevent placement
243.32 and to return the child to the care of the parent or guardian are not required.

243.33 (f) If the court finds the social services agency's preventive or reunification efforts have
243.34 not been reasonable but further preventive or reunification efforts could not permit the child

244.1 to safely remain at home, the court may nevertheless authorize or continue the removal of
244.2 the child.

244.3 ~~(f)~~ (g) The court may not order or continue the foster care placement of the child unless
244.4 the court makes explicit, individualized findings that continued custody of the child by the
244.5 parent or guardian would be contrary to the welfare of the child and that placement is in the
244.6 best interest of the child.

244.7 ~~(g)~~ (h) At the emergency removal hearing, or at any time during the course of the
244.8 proceeding, and upon notice and request of the county attorney, the court shall determine
244.9 whether a petition has been filed stating a prima facie case that:

244.10 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
244.11 subdivision 14;

244.12 (2) the parental rights of the parent to another child have been involuntarily terminated;

244.13 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
244.14 (a), clause (2);

244.15 (4) the parents' custodial rights to another child have been involuntarily transferred to a
244.16 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (e),
244.17 clause (1); section 260C.515, subdivision 4; or a similar law of another jurisdiction;

244.18 (5) the parent has committed sexual abuse as defined in section 260E.03, against the
244.19 child or another child of the parent;

244.20 (6) the parent has committed an offense that requires registration as a predatory offender
244.21 under section 243.166, subdivision 1b, paragraph (a) or (b); or

244.22 (7) the provision of services or further services for the purpose of reunification is futile
244.23 and therefore unreasonable.

244.24 ~~(h)~~ (i) When a petition to terminate parental rights is required under section 260C.301,
244.25 subdivision 4, or 260C.503, subdivision 2, but the county attorney has determined not to
244.26 proceed with a termination of parental rights petition, and has instead filed a petition to
244.27 transfer permanent legal and physical custody to a relative under section 260C.507, the
244.28 court shall schedule a permanency hearing within 30 days of the filing of the petition.

244.29 ~~(i)~~ (j) If the county attorney has filed a petition under section 260C.307, the court shall
244.30 schedule a trial under section 260C.163 within 90 days of the filing of the petition except
244.31 when the county attorney determines that the criminal case shall proceed to trial first under
244.32 section 260C.503, subdivision 2, paragraph (c).

245.1 ~~(j)~~ (k) If the court determines the child should be ordered into foster care and the child's
245.2 parent refuses to give information to the responsible social services agency regarding the
245.3 child's father or relatives of the child, the court may order the parent to disclose the names,
245.4 addresses, telephone numbers, and other identifying information to the responsible social
245.5 services agency for the purpose of complying with sections 260C.150, 260C.151, 260C.212,
245.6 260C.215, 260C.219, and 260C.221.

245.7 ~~(k)~~ (l) If a child ordered into foster care has siblings, whether full, half, or step, who are
245.8 also ordered into foster care, the court shall inquire of the responsible social services agency
245.9 of the efforts to place the children together as required by section 260C.212, subdivision 2,
245.10 paragraph (d), if placement together is in each child's best interests, unless a child is in
245.11 placement for treatment or a child is placed with a previously noncustodial parent who is
245.12 not a parent to all siblings. If the children are not placed together at the time of the hearing,
245.13 the court shall inquire at each subsequent hearing of the agency's reasonable efforts to place
245.14 the siblings together, as required under section 260.012. If any sibling is not placed with
245.15 another sibling or siblings, the agency must develop a plan to facilitate visitation or ongoing
245.16 contact among the siblings as required under section 260C.212, subdivision 1, unless it is
245.17 contrary to the safety or well-being of any of the siblings to do so.

245.18 ~~(l)~~ (m) When the court has ordered the child into the care of a noncustodial parent or in
245.19 ~~foster care or into the home of a noncustodial parent~~, the court may order a chemical
245.20 dependency evaluation, mental health evaluation, medical examination, and parenting
245.21 assessment for the parent as necessary to support the development of a plan for reunification
245.22 required under subdivision 7 and section 260C.212, subdivision 1, or the child protective
245.23 services plan under section 260E.26, and Minnesota Rules, part 9560.0228.

245.24 Sec. 8. Minnesota Statutes 2020, section 260C.181, subdivision 2, is amended to read:

245.25 Subd. 2. **Least restrictive setting.** Notwithstanding the provisions of subdivision 1, if
245.26 the child had been taken into custody pursuant to section 260C.175, subdivision 1, clause
245.27 (1) or (2), item (ii), and is not alleged to be delinquent, the child shall be detained in the
245.28 least restrictive setting consistent with the child's health and welfare and in closest proximity
245.29 to the child's family as possible. Placement may be with a child's relative, ~~a designated~~
245.30 ~~caregiver under chapter 257A~~, or, if no placement is available with a relative, in a shelter
245.31 care facility. The placing officer shall comply with this section and shall document why a
245.32 less restrictive setting will or will not be in the best interests of the child for placement
245.33 purposes.

246.1 Sec. 9. Minnesota Statutes 2020, section 260C.193, subdivision 3, is amended to read:

246.2 Subd. 3. **Best interests of the child.** (a) The policy of the state is to ensure that the best
246.3 interests of children in foster care, who experience a transfer of permanent legal and physical
246.4 custody to a relative under section 260C.515, subdivision 4, or adoption under this chapter,
246.5 are met by:

246.6 (1) considering placement of a child with relatives in the order specified in section
246.7 260C.212, subdivision 2, paragraph (a); and

246.8 (2) requiring individualized determinations under section 260C.212, subdivision 2,
246.9 paragraph (b), of the needs of the child and of how the selected home will serve the needs
246.10 of the child.

246.11 (b) No later than three months after a child is ordered to be removed from the care of a
246.12 parent in the hearing required under section 260C.202, the court shall review and enter
246.13 findings regarding whether the responsible social services agency ~~made~~:

246.14 (1) diligent efforts exercised due diligence to identify and, search for, notify, and engage
246.15 relatives as required under section 260C.221; and

246.16 (2) made a placement consistent with section 260C.212, subdivision 2, that is based on
246.17 an individualized determination as required under section 260C.212, subdivision 2, of the
246.18 child's needs to select a home that meets the needs of the child.

246.19 (c) If the court finds that the agency has not made efforts exercised due diligence as
246.20 required under section 260C.221, and the court shall order the agency to make reasonable
246.21 efforts. If there is a relative who qualifies to be licensed to provide family foster care under
246.22 chapter 245A, the court may order the child to be placed with the relative consistent with
246.23 the child's best interests.

246.24 (d) If the agency's efforts under section 260C.221 are found by the court to be sufficient,
246.25 the court shall order the agency to continue to appropriately engage relatives who responded
246.26 to the notice under section 260C.221 in placement and case planning decisions and to
246.27 appropriately engage relatives who subsequently come to the agency's attention. A court's
246.28 finding that the agency has made reasonable efforts under this paragraph does not relieve
246.29 the agency of the duty to continue notifying relatives who come to the agency's attention
246.30 and engaging and considering relatives who respond to the notice under section 260C.221
246.31 in child placement and case planning decisions.

246.32 (e) If the child's birth parent ~~or parents~~ explicitly ~~request~~ requests that a specific relative
246.33 ~~or important friend~~ not be considered for placement of the child, the court shall honor that

247.1 request if it is consistent with the best interests of the child and consistent with the
 247.2 requirements of section 260C.221. The court shall not waive relative search, notice, and
 247.3 consideration requirements, unless section 260C.139 applies. If the child's birth parent ~~or~~
 247.4 ~~parents express~~ expresses a preference for placing the child in a foster or adoptive home of
 247.5 the same or a similar religious background ~~to~~ as that of the birth parent or parents, the court
 247.6 shall order placement of the child with an individual who meets the birth parent's religious
 247.7 preference.

247.8 (f) Placement of a child ~~cannot~~ must not be delayed or denied based on race, color, or
 247.9 national origin of the foster parent or the child.

247.10 (g) Whenever possible, siblings requiring foster care placement ~~should~~ shall be placed
 247.11 together unless it is determined not to be in the best interests of one or more of the siblings
 247.12 after weighing the benefits of separate placement against the benefits of sibling connections
 247.13 for each sibling. The agency shall consider section 260C.008 when making this determination.
 247.14 If siblings were not placed together according to section 260C.212, subdivision 2, paragraph
 247.15 (d), the responsible social services agency shall report to the court the efforts made to place
 247.16 the siblings together and why the efforts were not successful. If the court is not satisfied
 247.17 that the agency has made reasonable efforts to place siblings together, the court must order
 247.18 the agency to make further reasonable efforts. If siblings are not placed together, the court
 247.19 shall order the responsible social services agency to implement the plan for visitation among
 247.20 siblings required as part of the out-of-home placement plan under section 260C.212.

247.21 (h) This subdivision does not affect the Indian Child Welfare Act, United States Code,
 247.22 title 25, sections 1901 to 1923, and the Minnesota Indian Family Preservation Act, sections
 247.23 260.751 to 260.835.

247.24 Sec. 10. Minnesota Statutes 2020, section 260C.201, subdivision 1, is amended to read:

247.25 Subdivision 1. **Dispositions.** (a) If the court finds that the child is in need of protection
 247.26 or services or neglected and in foster care, ~~it~~ the court shall enter an order making any of
 247.27 the following dispositions of the case:

247.28 (1) place the child under the protective supervision of the responsible social services
 247.29 agency or child-placing agency in the home of a parent of the child under conditions
 247.30 prescribed by the court directed to the correction of the child's need for protection or services:

247.31 (i) the court may order the child into the home of a parent who does not otherwise have
 247.32 legal custody of the child, however, an order under this section does not confer legal custody
 247.33 on that parent;

248.1 (ii) if the court orders the child into the home of a father who is not adjudicated, the
248.2 father must cooperate with paternity establishment proceedings regarding the child in the
248.3 appropriate jurisdiction as one of the conditions prescribed by the court for the child to
248.4 continue in the father's home; and

248.5 (iii) the court may order the child into the home of a noncustodial parent with conditions
248.6 and may also order both the noncustodial and the custodial parent to comply with the
248.7 requirements of a case plan under subdivision 2; or

248.8 (2) transfer legal custody to one of the following:

248.9 (i) a child-placing agency; or

248.10 (ii) the responsible social services agency. In making a foster care placement ~~for~~ of a
248.11 child whose custody has been transferred under this subdivision, the agency shall make an
248.12 individualized determination of how the placement is in the child's best interests using the
248.13 placement consideration order for relatives, and the best interest factors in section 260C.212,
248.14 subdivision 2, ~~paragraph (b)~~, and may include a child colocated with a parent in a licensed
248.15 residential family-based substance use disorder treatment program under section 260C.190;
248.16 or

248.17 (3) order a trial home visit without modifying the transfer of legal custody to the
248.18 responsible social services agency under clause (2). Trial home visit means the child is
248.19 returned to the care of the parent or guardian from whom the child was removed for a period
248.20 not to exceed six months. During the period of the trial home visit, the responsible social
248.21 services agency:

248.22 (i) shall continue to have legal custody of the child, which means that the agency may
248.23 see the child in the parent's home, at school, in a child care facility, or other setting as the
248.24 agency deems necessary and appropriate;

248.25 (ii) shall continue to have the ability to access information under section 260C.208;

248.26 (iii) shall continue to provide appropriate services to both the parent and the child during
248.27 the period of the trial home visit;

248.28 (iv) without previous court order or authorization, may terminate the trial home visit in
248.29 order to protect the child's health, safety, or welfare and may remove the child to foster care;

248.30 (v) shall advise the court and parties within three days of the termination of the trial
248.31 home visit when a visit is terminated by the responsible social services agency without a
248.32 court order; and

249.1 (vi) shall prepare a report for the court when the trial home visit is terminated whether
249.2 by the agency or court order ~~which~~ that describes the child's circumstances during the trial
249.3 home visit and recommends appropriate orders, if any, for the court to enter to provide for
249.4 the child's safety and stability. In the event a trial home visit is terminated by the agency
249.5 by removing the child to foster care without prior court order or authorization, the court
249.6 shall conduct a hearing within ten days of receiving notice of the termination of the trial
249.7 home visit by the agency and shall order disposition under this subdivision or commence
249.8 permanency proceedings under sections 260C.503 to 260C.515. The time period for the
249.9 hearing may be extended by the court for good cause shown and if it is in the best interests
249.10 of the child as long as the total time the child spends in foster care without a permanency
249.11 hearing does not exceed 12 months;

249.12 (4) if the child has been adjudicated as a child in need of protection or services because
249.13 the child is in need of special services or care to treat or ameliorate a physical or mental
249.14 disability or emotional disturbance as defined in section 245.4871, subdivision 15, the court
249.15 may order the child's parent, guardian, or custodian to provide it. The court may order the
249.16 child's health plan company to provide mental health services to the child. Section 62Q.535
249.17 applies to an order for mental health services directed to the child's health plan company.
249.18 If the health plan, parent, guardian, or custodian fails or is unable to provide this treatment
249.19 or care, the court may order it provided. Absent specific written findings by the court that
249.20 the child's disability is the result of abuse or neglect by the child's parent or guardian, the
249.21 court shall not transfer legal custody of the child for the purpose of obtaining special
249.22 treatment or care solely because the parent is unable to provide the treatment or care. If the
249.23 court's order for mental health treatment is based on a diagnosis made by a treatment
249.24 professional, the court may order that the diagnosing professional not provide the treatment
249.25 to the child if it finds that such an order is in the child's best interests; or

249.26 (5) if the court believes that the child has sufficient maturity and judgment and that it is
249.27 in the best interests of the child, the court may order a child 16 years old or older to be
249.28 allowed to live independently, either alone or with others as approved by the court under
249.29 supervision the court considers appropriate, if the county board, after consultation with the
249.30 court, has specifically authorized this dispositional alternative for a child.

249.31 (b) If the child was adjudicated in need of protection or services because the child is a
249.32 runaway or habitual truant, the court may order any of the following dispositions in addition
249.33 to or as alternatives to the dispositions authorized under paragraph (a):

249.34 (1) counsel the child or the child's parents, guardian, or custodian;

250.1 (2) place the child under the supervision of a probation officer or other suitable person
250.2 in the child's own home under conditions prescribed by the court, including reasonable rules
250.3 for the child's conduct and the conduct of the parents, guardian, or custodian, designed for
250.4 the physical, mental, and moral well-being and behavior of the child;

250.5 (3) subject to the court's supervision, transfer legal custody of the child to one of the
250.6 following:

250.7 (i) a reputable person of good moral character. No person may receive custody of two
250.8 or more unrelated children unless licensed to operate a residential program under sections
250.9 245A.01 to 245A.16; or

250.10 (ii) a county probation officer for placement in a group foster home established under
250.11 the direction of the juvenile court and licensed pursuant to section 241.021;

250.12 (4) require the child to pay a fine of up to \$100. The court shall order payment of the
250.13 fine in a manner that will not impose undue financial hardship upon the child;

250.14 (5) require the child to participate in a community service project;

250.15 (6) order the child to undergo a chemical dependency evaluation and, if warranted by
250.16 the evaluation, order participation by the child in a drug awareness program or an inpatient
250.17 or outpatient chemical dependency treatment program;

250.18 (7) if the court believes that it is in the best interests of the child or of public safety that
250.19 the child's driver's license or instruction permit be canceled, the court may order the
250.20 commissioner of public safety to cancel the child's license or permit for any period up to
250.21 the child's 18th birthday. If the child does not have a driver's license or permit, the court
250.22 may order a denial of driving privileges for any period up to the child's 18th birthday. The
250.23 court shall forward an order issued under this clause to the commissioner, who shall cancel
250.24 the license or permit or deny driving privileges without a hearing for the period specified
250.25 by the court. At any time before the expiration of the period of cancellation or denial, the
250.26 court may, for good cause, order the commissioner of public safety to allow the child to
250.27 apply for a license or permit, and the commissioner shall so authorize;

250.28 (8) order that the child's parent or legal guardian deliver the child to school at the
250.29 beginning of each school day for a period of time specified by the court; or

250.30 (9) require the child to perform any other activities or participate in any other treatment
250.31 programs deemed appropriate by the court.

250.32 To the extent practicable, the court shall enter a disposition order the same day it makes
250.33 a finding that a child is in need of protection or services or neglected and in foster care, but

251.1 in no event more than 15 days after the finding unless the court finds that the best interests
 251.2 of the child will be served by granting a delay. If the child was under eight years of age at
 251.3 the time the petition was filed, the disposition order must be entered within ten days of the
 251.4 finding and the court may not grant a delay unless good cause is shown and the court finds
 251.5 the best interests of the child will be served by the delay.

251.6 (c) If a child who is 14 years of age or older is adjudicated in need of protection or
 251.7 services because the child is a habitual truant and truancy procedures involving the child
 251.8 were previously dealt with by a school attendance review board or county attorney mediation
 251.9 program under section 260A.06 or 260A.07, the court shall order a cancellation or denial
 251.10 of driving privileges under paragraph (b), clause (7), for any period up to the child's 18th
 251.11 birthday.

251.12 (d) In the case of a child adjudicated in need of protection or services because the child
 251.13 has committed domestic abuse and been ordered excluded from the child's parent's home,
 251.14 the court shall dismiss jurisdiction if the court, at any time, finds the parent is able or willing
 251.15 to provide an alternative safe living arrangement for the child, as defined in Laws 1997,
 251.16 chapter 239, article 10, section 2.

251.17 (e) When a parent has complied with a case plan ordered under subdivision 6 and the
 251.18 child is in the care of the parent, the court may order the responsible social services agency
 251.19 to monitor the parent's continued ability to maintain the child safely in the home under such
 251.20 terms and conditions as the court determines appropriate under the circumstances.

251.21 Sec. 11. Minnesota Statutes 2020, section 260C.201, subdivision 2, is amended to read:

251.22 Subd. 2. **Written findings.** (a) Any order for a disposition authorized under this section
 251.23 shall contain written findings of fact to support the disposition and case plan ordered and
 251.24 shall also set forth in writing the following information:

251.25 (1) why the best interests and safety of the child are served by the disposition and case
 251.26 plan ordered;

251.27 (2) what alternative dispositions or services under the case plan were considered by the
 251.28 court and why such dispositions or services were not appropriate in the instant case;

251.29 (3) when legal custody of the child is transferred, the appropriateness of the particular
 251.30 placement made or to be made by the placing agency using the relative and sibling placement
 251.31 considerations and best interest factors in section 260C.212, subdivision 2, ~~paragraph (b),~~
 251.32 or the appropriateness of a child colocated with a parent in a licensed residential family-based
 251.33 substance use disorder treatment program under section 260C.190;

252.1 (4) whether reasonable efforts to finalize the permanent plan for the child consistent
252.2 with section 260.012 were made including reasonable efforts:

252.3 (i) to prevent the child's placement and to reunify the child with the parent or guardian
252.4 from whom the child was removed at the earliest time consistent with the child's safety.

252.5 The court's findings must include a brief description of what preventive and reunification
252.6 efforts were made and why further efforts could not have prevented or eliminated the
252.7 necessity of removal or that reasonable efforts were not required under section 260.012 or
252.8 260C.178, subdivision 1;

252.9 (ii) to identify and locate any noncustodial or nonresident parent of the child and to
252.10 assess such parent's ability to provide day-to-day care of the child, and, where appropriate,
252.11 provide services necessary to enable the noncustodial or nonresident parent to safely provide
252.12 day-to-day care of the child as required under section 260C.219, unless such services are
252.13 not required under section 260.012 or 260C.178, subdivision 1; The court's findings must
252.14 include a description of the agency's efforts to:

252.15 (A) identify and locate the child's noncustodial or nonresident parent;

252.16 (B) assess the noncustodial or nonresident parent's ability to provide day-to-day care of
252.17 the child; and

252.18 (C) if appropriate, provide services necessary to enable the noncustodial or nonresident
252.19 parent to safely provide the child's day-to-day care, including efforts to engage the
252.20 noncustodial or nonresident parent in assuming care and responsibility of the child;

252.21 (iii) to make the diligent search for relatives and provide the notices required under
252.22 section 260C.221; a finding made pursuant to a hearing under section 260C.202 that the
252.23 agency has made diligent efforts to conduct a relative search and has appropriately engaged
252.24 relatives who responded to the notice under section 260C.221 and other relatives, who came
252.25 to the attention of the agency after notice under section 260C.221 was sent, in placement
252.26 and case planning decisions fulfills the requirement of this item;

252.27 (iv) to identify and make a foster care placement of the child, considering the order in
252.28 section 260C.212, subdivision 2, paragraph (a), in the home of an unlicensed relative,
252.29 according to the requirements of section 245A.035, a licensed relative, or other licensed
252.30 foster care provider, who will commit to being the permanent legal parent or custodian for
252.31 the child in the event reunification cannot occur, but who will actively support the
252.32 reunification plan for the child. If the court finds that the agency has not appropriately
252.33 considered relatives for placement of the child, the court shall order the agency to comply
252.34 with section 260C.212, subdivision 2, paragraph (a). The court may order the agency to

253.1 continue considering relatives for placement of the child regardless of the child's current
 253.2 placement setting; and

253.3 (v) to place siblings together in the same home or to ensure visitation is occurring when
 253.4 siblings are separated in foster care placement and visitation is in the siblings' best interests
 253.5 under section 260C.212, subdivision 2, paragraph (d); and

253.6 (5) if the child has been adjudicated as a child in need of protection or services because
 253.7 the child is in need of special services or care to treat or ameliorate a mental disability or
 253.8 emotional disturbance as defined in section 245.4871, subdivision 15, the written findings
 253.9 shall also set forth:

253.10 (i) whether the child has mental health needs that must be addressed by the case plan;

253.11 (ii) what consideration was given to the diagnostic and functional assessments performed
 253.12 by the child's mental health professional and to health and mental health care professionals'
 253.13 treatment recommendations;

253.14 (iii) what consideration was given to the requests or preferences of the child's parent or
 253.15 guardian with regard to the child's interventions, services, or treatment; and

253.16 (iv) what consideration was given to the cultural appropriateness of the child's treatment
 253.17 or services.

253.18 (b) If the court finds that the social services agency's preventive or reunification efforts
 253.19 have not been reasonable but that further preventive or reunification efforts could not permit
 253.20 the child to safely remain at home, the court may nevertheless authorize or continue the
 253.21 removal of the child.

253.22 (c) If the child has been identified by the responsible social services agency as the subject
 253.23 of concurrent permanency planning, the court shall review the reasonable efforts of the
 253.24 agency to develop a permanency plan for the child that includes a primary plan ~~which~~ that
 253.25 is for reunification with the child's parent or guardian and a secondary plan ~~which~~ that is
 253.26 for an alternative, legally permanent home for the child in the event reunification cannot
 253.27 be achieved in a timely manner.

253.28 Sec. 12. Minnesota Statutes 2020, section 260C.202, is amended to read:

253.29 **260C.202 COURT REVIEW OF FOSTER CARE.**

253.30 (a) If the court orders a child placed in foster care, the court shall review the out-of-home
 253.31 placement plan and the child's placement at least every 90 days as required in juvenile court
 253.32 rules to determine whether continued out-of-home placement is necessary and appropriate

254.1 or whether the child should be returned home. This review is not required if the court has
254.2 returned the child home, ordered the child permanently placed away from the parent under
254.3 sections 260C.503 to 260C.521, or terminated rights under section 260C.301. Court review
254.4 for a child permanently placed away from a parent, including where the child is under
254.5 guardianship of the commissioner, shall be governed by section 260C.607. When a child
254.6 is placed in a qualified residential treatment program setting as defined in section 260C.007,
254.7 subdivision 26d, the responsible social services agency must submit evidence to the court
254.8 as specified in section 260C.712.

254.9 (b) No later than three months after the child's placement in foster care, the court shall
254.10 review agency efforts to search for and notify relatives pursuant to section 260C.221, and
254.11 order that the agency's efforts begin immediately, or continue, if the agency has failed to
254.12 perform, or has not adequately performed, the duties under that section. The court must
254.13 order the agency to continue to appropriately engage relatives who responded to the notice
254.14 under section 260C.221 in placement and case planning decisions and to consider relatives
254.15 for foster care placement consistent with section 260C.221. Notwithstanding a court's finding
254.16 that the agency has made reasonable efforts to search for and notify relatives under section
254.17 260C.221, the court may order the agency to continue making reasonable efforts to search
254.18 for, notify, engage other, and consider relatives who came to the agency's attention after
254.19 sending the initial notice under section 260C.221 ~~was sent.~~

254.20 (c) The court shall review the out-of-home placement plan and may modify the plan as
254.21 provided under section 260C.201, subdivisions 6 and 7.

254.22 (d) When the court ~~orders transfer of~~ transfers the custody of a child to a responsible
254.23 social services agency resulting in foster care or protective supervision with a noncustodial
254.24 parent under subdivision 1, the court shall notify the parents of the provisions of sections
254.25 260C.204 and 260C.503 to 260C.521, as required under juvenile court rules.

254.26 (e) When a child remains in or returns to foster care pursuant to section 260C.451 and
254.27 the court has jurisdiction pursuant to section 260C.193, subdivision 6, paragraph (c), the
254.28 court shall at least annually conduct the review required under section 260C.203.

254.29 Sec. 13. Minnesota Statutes 2020, section 260C.203, is amended to read:

254.30 **260C.203 ADMINISTRATIVE OR COURT REVIEW OF PLACEMENTS.**

254.31 (a) Unless the court is conducting the reviews required under section 260C.202, there
254.32 shall be an administrative review of the out-of-home placement plan of each child placed
254.33 in foster care no later than 180 days after the initial placement of the child in foster care

255.1 and at least every six months thereafter if the child is not returned to the home of the parent
255.2 or parents within that time. The out-of-home placement plan must be monitored and updated
255.3 by the responsible social services agency at each administrative review. The administrative
255.4 review shall be conducted by the responsible social services agency using a panel of
255.5 appropriate persons at least one of whom is not responsible for the case management of, or
255.6 the delivery of services to, either the child or the parents who are the subject of the review.
255.7 The administrative review shall be open to participation by the parent or guardian of the
255.8 child and the child, as appropriate.

255.9 (b) As an alternative to the administrative review required in paragraph (a), the court
255.10 may, as part of any hearing required under the Minnesota Rules of Juvenile Protection
255.11 Procedure, conduct a hearing to monitor and update the out-of-home placement plan pursuant
255.12 to the procedure and standard in section 260C.201, subdivision 6, paragraph (d). The party
255.13 requesting review of the out-of-home placement plan shall give parties to the proceeding
255.14 notice of the request to review and update the out-of-home placement plan. A court review
255.15 conducted pursuant to section 260C.141, subdivision 2; 260C.193; 260C.201, subdivision
255.16 1; 260C.202; 260C.204; 260C.317; or 260D.06 shall satisfy the requirement for the review
255.17 so long as the other requirements of this section are met.

255.18 (c) As appropriate to the stage of the proceedings and relevant court orders, the
255.19 responsible social services agency or the court shall review:

255.20 (1) the safety, permanency needs, and well-being of the child;

255.21 (2) the continuing necessity for and appropriateness of the placement, including whether
255.22 the placement is consistent with the child's best interests and other placement considerations,
255.23 including relative and sibling placement considerations under section 260C.212, subdivision
255.24 2;

255.25 (3) the extent of compliance with the out-of-home placement plan required under section
255.26 260C.212, subdivisions 1 and 1a, including services and resources that the agency has
255.27 provided to the child and child's parents, services and resources that other agencies and
255.28 individuals have provided to the child and child's parents, and whether the out-of-home
255.29 placement plan is individualized to the needs of the child and child's parents;

255.30 (4) the extent of progress that has been made toward alleviating or mitigating the causes
255.31 necessitating placement in foster care;

255.32 (5) the projected date by which the child may be returned to and safely maintained in
255.33 the home or placed permanently away from the care of the parent or parents or guardian;
255.34 and

256.1 (6) the appropriateness of the services provided to the child.

256.2 (d) When a child is age 14 or older:

256.3 (1) in addition to any administrative review conducted by the responsible social services
256.4 agency, at the in-court review required under section 260C.317, subdivision 3, clause (3),
256.5 or 260C.515, subdivision 5 or 6, the court shall review the independent living plan required
256.6 under section 260C.212, subdivision 1, paragraph (c), clause (12), and the provision of
256.7 services to the child related to the well-being of the child as the child prepares to leave foster
256.8 care. The review shall include the actual plans related to each item in the plan necessary to
256.9 the child's future safety and well-being when the child is no longer in foster care; and

256.10 (2) consistent with the requirements of the independent living plan, the court shall review
256.11 progress toward or accomplishment of the following goals:

256.12 (i) the child has obtained a high school diploma or its equivalent;

256.13 (ii) the child has completed a driver's education course or has demonstrated the ability
256.14 to use public transportation in the child's community;

256.15 (iii) the child is employed or enrolled in postsecondary education;

256.16 (iv) the child has applied for and obtained postsecondary education financial aid for
256.17 which the child is eligible;

256.18 (v) the child has health care coverage and health care providers to meet the child's
256.19 physical and mental health needs;

256.20 (vi) the child has applied for and obtained disability income assistance for which the
256.21 child is eligible;

256.22 (vii) the child has obtained affordable housing with necessary supports, which does not
256.23 include a homeless shelter;

256.24 (viii) the child has saved sufficient funds to pay for the first month's rent and a damage
256.25 deposit;

256.26 (ix) the child has an alternative affordable housing plan, which does not include a
256.27 homeless shelter, if the original housing plan is unworkable;

256.28 (x) the child, if male, has registered for the Selective Service; and

256.29 (xi) the child has a permanent connection to a caring adult.

257.1 Sec. 14. Minnesota Statutes 2020, section 260C.204, is amended to read:

257.2 **260C.204 PERMANENCY PROGRESS REVIEW FOR CHILDREN IN FOSTER**
257.3 **CARE FOR SIX MONTHS.**

257.4 (a) When a child continues in placement out of the home of the parent or guardian from
257.5 whom the child was removed, no later than six months after the child's placement the court
257.6 shall conduct a permanency progress hearing to review:

257.7 (1) the progress of the case, the parent's progress on the case plan or out-of-home
257.8 placement plan, whichever is applicable;

257.9 (2) the agency's reasonable, or in the case of an Indian child, active efforts for
257.10 reunification and its provision of services;

257.11 (3) the agency's reasonable efforts to finalize the permanent plan for the child under
257.12 section 260.012, paragraph (e), and to make a placement as required under section 260C.212,
257.13 subdivision 2, in a home that will commit to being the legally permanent family for the
257.14 child in the event the child cannot return home according to the timelines in this section;
257.15 and

257.16 (4) in the case of an Indian child, active efforts to prevent the breakup of the Indian
257.17 family and to make a placement according to the placement preferences under United States
257.18 Code, title 25, chapter 21, section 1915.

257.19 (b) When a child is placed in a qualified residential treatment program setting as defined
257.20 in section 260C.007, subdivision 26d, the responsible social services agency must submit
257.21 evidence to the court as specified in section 260C.712.

257.22 (c) The court shall ensure that notice of the hearing is sent to any relative who:

257.23 (1) responded to the agency's notice provided under section 260C.221, indicating an
257.24 interest in participating in planning for the child or being a permanency resource for the
257.25 child and who has kept the court apprised of the relative's address; or

257.26 (2) asked to be notified of court proceedings regarding the child as is permitted in section
257.27 260C.152, subdivision 5.

257.28 (d)(1) If the parent or guardian has maintained contact with the child and is complying
257.29 with the court-ordered out-of-home placement plan, and if the child would benefit from
257.30 reunification with the parent, the court may either:

258.1 (i) return the child home, if the conditions ~~which~~ that led to the out-of-home placement
258.2 have been sufficiently mitigated that it is safe and in the child's best interests to return home;
258.3 or

258.4 (ii) continue the matter up to a total of six additional months. If the child has not returned
258.5 home by the end of the additional six months, the court must conduct a hearing according
258.6 to sections 260C.503 to 260C.521.

258.7 (2) If the court determines that the parent or guardian is not complying, is not making
258.8 progress with or engaging with services in the out-of-home placement plan, or is not
258.9 maintaining regular contact with the child as outlined in the visitation plan required as part
258.10 of the out-of-home placement plan under section 260C.212, the court may order the
258.11 responsible social services agency:

258.12 (i) to develop a plan for legally permanent placement of the child away from the parent;

258.13 (ii) to consider, identify, recruit, and support one or more permanency resources from
258.14 the child's relatives and foster parent, consistent with section 260C.212, subdivision 2,
258.15 paragraph (a), to be the legally permanent home in the event the child cannot be returned
258.16 to the parent. Any relative or the child's foster parent may ask the court to order the agency
258.17 to consider them for permanent placement of the child in the event the child cannot be
258.18 returned to the parent. A relative or foster parent who wants to be considered under this
258.19 item shall cooperate with the background study required under section 245C.08, if the
258.20 individual has not already done so, and with the home study process required under chapter
258.21 245A for providing child foster care and for adoption under section 259.41. The home study
258.22 referred to in this item shall be a single-home study in the form required by the commissioner
258.23 of human services or similar study required by the individual's state of residence when the
258.24 subject of the study is not a resident of Minnesota. The court may order the responsible
258.25 social services agency to make a referral under the Interstate Compact on the Placement of
258.26 Children when necessary to obtain a home study for an individual who wants to be considered
258.27 for transfer of permanent legal and physical custody or adoption of the child; and

258.28 (iii) to file a petition to support an order for the legally permanent placement plan.

258.29 (e) Following the review under this section:

258.30 (1) if the court has either returned the child home or continued the matter up to a total
258.31 of six additional months, the agency shall continue to provide services to support the child's
258.32 return home or to make reasonable efforts to achieve reunification of the child and the parent
258.33 as ordered by the court under an approved case plan;

259.1 (2) if the court orders the agency to develop a plan for the transfer of permanent legal
 259.2 and physical custody of the child to a relative, a petition supporting the plan shall be filed
 259.3 in juvenile court within 30 days of the hearing required under this section and a trial on the
 259.4 petition held within 60 days of the filing of the pleadings; or

259.5 (3) if the court orders the agency to file a termination of parental rights, unless the county
 259.6 attorney can show cause why a termination of parental rights petition should not be filed,
 259.7 a petition for termination of parental rights shall be filed in juvenile court within 30 days
 259.8 of the hearing required under this section and a trial on the petition held within 60 days of
 259.9 the filing of the petition.

259.10 Sec. 15. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 1, is amended
 259.11 to read:

259.12 Subdivision 1. **Out-of-home placement; plan.** (a) An out-of-home placement plan shall
 259.13 be prepared within 30 days after any child is placed in foster care by court order or a
 259.14 voluntary placement agreement between the responsible social services agency and the
 259.15 child's parent pursuant to section 260C.227 or chapter 260D.

259.16 (b) An out-of-home placement plan means a written document ~~which~~ individualized to
 259.17 the needs of the child and the child's parents or guardians that is prepared by the responsible
 259.18 social services agency jointly with ~~the parent or parents or guardian of the child~~ the child's
 259.19 parents or guardians and in consultation with the child's guardian ad litem; the child's tribe,
 259.20 if the child is an Indian child; the child's foster parent or representative of the foster care
 259.21 facility; and, ~~where~~ when appropriate, the child. When a child is age 14 or older, the child
 259.22 may include two other individuals on the team preparing the child's out-of-home placement
 259.23 plan. The child may select one member of the case planning team to be designated as the
 259.24 child's advisor and to advocate with respect to the application of the reasonable and prudent
 259.25 parenting standards. The responsible social services agency may reject an individual selected
 259.26 by the child if the agency has good cause to believe that the individual would not act in the
 259.27 best interest of the child. For a child in voluntary foster care for treatment under chapter
 259.28 260D, preparation of the out-of-home placement plan shall additionally include the child's
 259.29 mental health treatment provider. For a child 18 years of age or older, the responsible social
 259.30 services agency shall involve the child and the child's parents as appropriate. As appropriate,
 259.31 the plan shall be:

259.32 (1) submitted to the court for approval under section 260C.178, subdivision 7;

259.33 (2) ordered by the court, either as presented or modified after hearing, under section
 259.34 260C.178, subdivision 7, or 260C.201, subdivision 6; and

260.1 (3) signed by the parent or parents or guardian of the child, the child's guardian ad litem,
260.2 a representative of the child's tribe, the responsible social services agency, and, if possible,
260.3 the child.

260.4 (c) The out-of-home placement plan shall be explained by the responsible social services
260.5 agency to all persons involved in ~~its~~ the plan's implementation, including the child who has
260.6 signed the plan, and shall set forth:

260.7 (1) a description of the foster care home or facility selected, including how the
260.8 out-of-home placement plan is designed to achieve a safe placement for the child in the
260.9 least restrictive, most family-like, setting available ~~which~~ that is in close proximity to the
260.10 home of the ~~parent or~~ child's parents or ~~guardian of the child~~ guardians when the case plan
260.11 goal is reunification;² and how the placement is consistent with the best interests and special
260.12 needs of the child according to the factors under subdivision 2, paragraph (b);

260.13 (2) the specific reasons for the placement of the child in foster care, and when
260.14 reunification is the plan, a description of the problems or conditions in the home of the
260.15 parent or parents ~~which~~ that necessitated removal of the child from home and the changes
260.16 the parent or parents must make for the child to safely return home;

260.17 (3) a description of the services offered and provided to prevent removal of the child
260.18 from the home and to reunify the family including:

260.19 (i) the specific actions to be taken by the parent or parents of the child to eliminate or
260.20 correct the problems or conditions identified in clause (2), and the time period during which
260.21 the actions are to be taken; and

260.22 (ii) the reasonable efforts, or in the case of an Indian child, active efforts to be made to
260.23 achieve a safe and stable home for the child including social and other supportive services
260.24 to be provided or offered to the parent or parents or guardian of the child, the child, and the
260.25 residential facility during the period the child is in the residential facility;

260.26 (4) a description of any services or resources that were requested by the child or the
260.27 child's parent, guardian, foster parent, or custodian since the date of the child's placement
260.28 in the residential facility, and whether those services or resources were provided and if not,
260.29 the basis for the denial of the services or resources;

260.30 (5) the visitation plan for the parent or parents or guardian, other relatives as defined in
260.31 section 260C.007, subdivision 26b or 27, and siblings of the child if the siblings are not
260.32 placed together in foster care, and whether visitation is consistent with the best interest of
260.33 the child, during the period the child is in foster care;

261.1 (6) when a child cannot return to or be in the care of either parent, documentation of
261.2 steps to finalize adoption as the permanency plan for the child through reasonable efforts
261.3 to place the child for adoption pursuant to section 260C.605. At a minimum, the
261.4 documentation must include consideration of whether adoption is in the best interests of
261.5 the child; and child-specific recruitment efforts such as a relative search, consideration of
261.6 relatives for adoptive placement, and the use of state, regional, and national adoption
261.7 exchanges to facilitate orderly and timely placements in and outside of the state. A copy of
261.8 this documentation shall be provided to the court in the review required under section
261.9 260C.317, subdivision 3, paragraph (b);

261.10 (7) when a child cannot return to or be in the care of either parent, documentation of
261.11 steps to finalize the transfer of permanent legal and physical custody to a relative as the
261.12 permanency plan for the child. This documentation must support the requirements of the
261.13 kinship placement agreement under section 256N.22 and must include the reasonable efforts
261.14 used to determine that it is not appropriate for the child to return home or be adopted, and
261.15 reasons why permanent placement with a relative through a Northstar kinship assistance
261.16 arrangement is in the child's best interest; how the child meets the eligibility requirements
261.17 for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's
261.18 relative foster parent and reasons why the relative foster parent chose not to pursue adoption,
261.19 if applicable; and agency efforts to discuss with the child's parent or parents the permanent
261.20 transfer of permanent legal and physical custody or the reasons why these efforts were not
261.21 made;

261.22 (8) efforts to ensure the child's educational stability while in foster care for a child who
261.23 attained the minimum age for compulsory school attendance under state law and is enrolled
261.24 full time in elementary or secondary school, or instructed in elementary or secondary
261.25 education at home, or instructed in an independent study elementary or secondary program,
261.26 or incapable of attending school on a full-time basis due to a medical condition that is
261.27 documented and supported by regularly updated information in the child's case plan.
261.28 Educational stability efforts include:

261.29 (i) efforts to ensure that the child remains in the same school in which the child was
261.30 enrolled prior to placement or upon the child's move from one placement to another, including
261.31 efforts to work with the local education authorities to ensure the child's educational stability
261.32 and attendance; or

261.33 (ii) if it is not in the child's best interest to remain in the same school that the child was
261.34 enrolled in prior to placement or move from one placement to another, efforts to ensure
261.35 immediate and appropriate enrollment for the child in a new school;

- 262.1 (9) the educational records of the child including the most recent information available
262.2 regarding:
- 262.3 (i) the names and addresses of the child's educational providers;
- 262.4 (ii) the child's grade level performance;
- 262.5 (iii) the child's school record;
- 262.6 (iv) a statement about how the child's placement in foster care takes into account
262.7 proximity to the school in which the child is enrolled at the time of placement; and
- 262.8 (v) any other relevant educational information;
- 262.9 (10) the efforts by the responsible social services agency to ensure the oversight and
262.10 continuity of health care services for the foster child, including:
- 262.11 (i) the plan to schedule the child's initial health screens;
- 262.12 (ii) how the child's known medical problems and identified needs from the screens,
262.13 including any known communicable diseases, as defined in section 144.4172, subdivision
262.14 2, shall be monitored and treated while the child is in foster care;
- 262.15 (iii) how the child's medical information shall be updated and shared, including the
262.16 child's immunizations;
- 262.17 (iv) who is responsible to coordinate and respond to the child's health care needs,
262.18 including the role of the parent, the agency, and the foster parent;
- 262.19 (v) who is responsible for oversight of the child's prescription medications;
- 262.20 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
262.21 consulted and involved in assessing the health and well-being of the child and determine
262.22 the appropriate medical treatment for the child; and
- 262.23 (vii) the responsibility to ensure that the child has access to medical care through either
262.24 medical insurance or medical assistance;
- 262.25 (11) the health records of the child including information available regarding:
- 262.26 (i) the names and addresses of the child's health care and dental care providers;
- 262.27 (ii) a record of the child's immunizations;
- 262.28 (iii) the child's known medical problems, including any known communicable diseases
262.29 as defined in section 144.4172, subdivision 2;
- 262.30 (iv) the child's medications; and

263.1 (v) any other relevant health care information such as the child's eligibility for medical
263.2 insurance or medical assistance;

263.3 (12) an independent living plan for a child 14 years of age or older, developed in
263.4 consultation with the child. The child may select one member of the case planning team to
263.5 be designated as the child's advisor and to advocate with respect to the application of the
263.6 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
263.7 not be limited to, the following objectives:

263.8 (i) educational, vocational, or employment planning;

263.9 (ii) health care planning and medical coverage;

263.10 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
263.11 license;

263.12 (iv) money management, including the responsibility of the responsible social services
263.13 agency to ensure that the child annually receives, at no cost to the child, a consumer report
263.14 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
263.15 in the report;

263.16 (v) planning for housing;

263.17 (vi) social and recreational skills;

263.18 (vii) establishing and maintaining connections with the child's family and community;
263.19 and

263.20 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
263.21 activities typical for the child's age group, taking into consideration the capacities of the
263.22 individual child;

263.23 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
263.24 and assessment information, specific services relating to meeting the mental health care
263.25 needs of the child, and treatment outcomes;

263.26 (14) for a child 14 years of age or older, a signed acknowledgment that describes the
263.27 child's rights regarding education, health care, visitation, safety and protection from
263.28 exploitation, and court participation; receipt of the documents identified in section 260C.452;
263.29 and receipt of an annual credit report. The acknowledgment shall state that the rights were
263.30 explained in an age-appropriate manner to the child; and

263.31 (15) for a child placed in a qualified residential treatment program, the plan must include
263.32 the requirements in section 260C.708.

264.1 (d) The parent or parents or guardian and the child each shall have the right to legal
 264.2 counsel in the preparation of the case plan and shall be informed of the right at the time of
 264.3 placement of the child. The child shall also have the right to a guardian ad litem. If unable
 264.4 to employ counsel from their own resources, the court shall appoint counsel upon the request
 264.5 of the parent or parents or the child or the child's legal guardian. The parent or parents may
 264.6 also receive assistance from any person or social services agency in preparation of the case
 264.7 plan.

264.8 (e) After the plan has been agreed upon by the parties involved or approved or ordered
 264.9 by the court, the foster parents shall be fully informed of the provisions of the case plan and
 264.10 shall be provided a copy of the plan.

264.11 (f) Upon the child's discharge from foster care, the responsible social services agency
 264.12 must provide the child's parent, adoptive parent, or permanent legal and physical custodian,
 264.13 and the child, if the child is 14 years of age or older, with a current copy of the child's health
 264.14 and education record. If a child meets the conditions in subdivision 15, paragraph (b), the
 264.15 agency must also provide the child with the child's social and medical history. The responsible
 264.16 social services agency may give a copy of the child's health and education record and social
 264.17 and medical history to a child who is younger than 14 years of age, if it is appropriate and
 264.18 if subdivision 15, paragraph (b), applies.

264.19 Sec. 16. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 2, is amended
 264.20 to read:

264.21 Subd. 2. **Placement decisions based on best interests of the child.** (a) The policy of
 264.22 the state of Minnesota is to ensure that the child's best interests are met by requiring an
 264.23 individualized determination of the needs of the child in consideration of paragraphs (a) to
 264.24 (f), and of how the selected placement will serve the current and future needs of the child
 264.25 being placed. The authorized child-placing agency shall place a child, released by court
 264.26 order or by voluntary release by the parent or parents, in a family foster home selected by
 264.27 considering placement with relatives ~~and important friends~~ in the following order:

264.28 (1) with an individual who is related to the child by blood, marriage, or adoption,
 264.29 including the legal parent, guardian, or custodian of the child's ~~siblings~~ sibling; or

264.30 (2) with an individual who is an important friend of the child or of the child's parent or
 264.31 custodian, including an individual with whom the child has resided or had significant contact
 264.32 or who has a significant relationship to the child or the child's parent or custodian.

265.1 ~~(2) with an individual who is an important friend with whom the child has resided or~~
265.2 ~~had significant contact.~~

265.3 For an Indian child, the agency shall follow the order of placement preferences in the Indian
265.4 Child Welfare Act of 1978, United States Code, title 25, section 1915.

265.5 (b) Among the factors the agency shall consider in determining the current and future
265.6 needs of the child are the following:

265.7 (1) the child's current functioning and behaviors;

265.8 (2) the medical needs of the child;

265.9 (3) the educational needs of the child;

265.10 (4) the developmental needs of the child;

265.11 (5) the child's history and past experience;

265.12 (6) the child's religious and cultural needs;

265.13 (7) the child's connection with a community, school, and faith community;

265.14 (8) the child's interests and talents;

265.15 (9) the child's ~~relationship to current caretakers,~~ current and long-term needs regarding
265.16 relationships with parents, siblings, and relatives, and other caretakers;

265.17 (10) the reasonable preference of the child, if the court, or the child-placing agency in
265.18 the case of a voluntary placement, deems the child to be of sufficient age to express
265.19 preferences; and

265.20 (11) for an Indian child, the best interests of an Indian child as defined in section 260.755,
265.21 subdivision 2a.

265.22 When placing a child in foster care or in a permanent placement based on an individualized
265.23 determination of the child's needs, the agency must not use one factor in this paragraph to
265.24 the exclusion of all others, and the agency shall consider that the factors in paragraph (b)
265.25 may be interrelated.

265.26 (c) Placement of a child cannot be delayed or denied based on race, color, or national
265.27 origin of the foster parent or the child.

265.28 (d) Siblings should be placed together for foster care and adoption at the earliest possible
265.29 time unless it is documented that a joint placement would be contrary to the safety or
265.30 well-being of any of the siblings or unless it is not possible after reasonable efforts by the
265.31 responsible social services agency. In cases where siblings cannot be placed together, the

266.1 agency is required to provide frequent visitation or other ongoing interaction between
 266.2 siblings unless the agency documents that the interaction would be contrary to the safety
 266.3 or well-being of any of the siblings.

266.4 (e) Except for emergency placement as provided for in section 245A.035, the following
 266.5 requirements must be satisfied before the approval of a foster or adoptive placement in a
 266.6 related or unrelated home: (1) a completed background study under section 245C.08; and
 266.7 (2) a completed review of the written home study required under section 260C.215,
 266.8 subdivision 4, clause (5), or 260C.611, to assess the capacity of the prospective foster or
 266.9 adoptive parent to ensure the placement will meet the needs of the individual child.

266.10 (f) The agency must determine whether colocation with a parent who is receiving services
 266.11 in a licensed residential family-based substance use disorder treatment program is in the
 266.12 child's best interests according to paragraph (b) and include that determination in the child's
 266.13 case plan under subdivision 1. The agency may consider additional factors not identified
 266.14 in paragraph (b). The agency's determination must be documented in the child's case plan
 266.15 before the child is colocated with a parent.

266.16 (g) The agency must establish a juvenile treatment screening team under section 260C.157
 266.17 to determine whether it is necessary and appropriate to recommend placing a child in a
 266.18 qualified residential treatment program, as defined in section 260C.007, subdivision 26d.

266.19 Sec. 17. Minnesota Statutes 2020, section 260C.221, is amended to read:

266.20 **260C.221 RELATIVE SEARCH AND ENGAGEMENT; PLACEMENT**
 266.21 **CONSIDERATION.**

266.22 **Subdivision 1. Relative search requirements.** (a) The responsible social services agency
 266.23 shall exercise due diligence to identify and notify adult relatives and current caregivers of
 266.24 a child's sibling, prior to placement or within 30 days after the child's removal from the
 266.25 parent, regardless of whether a child is placed in a relative's home, as required under
 266.26 subdivision 2. The county agency shall consider placement with a relative under this section
 266.27 ~~without delay and whenever the child must move from or be returned to foster care.~~ The
 266.28 relative search required by this section shall be comprehensive in scope. ~~After a finding~~
 266.29 ~~that the agency has made reasonable efforts to conduct the relative search under this~~
 266.30 ~~paragraph, the agency has the continuing responsibility to appropriately involve relatives,~~
 266.31 ~~who have responded to the notice required under this paragraph, in planning for the child~~
 266.32 ~~and to continue to consider relatives according to the requirements of section 260C.212,~~
 266.33 ~~subdivision 2. At any time during the course of juvenile protection proceedings, the court~~

267.1 ~~may order the agency to reopen its search for relatives when it is in the child's best interest~~
 267.2 ~~to do so.~~

267.3 (b) The relative search required by this section shall include both maternal and paternal
 267.4 adult relatives of the child; all adult grandparents; all legal parents, guardians, or custodians
 267.5 of the child's siblings; and any other adult relatives suggested by the child's parents, subject
 267.6 to the exceptions due to family violence in subdivision 5, paragraph (e) (b). The search shall
 267.7 also include getting information from the child in an age-appropriate manner about who the
 267.8 child considers to be family members and important friends with whom the child has resided
 267.9 or had significant contact. The relative search required under this section must fulfill the
 267.10 agency's duties under the Indian Child Welfare Act regarding active efforts to prevent the
 267.11 breakup of the Indian family under United States Code, title 25, section 1912(d), and to
 267.12 meet placement preferences under United States Code, title 25, section 1915.

267.13 (c) The responsible social services agency has a continuing responsibility to search for
 267.14 and identify relatives of a child and send the notice to relatives that is required under
 267.15 subdivision 2, unless the court has relieved the agency of this duty under subdivision 5,
 267.16 paragraph (e).

267.17 Subd. 2. Relative notice requirements. (a) The agency may provide oral or written
 267.18 notice to a child's relatives. In the child's case record, the agency must document providing
 267.19 the required notice to each of the child's relatives. The responsible social services agency
 267.20 must notify relatives ~~must be notified:~~

267.21 (1) of the need for a foster home for the child, the option to become a placement resource
 267.22 for the child, the order of placement that the agency will consider under section 260C.212,
 267.23 subdivision 2, paragraph (a), and the possibility of the need for a permanent placement for
 267.24 the child;

267.25 (2) of their responsibility to keep the responsible social services agency and the court
 267.26 informed of their current address in order to receive notice in the event that a permanent
 267.27 placement is sought for the child and to receive notice of the permanency progress review
 267.28 hearing under section 260C.204. A relative who fails to provide a current address to the
 267.29 responsible social services agency and the court forfeits the right to receive notice of the
 267.30 possibility of permanent placement and of the permanency progress review hearing under
 267.31 section 260C.204, until the relative provides a current address to the responsible social
 267.32 services agency and the court. A decision by a relative not to be identified as a potential
 267.33 permanent placement resource or participate in planning for the child ~~at the beginning of~~
 267.34 ~~the case~~ shall not affect whether the relative is considered for placement of, or as a

268.1 permanency resource for, the child with that relative later at any time in the case, and shall
268.2 not be the sole basis for the court to rule out the relative as the child's placement or
268.3 permanency resource;

268.4 (3) that the relative may participate in the care and planning for the child, as specified
268.5 in subdivision 3, including that the opportunity for such participation may be lost by failing
268.6 to respond to the notice sent under this subdivision. ~~"Participate in the care and planning"~~
268.7 ~~includes, but is not limited to, participation in case planning for the parent and child,~~
268.8 ~~identifying the strengths and needs of the parent and child, supervising visits, providing~~
268.9 ~~respite and vacation visits for the child, providing transportation to appointments, suggesting~~
268.10 ~~other relatives who might be able to help support the case plan, and to the extent possible,~~
268.11 ~~helping to maintain the child's familiar and regular activities and contact with friends and~~
268.12 ~~relatives;~~

268.13 (4) of the family foster care licensing and adoption home study requirements, including
268.14 how to complete an application and how to request a variance from licensing standards that
268.15 do not present a safety or health risk to the child in the home under section 245A.04 and
268.16 supports that are available for relatives and children who reside in a family foster home;
268.17 ~~and~~

268.18 (5) of the relatives' right to ask to be notified of any court proceedings regarding the
268.19 child, to attend the hearings, and of a relative's right ~~or opportunity~~ to be heard by the court
268.20 as required under section 260C.152, subdivision 5;

268.21 (6) that regardless of the relative's response to the notice sent under this subdivision, the
268.22 agency is required to establish permanency for a child, including planning for alternative
268.23 permanency options if the agency's reunification efforts fail or are not required; and

268.24 (7) that by responding to the notice, a relative may receive information about participating
268.25 in a child's family and permanency team if the child is placed in a qualified residential
268.26 treatment program as defined in section 260C.007, subdivision 26d.

268.27 (b) The responsible social services agency shall send the notice required under paragraph
268.28 (a) to relatives who become known to the responsible social services agency, except for
268.29 relatives that the agency does not contact due to safety reasons under subdivision 5, paragraph
268.30 (b). The responsible social services agency shall continue to send notice to relatives
268.31 notwithstanding a court's finding that the agency has made reasonable efforts to conduct a
268.32 relative search.

268.33 (c) The responsible social services agency is not required to send the notice under
268.34 paragraph (a) to a relative who becomes known to the agency after an adoption placement

269.1 agreement has been fully executed under section 260C.613, subdivision 1. If the relative
269.2 wishes to be considered for adoptive placement of the child, the agency shall inform the
269.3 relative of the relative's ability to file a motion for an order for adoptive placement under
269.4 section 260C.607, subdivision 6.

269.5 Subd. 3. **Relative engagement requirements.** (a) A relative who responds to the notice
269.6 under subdivision 2 has the opportunity to participate in care and planning for a child, which
269.7 must not be limited based solely on the relative's prior inconsistent participation or
269.8 nonparticipation in care and planning for the child. Care and planning for a child may include
269.9 but is not limited to:

269.10 (1) participating in case planning for the child and child's parent, including identifying
269.11 services and resources that meet the individualized needs of the child and child's parent. A
269.12 relative's participation in case planning may be in person, via phone call, or by electronic
269.13 means;

269.14 (2) identifying the strengths and needs of the child and child's parent;

269.15 (3) asking the responsible social services agency to consider the relative for placement
269.16 of the child according to subdivision 4;

269.17 (4) acting as a support person for the child, the child's parents, and the child's current
269.18 caregiver;

269.19 (5) supervising visits;

269.20 (6) providing respite care for the child and having vacation visits with the child;

269.21 (7) providing transportation;

269.22 (8) suggesting other relatives who may be able to participate in the case plan or that the
269.23 agency may consider for placement of the child. The agency shall send a notice to each
269.24 relative identified by other relatives according to subdivision 2, paragraph (b), unless a
269.25 relative received this notice earlier in the case;

269.26 (9) helping to maintain the child's familiar and regular activities and contact with the
269.27 child's friends and relatives, including providing supervision of the child at family gatherings
269.28 and events; and

269.29 (10) participating in the child's family and permanency team if the child is placed in a
269.30 qualified residential treatment program as defined in section 260C.007, subdivision 26d.

269.31 (b) The responsible social services agency shall make reasonable efforts to contact and
269.32 engage relatives who respond to the notice required under this section. Upon a request by

270.1 a relative or party to the proceeding, the court may conduct a review of the agency's
270.2 reasonable efforts to contact and engage relatives who respond to the notice. If the court
270.3 finds that the agency did not make reasonable efforts to contact and engage relatives who
270.4 respond to the notice, the court may order the agency to make reasonable efforts to contact
270.5 and engage relatives who respond to the notice in care and planning for the child.

270.6 Subd. 4. **Placement considerations.** (a) The responsible social services agency shall
270.7 consider placing a child with a relative under this section without delay and when the child:

270.8 (1) enters foster care;

270.9 (2) must be moved from the child's current foster setting;

270.10 (3) must be permanently placed away from the child's parent; or

270.11 (4) returns to foster care after permanency has been achieved for the child.

270.12 (b) The agency shall consider placing a child with relatives:

270.13 (1) in the order specified in section 260C.212, subdivision 2, paragraph (a); and

270.14 (2) based on the child's best interests using the factors in section 260C.212, subdivision
270.15 2.

270.16 (c) The agency shall document how the agency considered relatives in the child's case
270.17 record.

270.18 (d) Any relative who requests to be a placement option for a child in foster care has the
270.19 right to be considered for placement of the child according to section 260C.212, subdivision
270.20 2, paragraph (a), unless the court finds that placing the child with a specific relative would
270.21 endanger the child, sibling, parent, guardian, or any other family member under subdivision
270.22 5, paragraph (b).

270.23 (e) When adoption is the responsible social services agency's permanency goal for the
270.24 child, the agency shall consider adoptive placement of the child with a relative in the order
270.25 specified under section 260C.212, subdivision 2, paragraph (a).

270.26 Subd. 5. **Data disclosure; court review.** ~~(e)~~ (a) A responsible social services agency
270.27 may disclose private data, as defined in section 13.02 and chapter 260E, to relatives of the
270.28 child for the purpose of locating and assessing a suitable placement and may use any
270.29 reasonable means of identifying and locating relatives including the Internet or other
270.30 electronic means of conducting a search. The agency shall disclose data that is necessary
270.31 to facilitate possible placement with relatives and to ensure that the relative is informed of

271.1 the needs of the child so the relative can participate in planning for the child and be supportive
271.2 of services to the child and family.

271.3 (b) If the child's parent refuses to give the responsible social services agency information
271.4 sufficient to identify the maternal and paternal relatives of the child, the agency shall ask
271.5 the juvenile court to order the parent to provide the necessary information and shall use
271.6 other resources to identify the child's maternal and paternal relatives. If a parent makes an
271.7 explicit request that a specific relative not be contacted or considered for placement due to
271.8 safety reasons, including past family or domestic violence, the agency shall bring the parent's
271.9 request to the attention of the court to determine whether the parent's request is consistent
271.10 with the best interests of the child ~~and~~. The agency shall not contact the specific relative
271.11 when the juvenile court finds that contacting or placing the child with the specific relative
271.12 would endanger the parent, guardian, child, sibling, or any family member. Unless section
271.13 260C.139 applies to the child's case, a court shall not waive or relieve the responsible social
271.14 services agency of reasonable efforts to:

271.15 (1) conduct a relative search;

271.16 (2) notify relatives;

271.17 (3) contact and engage relatives in case planning; and

271.18 (4) consider relatives for placement of the child.

271.19 (c) Notwithstanding chapter 13, the agency shall disclose data to the court about particular
271.20 relatives that the agency has identified, contacted, or considered for the child's placement
271.21 for the court to review the agency's due diligence.

271.22 (d) At a regularly scheduled hearing not later than three months after the child's placement
271.23 in foster care and as required in ~~section~~ sections 260C.193 and 260C.202, the agency shall
271.24 report to the court:

271.25 (1) ~~its~~ the agency's efforts to identify maternal and paternal relatives of the child and to
271.26 engage the relatives in providing support for the child and family, and document that the
271.27 relatives have been provided the notice required under ~~paragraph (a)~~ subdivision 2; and

271.28 (2) ~~its~~ the agency's decision regarding placing the child with a relative as required under
271.29 section 260C.212, subdivision 2, ~~and to ask~~. If the responsible social services agency decides
271.30 that relative placement is not in the child's best interests at the time of the hearing, the agency
271.31 shall inform the court of the agency's decision, including:

271.32 (i) why the agency decided against relative placement of the child; and

272.1 ~~(ii) the agency's efforts to engage relatives to visit or maintain contact with the child in~~
272.2 ~~order as required under subdivision 3 to support family connections for the child, when~~
272.3 ~~placement with a relative is not possible or appropriate.~~

272.4 ~~(e) Notwithstanding chapter 13, the agency shall disclose data about particular relatives~~
272.5 ~~identified, searched for, and contacted for the purposes of the court's review of the agency's~~
272.6 ~~due diligence.~~

272.7 ~~(f)~~ (e) When the court is satisfied that the agency has exercised due diligence to identify
272.8 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may find
272.9 that the agency made reasonable efforts have been made to conduct a relative search to
272.10 identify and provide notice to adult relatives as required under section 260.012, paragraph
272.11 (e), clause (3). A finding under this paragraph does not relieve the responsible social services
272.12 agency of the ongoing duty to contact, engage, and consider relatives under this section nor
272.13 is it a basis for the court to rule out any relative from being a foster care or permanent
272.14 placement option for the child. The agency has the continuing responsibility to:

272.15 (1) involve relatives who respond to the notice in planning for the child; and

272.16 (2) continue considering relatives for the child's placement while taking the child's short-
272.17 and long-term permanency goals into consideration, according to the requirements of section
272.18 260C.212, subdivision 2.

272.19 (f) At any time during the course of juvenile protection proceedings, the court may order
272.20 the agency to reopen the search for relatives when it is in the child's best interests.

272.21 (g) If the court is not satisfied that the agency has exercised due diligence to identify
272.22 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may order
272.23 the agency to continue its search and notice efforts and to report back to the court.

272.24 ~~(g) When the placing agency determines that permanent placement proceedings are~~
272.25 ~~necessary because there is a likelihood that the child will not return to a parent's care, the~~
272.26 ~~agency must send the notice provided in paragraph (h), may ask the court to modify the~~
272.27 ~~duty of the agency to send the notice required in paragraph (h), or may ask the court to~~
272.28 ~~completely relieve the agency of the requirements of paragraph (h). The relative notification~~
272.29 ~~requirements of paragraph (h) do not apply when the child is placed with an appropriate~~
272.30 ~~relative or a foster home that has committed to adopting the child or taking permanent legal~~
272.31 ~~and physical custody of the child and the agency approves of that foster home for permanent~~
272.32 ~~placement of the child. The actions ordered by the court under this section must be consistent~~
272.33 ~~with the best interests, safety, permanency, and welfare of the child.~~

273.1 (h) ~~Unless required under the Indian Child Welfare Act or relieved of this duty by the~~
 273.2 ~~court under paragraph (f),~~ When the agency determines that it is necessary to prepare for
 273.3 permanent placement determination proceedings, or in anticipation of filing a termination
 273.4 of parental rights petition, the agency shall send notice to ~~the~~ relatives who responded to a
 273.5 notice under this section sent at any time during the case, any adult with whom the child is
 273.6 currently residing, any adult with whom the child has resided for one year or longer in the
 273.7 past, and any adults who have maintained a relationship or exercised visitation with the
 273.8 child as identified in the agency case plan. The notice must state that a permanent home is
 273.9 sought for the child and that the individuals receiving the notice may indicate to the agency
 273.10 their interest in providing a permanent home. The notice must state that within 30 days of
 273.11 receipt of the notice an individual receiving the notice must indicate to the agency the
 273.12 individual's interest in providing a permanent home for the child or that the individual may
 273.13 lose the opportunity to be considered for a permanent placement. A relative's failure to
 273.14 respond or timely respond to the notice is not a basis for ruling out the relative from being
 273.15 a permanent placement option for the child, should the relative request to be considered for
 273.16 permanent placement at a later date.

273.17 Sec. 18. Minnesota Statutes 2021 Supplement, section 260C.605, subdivision 1, is amended
 273.18 to read:

273.19 Subdivision 1. **Requirements.** (a) Reasonable efforts to finalize the adoption of a child
 273.20 under the guardianship of the commissioner shall be made by the responsible social services
 273.21 agency responsible for permanency planning for the child.

273.22 (b) Reasonable efforts to make a placement in a home according to the placement
 273.23 considerations under section 260C.212, subdivision 2, with a relative or foster parent who
 273.24 will commit to being the permanent resource for the child in the event the child cannot be
 273.25 reunified with a parent are required under section 260.012 and may be made concurrently
 273.26 with reasonable, or if the child is an Indian child, active efforts to reunify the child with the
 273.27 parent.

273.28 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the
 273.29 child is in foster care under this chapter, but not later than the hearing required under section
 273.30 260C.204.

273.31 (d) Reasonable efforts to finalize the adoption of the child include:

273.32 (1) considering the child's preference for an adoptive family;

273.33 ~~(1)~~ (2) using age-appropriate engagement strategies to plan for adoption with the child;

- 274.1 ~~(2)~~ (3) identifying an appropriate prospective adoptive parent for the child by updating
274.2 the child's identified needs using the factors in section 260C.212, subdivision 2;
- 274.3 ~~(3)~~ (4) making an adoptive placement that meets the child's needs by:
- 274.4 (i) completing or updating the relative search required under section 260C.221 and giving
274.5 notice of the need for an adoptive home for the child to:
- 274.6 (A) relatives who have kept the agency or the court apprised of their whereabouts ~~and~~
274.7 ~~who have indicated an interest in adopting the child;~~ or
- 274.8 (B) relatives of the child who are located in an updated search;
- 274.9 (ii) an updated search is required whenever:
- 274.10 (A) there is no identified prospective adoptive placement for the child notwithstanding
274.11 a finding by the court that the agency made diligent efforts under section 260C.221, in a
274.12 hearing required under section 260C.202;
- 274.13 (B) the child is removed from the home of an adopting parent; or
- 274.14 (C) the court determines that a relative search by the agency is in the best interests of
274.15 the child;
- 274.16 (iii) engaging the child's relatives or current or former foster parent and the child's
274.17 ~~relatives identified as an adoptive resource during the search conducted under section~~
274.18 ~~260C.221, parents~~ to commit to being the prospective adoptive parent of the child, and
274.19 considering the child's relatives for adoptive placement of the child in the order specified
274.20 under section 260C.212, subdivision 2, paragraph (a); or
- 274.21 (iv) when there is no identified prospective adoptive parent:
- 274.22 (A) registering the child on the state adoption exchange as required in section 259.75
274.23 unless the agency documents to the court an exception to placing the child on the state
274.24 adoption exchange reported to the commissioner;
- 274.25 (B) reviewing all families with approved adoption home studies associated with the
274.26 responsible social services agency;
- 274.27 (C) presenting the child to adoption agencies and adoption personnel who may assist
274.28 with finding an adoptive home for the child;
- 274.29 (D) using newspapers and other media to promote the particular child;
- 274.30 (E) using a private agency under grant contract with the commissioner to provide adoption
274.31 services for intensive child-specific recruitment efforts; and

275.1 (F) making any other efforts or using any other resources reasonably calculated to identify
275.2 a prospective adoption parent for the child;

275.3 ~~(4)~~ (5) updating and completing the social and medical history required under sections
275.4 260C.212, subdivision 15, and 260C.609;

275.5 ~~(5)~~ (6) making, and keeping updated, appropriate referrals required by section 260.851,
275.6 the Interstate Compact on the Placement of Children;

275.7 ~~(6)~~ (7) giving notice regarding the responsibilities of an adoptive parent to any prospective
275.8 adoptive parent as required under section 259.35;

275.9 ~~(7)~~ (8) offering the adopting parent the opportunity to apply for or decline adoption
275.10 assistance under chapter 256N;

275.11 ~~(8)~~ (9) certifying the child for adoption assistance, assessing the amount of adoption
275.12 assistance, and ascertaining the status of the commissioner's decision on the level of payment
275.13 if the adopting parent has applied for adoption assistance;

275.14 ~~(9)~~ (10) placing the child with siblings. If the child is not placed with siblings, the agency
275.15 must document reasonable efforts to place the siblings together, as well as the reason for
275.16 separation. The agency may not cease reasonable efforts to place siblings together for final
275.17 adoption until the court finds further reasonable efforts would be futile or that placement
275.18 together for purposes of adoption is not in the best interests of one of the siblings; and

275.19 ~~(10)~~ (11) working with the adopting parent to file a petition to adopt the child and with
275.20 the court administrator to obtain a timely hearing to finalize the adoption.

275.21 Sec. 19. Minnesota Statutes 2020, section 260C.607, subdivision 2, is amended to read:

275.22 Subd. 2. **Notice.** Notice of review hearings shall be given by the court to:

275.23 (1) the responsible social services agency;

275.24 (2) the child, if the child is age ten and older;

275.25 (3) the child's guardian ad litem;

275.26 (4) counsel appointed for the child pursuant to section 260C.163, subdivision 3;

275.27 (5) relatives of the child who have kept the court informed of their whereabouts as
275.28 required in section 260C.221 and who have responded to the agency's notice under section
275.29 260C.221, ~~indicating a willingness to provide an adoptive home for the child unless the~~
275.30 ~~relative has been previously ruled out by the court as a suitable foster parent or permanency~~
275.31 resource for the child;

- 276.1 (6) the current foster or adopting parent of the child;
- 276.2 (7) any foster or adopting parents of siblings of the child; and
- 276.3 (8) the Indian child's tribe.

276.4 Sec. 20. Minnesota Statutes 2020, section 260C.607, subdivision 5, is amended to read:

276.5 Subd. 5. **Required placement by responsible social services agency.** (a) No petition
276.6 for adoption shall be filed for a child under the guardianship of the commissioner unless
276.7 the child sought to be adopted has been placed for adoption with the adopting parent by the
276.8 responsible social services agency as required under section 260C.613, subdivision 1. The
276.9 court may order the agency to make an adoptive placement using standards and procedures
276.10 under subdivision 6.

276.11 (b) Any relative or the child's foster parent who believes the responsible agency has not
276.12 reasonably considered the relative's or foster parent's request to be considered for adoptive
276.13 placement as required under section 260C.212, subdivision 2, and who wants to be considered
276.14 for adoptive placement of the child shall bring a request for consideration to the attention
276.15 of the court during a review required under this section. The child's guardian ad litem and
276.16 the child may also bring a request for a relative or the child's foster parent to be considered
276.17 for adoptive placement. After hearing from the agency, the court may order the agency to
276.18 take appropriate action regarding the relative's or foster parent's request for consideration
276.19 under section 260C.212, subdivision 2, paragraph (b).

276.20 Sec. 21. Minnesota Statutes 2021 Supplement, section 260C.607, subdivision 6, is amended
276.21 to read:

276.22 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the
276.23 district court orders the child under the guardianship of the commissioner of human services,
276.24 but not later than 30 days after receiving notice required under section 260C.613, subdivision
276.25 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's
276.26 foster parent may file a motion for an order for adoptive placement of a child who is under
276.27 the guardianship of the commissioner if the relative or the child's foster parent:

276.28 (1) has an adoption home study under section 259.41 approving the relative or foster
276.29 parent for adoption ~~and has~~. If the relative or foster parent does not have an adoption home
276.30 study, an affidavit attesting to efforts to complete an adoption home study may be filed with
276.31 the motion instead. The affidavit must be signed by the relative or foster parent and the
276.32 responsible social services agency or licensed child-placing agency completing the adoption

277.1 home study. The relative or foster parent must also have been a resident of Minnesota for
277.2 at least six months before filing the motion; the court may waive the residency requirement
277.3 for the moving party if there is a reasonable basis to do so; or

277.4 (2) is not a resident of Minnesota, but has an approved adoption home study by an agency
277.5 licensed or approved to complete an adoption home study in the state of the individual's
277.6 residence and the study is filed with the motion for adoptive placement. If the relative or
277.7 foster parent does not have an adoption home study in the relative's or foster parent's state
277.8 of residence, an affidavit attesting to efforts to complete an adoption home study may be
277.9 filed with the motion instead. The affidavit must be signed by the relative or foster parent
277.10 and the agency completing the adoption home study.

277.11 (b) The motion shall be filed with the court conducting reviews of the child's progress
277.12 toward adoption under this section. The motion and supporting documents must make a
277.13 prima facie showing that the agency has been unreasonable in failing to make the requested
277.14 adoptive placement. The motion must be served according to the requirements for motions
277.15 under the Minnesota Rules of Juvenile Protection Procedure and shall be made on all
277.16 individuals and entities listed in subdivision 2.

277.17 (c) If the motion and supporting documents do not make a prima facie showing for the
277.18 court to determine whether the agency has been unreasonable in failing to make the requested
277.19 adoptive placement, the court shall dismiss the motion. If the court determines a prima facie
277.20 basis is made, the court shall set the matter for evidentiary hearing.

277.21 (d) At the evidentiary hearing, the responsible social services agency shall proceed first
277.22 with evidence about the reason for not making the adoptive placement proposed by the
277.23 moving party. When the agency presents evidence regarding the child's current relationship
277.24 with the identified adoptive placement resource, the court must consider the agency's efforts
277.25 to support the child's relationship with the moving party consistent with section 260C.221.
277.26 The moving party then has the burden of proving by a preponderance of the evidence that
277.27 the agency has been unreasonable in failing to make the adoptive placement.

277.28 (e) The court shall review and enter findings regarding whether, in making an adoptive
277.29 placement decision for the child, the agency:

277.30 (1) considered relatives for adoptive placement in the order specified under section
277.31 260C.212, subdivision 2, paragraph (a); and

277.32 (2) assessed how the identified adoptive placement resource and the moving party are
277.33 each able to meet the child's current and future needs based on an individualized

278.1 determination of the child's needs, as required under sections 260C.612, subdivision 2, and
278.2 260C.613, subdivision 1, paragraph (b).

278.3 ~~(e)~~ (f) At the conclusion of the evidentiary hearing, if the court finds that the agency has
278.4 been unreasonable in failing to make the adoptive placement and that the ~~relative or the~~
278.5 ~~child's foster parent~~ moving party is the most suitable adoptive home to meet the child's
278.6 needs using the factors in section 260C.212, subdivision 2, paragraph (b), the court may:

278.7 (1) order the responsible social services agency to make an adoptive placement in the
278.8 home of the ~~relative or the child's foster parent.~~ moving party if the moving party has an
278.9 approved adoption home study; or

278.10 (2) order the responsible social services agency to place the child in the home of the
278.11 moving party upon approval of an adoption home study. The agency must promote and
278.12 support the child's ongoing visitation and contact with the moving party until the child is
278.13 placed in the moving party's home. The agency must provide an update to the court after
278.14 90 days, including progress and any barriers encountered. If the moving party does not have
278.15 an approved adoption home study within 180 days, the moving party and the agency must
278.16 inform the court of any barriers to obtaining the approved adoption home study during a
278.17 review hearing under this section. If the court finds that the moving party is unable to obtain
278.18 an approved adoption home study, the court must dismiss the order for adoptive placement
278.19 under this subdivision and order the agency to continue making reasonable efforts to finalize
278.20 the adoption of the child as required under section 260C.605.

278.21 ~~(f)~~ (g) If, in order to ensure that a timely adoption may occur, the court orders the
278.22 responsible social services agency to make an adoptive placement under this subdivision,
278.23 the agency shall:

278.24 (1) make reasonable efforts to obtain a fully executed adoption placement agreement,
278.25 including assisting the moving party with the adoption home study process;

278.26 (2) work with the moving party regarding eligibility for adoption assistance as required
278.27 under chapter 256N; and

278.28 (3) if the moving party is not a resident of Minnesota, timely refer the matter for approval
278.29 of the adoptive placement through the Interstate Compact on the Placement of Children.

278.30 ~~(g)~~ (h) Denial or granting of a motion for an order for adoptive placement after an
278.31 evidentiary hearing is an order which may be appealed by the responsible social services
278.32 agency, the moving party, the child, when age ten or over, the child's guardian ad litem,
278.33 and any individual who had a fully executed adoption placement agreement regarding the

279.1 child at the time the motion was filed if the court's order has the effect of terminating the
279.2 adoption placement agreement. An appeal shall be conducted according to the requirements
279.3 of the Rules of Juvenile Protection Procedure.

279.4 Sec. 22. Minnesota Statutes 2020, section 260C.613, subdivision 1, is amended to read:

279.5 Subdivision 1. **Adoptive placement decisions.** (a) The responsible social services agency
279.6 has exclusive authority to make an adoptive placement of a child under the guardianship of
279.7 the commissioner. The child shall be considered placed for adoption when the adopting
279.8 parent, the agency, and the commissioner have fully executed an adoption placement
279.9 agreement on the form prescribed by the commissioner.

279.10 (b) The responsible social services agency shall use an individualized determination of
279.11 the child's current and future needs, pursuant to section 260C.212, subdivision 2, paragraph
279.12 (b), to determine the most suitable adopting parent for the child in the child's best interests.
279.13 The responsible social services agency must consider adoptive placement of the child with
279.14 relatives in the order specified in section 260C.212, subdivision 2, paragraph (a).

279.15 (c) The responsible social services agency shall notify the court and parties entitled to
279.16 notice under section 260C.607, subdivision 2, when there is a fully executed adoption
279.17 placement agreement for the child.

279.18 (d) In the event an adoption placement agreement terminates, the responsible social
279.19 services agency shall notify the court, the parties entitled to notice under section 260C.607,
279.20 subdivision 2, and the commissioner that the agreement and the adoptive placement have
279.21 terminated.

279.22 Sec. 23. Minnesota Statutes 2020, section 260C.613, subdivision 5, is amended to read:

279.23 Subd. 5. **Required record keeping.** The responsible social services agency shall
279.24 document, in the records required to be kept under section 259.79, the reasons for the
279.25 adoptive placement decision regarding the child, including the individualized determination
279.26 of the child's needs based on the factors in section 260C.212, subdivision 2, paragraph (b);
279.27 the agency's consideration of relatives in the order specified in section 260C.212, subdivision
279.28 2, paragraph (a); and the assessment of how the selected adoptive placement meets the
279.29 identified needs of the child. The responsible social services agency shall retain in the
279.30 records required to be kept under section 259.79, copies of all out-of-home placement plans
279.31 made since the child was ordered under guardianship of the commissioner and all court
279.32 orders from reviews conducted pursuant to section 260C.607.

280.1 Sec. 24. Minnesota Statutes 2021 Supplement, section 260E.20, subdivision 2, is amended
280.2 to read:

280.3 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare
280.4 agency shall conduct a face-to-face contact with the child reported to be maltreated and
280.5 with the child's primary caregiver sufficient to complete a safety assessment and ensure the
280.6 immediate safety of the child. If the report alleges substantial child endangerment or sexual
280.7 abuse, the local welfare agency or agency responsible for assessing or investigating the
280.8 report is not required to provide notice before conducting the initial face-to-face contact
280.9 with the child and the child's primary caregiver.

280.10 (b) The face-to-face contact with the child and primary caregiver shall occur immediately
280.11 if sexual abuse or substantial child endangerment is alleged and within five calendar days
280.12 for all other reports. If the alleged offender was not already interviewed as the primary
280.13 caregiver, the local welfare agency shall also conduct a face-to-face interview with the
280.14 alleged offender in the early stages of the assessment or investigation. Face-to-face contact
280.15 with the child and primary caregiver in response to a report alleging sexual abuse or
280.16 substantial child endangerment may be postponed for no more than five calendar days if
280.17 the child is residing in a location that is confirmed to restrict contact with the alleged offender
280.18 as established in guidelines issued by the commissioner, or if the local welfare agency is
280.19 pursuing a court order for the child's caregiver to produce the child for questioning under
280.20 section 260E.22, subdivision 5.

280.21 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
280.22 responsible for assessing or investigating the report must inform the alleged offender of the
280.23 complaints or allegations made against the individual in a manner consistent with laws
280.24 protecting the rights of the person who made the report. The interview with the alleged
280.25 offender may be postponed if it would jeopardize an active law enforcement investigation.

280.26 (d) The local welfare agency or the agency responsible for assessing or investigating
280.27 the report must provide the alleged offender with an opportunity to make a statement. The
280.28 alleged offender may submit supporting documentation relevant to the assessment or
280.29 investigation.

280.30 Sec. 25. Minnesota Statutes 2020, section 260E.22, subdivision 2, is amended to read:

280.31 Subd. 2. **Child interview procedure.** (a) The interview may take place at school or at
280.32 any facility or other place where the alleged victim or other children might be found or the
280.33 child may be transported to, and the interview may be conducted at a place appropriate for
280.34 the interview of a child designated by the local welfare agency or law enforcement agency.

281.1 (b) When appropriate, the interview ~~may~~ must take place outside the presence of the
 281.2 alleged offender or parent, legal custodian, guardian, or school official; and may take place
 281.3 prior to any interviews of the alleged offender or parent, legal custodian, guardian, foster
 281.4 parent, or school official.

281.5 ~~(c) For a family assessment, it is the preferred practice to request a parent or guardian's~~
 281.6 ~~permission to interview the child before conducting the child interview, unless doing so~~
 281.7 ~~would compromise the safety assessment.~~

281.8 Sec. 26. Minnesota Statutes 2020, section 260E.24, subdivision 2, is amended to read:

281.9 Subd. 2. **Determination after family assessment.** After conducting a family assessment,
 281.10 the local welfare agency shall determine whether child protective services are needed to
 281.11 address the safety of the child and other family members and the risk of subsequent
 281.12 maltreatment. The local welfare agency must document the information collected under
 281.13 section 260E.20, subdivision 3, related to the completed family assessment in the child's or
 281.14 family's case notes.

281.15 Sec. 27. Minnesota Statutes 2020, section 260E.34, is amended to read:

281.16 **260E.34 IMMUNITY.**

281.17 (a) The following persons, including persons under the age of 18, are immune from any
 281.18 civil or criminal liability that otherwise might result from the person's actions if the person
 281.19 is acting in good faith:

281.20 (1) a person making a voluntary or mandated report under this chapter or assisting in an
 281.21 assessment under this chapter;

281.22 (2) a person with responsibility for performing duties under this section or supervisor
 281.23 employed by a local welfare agency, the commissioner of an agency responsible for operating
 281.24 or supervising a licensed or unlicensed day care facility, residential facility, agency, hospital,
 281.25 sanitarium, or other facility or institution required to be licensed or certified under sections
 281.26 144.50 to 144.58; 241.021; 245A.01 to 245A.16; or chapter 245B or 245H; or a school as
 281.27 defined in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E; or a nonlicensed
 281.28 personal care provider organization as defined in section 256B.0625, subdivision 19a,
 281.29 complying with sections 260E.23, subdivisions 2 and 3, and 260E.30; and

281.30 (3) a public or private school, facility as defined in section 260E.03, or the employee of
 281.31 any public or private school or facility who permits access by a local welfare agency, the

282.1 Department of Education, or a local law enforcement agency and assists in an investigation
282.2 or assessment pursuant to this chapter.

282.3 (b) A person who is a supervisor or person with responsibility for performing duties
282.4 under this chapter employed by a local welfare agency, the commissioner of human services,
282.5 or the commissioner of education complying with this chapter or any related rule or provision
282.6 of law is immune from any civil or criminal liability that might otherwise result from the
282.7 person's actions if the person is (1) acting in good faith and exercising due care, or (2) acting
282.8 in good faith and following the information collection procedures established under section
282.9 260E.20, subdivision 3.

282.10 (c) Any physician or other medical personnel administering a toxicology test under
282.11 section 260E.32 to determine the presence of a controlled substance in a pregnant woman,
282.12 in a woman within eight hours after delivery, or in a child at birth or during the first month
282.13 of life is immune from civil or criminal liability arising from administration of the test if
282.14 the physician ordering the test believes in good faith that the test is required under this
282.15 section and the test is administered in accordance with an established protocol and reasonable
282.16 medical practice.

282.17 (d) This section does not provide immunity to any person for failure to make a required
282.18 report or for committing maltreatment.

282.19 (e) If a person who makes a voluntary or mandatory report under section 260E.06 prevails
282.20 in a civil action from which the person has been granted immunity under this section, the
282.21 court may award the person attorney fees and costs.

282.22 Sec. 28. Minnesota Statutes 2020, section 626.557, subdivision 4, is amended to read:

282.23 Subd. 4. **Reporting.** (a) Except as provided in paragraph (b), a mandated reporter shall
282.24 immediately make ~~an oral~~ a report to the common entry point. ~~The common entry point~~
282.25 ~~may accept electronic reports submitted through a web-based reporting system established~~
282.26 ~~by the commissioner. Use of a telecommunications device for the deaf or other similar~~
282.27 ~~device shall be considered an oral report. The common entry point may not require written~~
282.28 ~~reports.~~ To the extent possible, the report must be of sufficient content to identify the
282.29 vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any
282.30 evidence of previous maltreatment, the name and address of the reporter, the time, date,
282.31 and location of the incident, and any other information that the reporter believes might be
282.32 helpful in investigating the suspected maltreatment. A mandated reporter may disclose not
282.33 public data, as defined in section 13.02, and medical records under sections 144.291 to
282.34 144.298, to the extent necessary to comply with this subdivision.

283.1 (b) A boarding care home that is licensed under sections 144.50 to 144.58 and certified
 283.2 under Title 19 of the Social Security Act, a nursing home that is licensed under section
 283.3 144A.02 and certified under Title 18 or Title 19 of the Social Security Act, or a hospital
 283.4 that is licensed under sections 144.50 to 144.58 and has swing beds certified under Code
 283.5 of Federal Regulations, title 42, section 482.66, may submit a report electronically to the
 283.6 common entry point instead of submitting an oral report. The report may be a duplicate of
 283.7 the initial report the facility submits electronically to the commissioner of health to comply
 283.8 with the reporting requirements under Code of Federal Regulations, title 42, section 483.12.
 283.9 The commissioner of health may modify these reporting requirements to include items
 283.10 required under paragraph (a) that are not currently included in the electronic reporting form.

283.11 Sec. 29. Minnesota Statutes 2020, section 626.557, subdivision 9, is amended to read:

283.12 Subd. 9. **Common entry point designation.** (a) ~~Each county board shall designate a~~
 283.13 ~~common entry point for reports of suspected maltreatment, for use until the commissioner~~
 283.14 ~~of human services establishes a common entry point. Two or more county boards may~~
 283.15 ~~jointly designate a single common entry point.~~ The commissioner of human services shall
 283.16 establish a common entry point effective July 1, 2015. The common entry point is the unit
 283.17 responsible for receiving the report of suspected maltreatment under this section.

283.18 (b) The common entry point must be available 24 hours per day to take calls from
 283.19 reporters of suspected maltreatment. The common entry point shall use a standard intake
 283.20 form that includes:

283.21 (1) the time and date of the report;

283.22 (2) the name, relationship, and identifying and contact information for the person believed
 283.23 to be a vulnerable adult and the individual or facility alleged responsible for maltreatment;

283.24 (3) the name, address, and telephone number of the person reporting; relationship, and
 283.25 contact information for the:

283.26 (i) reporter;

283.27 (ii) initial reporter, witnesses, and persons who may have knowledge about the
 283.28 maltreatment; and

283.29 (iii) legal surrogate and persons who may provide support to the vulnerable adult;

283.30 (4) the basis of vulnerability for the vulnerable adult;

283.31 ~~(3)~~ (5) the time, date, and location of the incident;

- 284.1 ~~(4) the names of the persons involved, including but not limited to, perpetrators, alleged~~
 284.2 ~~victims, and witnesses;~~
- 284.3 ~~(5) whether there was a risk of imminent danger to the alleged victim;~~
- 284.4 (6) the immediate safety risk to the vulnerable adult;
- 284.5 ~~(6)~~ (7) a description of the suspected maltreatment;
- 284.6 ~~(7) the disability, if any, of the alleged victim;~~
- 284.7 ~~(8) the relationship of the alleged perpetrator to the alleged victim;~~
- 284.8 (8) the impact of the suspected maltreatment on the vulnerable adult;
- 284.9 (9) whether a facility was involved and, if so, which agency licenses the facility;
- 284.10 ~~(10) any action taken by the common entry point;~~
- 284.11 ~~(11) whether law enforcement has been notified;~~
- 284.12 (10) the actions taken to protect the vulnerable adult;
- 284.13 (11) the required notifications and referrals made by the common entry point; and
- 284.14 (12) whether the reporter wishes to receive notification of the ~~initial and final reports;~~
 284.15 ~~and~~ disposition.
- 284.16 ~~(13) if the report is from a facility with an internal reporting procedure, the name, mailing~~
 284.17 ~~address, and telephone number of the person who initiated the report internally.~~
- 284.18 (c) The common entry point is not required to complete each item on the form prior to
 284.19 dispatching the report to the appropriate lead investigative agency.
- 284.20 (d) The common entry point shall immediately report to a law enforcement agency any
 284.21 incident in which there is reason to believe a crime has been committed.
- 284.22 (e) If a report is initially made to a law enforcement agency or a lead investigative agency,
 284.23 those agencies shall take the report on the appropriate common entry point intake forms
 284.24 and immediately forward a copy to the common entry point.
- 284.25 (f) The common entry point staff must receive training on how to screen and dispatch
 284.26 reports efficiently and in accordance with this section.
- 284.27 (g) The commissioner of human services shall maintain a centralized database for the
 284.28 collection of common entry point data, lead investigative agency data including maltreatment
 284.29 report disposition, and appeals data. The common entry point shall have access to the

285.1 centralized database and must log the reports into the database ~~and immediately identify~~
285.2 ~~and locate prior reports of abuse, neglect, or exploitation.~~

285.3 (h) When appropriate, the common entry point staff must refer calls that do not allege
285.4 the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might
285.5 resolve the reporter's concerns.

285.6 (i) A common entry point must be operated in a manner that enables the commissioner
285.7 of human services to:

285.8 (1) track critical steps in the reporting, evaluation, referral, response, disposition, and
285.9 investigative process to ensure compliance with all requirements for all reports;

285.10 (2) maintain data to facilitate the production of aggregate statistical reports for monitoring
285.11 patterns of abuse, neglect, or exploitation;

285.12 (3) serve as a resource for the evaluation, management, and planning of preventative
285.13 and remedial services for vulnerable adults who have been subject to abuse, neglect, or
285.14 exploitation;

285.15 (4) set standards, priorities, and policies to maximize the efficiency and effectiveness
285.16 of the common entry point; and

285.17 (5) track and manage consumer complaints related to the common entry point.

285.18 (j) The commissioners of human services and health shall collaborate on the creation of
285.19 a system for referring reports to the lead investigative agencies. This system shall enable
285.20 the commissioner of human services to track critical steps in the reporting, evaluation,
285.21 referral, response, disposition, investigation, notification, determination, and appeal processes.

285.22 Sec. 30. Minnesota Statutes 2020, section 626.557, subdivision 9b, is amended to read:

285.23 Subd. 9b. **Response to reports.** Law enforcement is the primary agency to conduct
285.24 investigations of any incident in which there is reason to believe a crime has been committed.
285.25 Law enforcement shall initiate a response immediately. If the common entry point notified
285.26 a county agency for emergency adult protective services, law enforcement shall cooperate
285.27 with that county agency when both agencies are involved and shall exchange data to the
285.28 extent authorized in subdivision 12b, paragraph (g). County adult protection shall initiate
285.29 a response immediately. Each lead investigative agency shall complete the investigative
285.30 process for reports within its jurisdiction. A lead investigative agency, county, adult protective
285.31 agency, licensed facility, or law enforcement agency shall cooperate with other agencies in
285.32 the provision of protective services, coordinating its investigations, and assisting another

286.1 agency within the limits of its resources and expertise and shall exchange data to the extent
286.2 authorized in subdivision 12b, paragraph (g). The lead investigative agency shall obtain the
286.3 results of any investigation conducted by law enforcement officials. The lead investigative
286.4 agency has the right to enter facilities and inspect and copy records as part of investigations.
286.5 The lead investigative agency has access to not public data, as defined in section 13.02, and
286.6 medical records under sections 144.291 to 144.298, that are maintained by facilities to the
286.7 extent necessary to conduct its investigation. Each lead investigative agency shall develop
286.8 guidelines for prioritizing reports for investigation. When a county acts as a lead investigative
286.9 agency, the county shall make guidelines available to the public regarding which reports
286.10 the county prioritizes for investigation and adult protective services.

286.11 Sec. 31. Minnesota Statutes 2020, section 626.557, subdivision 9c, is amended to read:

286.12 Subd. 9c. **Lead investigative agency; notifications, dispositions, determinations.** (a)
286.13 Upon request of the reporter, the lead investigative agency shall notify the reporter that it
286.14 has received the report, and provide information on the initial disposition of the report within
286.15 five business days of receipt of the report, provided that the notification will not endanger
286.16 the vulnerable adult or hamper the investigation.

286.17 (b) In making the initial disposition of a report alleging maltreatment of a vulnerable
286.18 adult, the lead investigative agency may consider previous reports of suspected maltreatment
286.19 and may request and consider public information, records maintained by a lead investigative
286.20 agency or licensed providers, and information from any person who may have knowledge
286.21 regarding the alleged maltreatment and the basis for the adult's vulnerability.

286.22 (c) Unless the lead investigative agency believes that: (1) the information would endanger
286.23 the well-being of the vulnerable adult; or (2) it would not be in the best interests of the
286.24 vulnerable adult, the lead investigative agency shall inform the vulnerable adult, or vulnerable
286.25 adult's guardian or health care agent, if known and when applicable to the authority of the
286.26 vulnerable adult's guardian or health care agent, of all reports accepted by the agency for
286.27 investigation, including the maltreatment allegation, investigation guidelines, time frame,
286.28 and evidence standards that the agency uses for determinations. If the allegation is applicable
286.29 to the guardian or health care agent, the lead investigative agency must also inform the
286.30 vulnerable adult's guardian or health care agent of all reports accepted for investigation by
286.31 the agency, including the maltreatment allegation, investigation guidelines, time frame, and
286.32 evidence standards that the agency uses for determinations.

287.1 (d) When the county social service agency does not accept a report for adult protective
287.2 services or investigation, the agency may offer assistance to the reporter or the person who
287.3 was the subject of the report.

287.4 (e) When the county is the lead investigative agency or the agency responsible for adult
287.5 protective services, the agency may coordinate and share data with the Native American
287.6 Tribes and case management agencies as allowed under chapter 13 to support a vulnerable
287.7 adult's health, safety, or comfort or to prevent, stop, or remediate maltreatment. The identity
287.8 of the reporter shall not be disclosed, except as provided in subdivision 12b.

287.9 (f) While investigating reports and providing adult protective services, the lead
287.10 investigative agency may coordinate with entities identified under subdivision 12b, paragraph
287.11 (g), and may coordinate with support persons to safeguard the welfare of the vulnerable
287.12 adult and prevent further maltreatment of the vulnerable adult.

287.13 ~~(b)~~ (g) Upon conclusion of every investigation it conducts, the lead investigative agency
287.14 shall make a final disposition as defined in section 626.5572, subdivision 8.

287.15 ~~(e)~~ (h) When determining whether the facility or individual is the responsible party for
287.16 substantiated maltreatment or whether both the facility and the individual are responsible
287.17 for substantiated maltreatment, the lead investigative agency shall consider at least the
287.18 following mitigating factors:

287.19 (1) whether the actions of the facility or the individual caregivers were in accordance
287.20 with, and followed the terms of, an erroneous physician order, prescription, resident care
287.21 plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible
287.22 for the issuance of the erroneous order, prescription, plan, or directive or knows or should
287.23 have known of the errors and took no reasonable measures to correct the defect before
287.24 administering care;

287.25 (2) the comparative responsibility between the facility, other caregivers, and requirements
287.26 placed upon the employee, including but not limited to, the facility's compliance with related
287.27 regulatory standards and factors such as the adequacy of facility policies and procedures,
287.28 the adequacy of facility training, the adequacy of an individual's participation in the training,
287.29 the adequacy of caregiver supervision, the adequacy of facility staffing levels, and a
287.30 consideration of the scope of the individual employee's authority; and

287.31 (3) whether the facility or individual followed professional standards in exercising
287.32 professional judgment.

288.1 ~~(d)~~ (i) When substantiated maltreatment is determined to have been committed by an
288.2 individual who is also the facility license holder, both the individual and the facility must
288.3 be determined responsible for the maltreatment, and both the background study
288.4 disqualification standards under section 245C.15, subdivision 4, and the licensing actions
288.5 under section 245A.06 or 245A.07 apply.

288.6 ~~(e)~~ (j) The lead investigative agency shall complete its final disposition within 60 calendar
288.7 days. If the lead investigative agency is unable to complete its final disposition within 60
288.8 calendar days, the lead investigative agency shall notify the following persons provided
288.9 that the notification will not endanger the vulnerable adult or hamper the investigation: (1)
288.10 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known,
288.11 if the lead investigative agency knows them to be aware of the investigation; and (2) the
288.12 facility, where applicable. The notice shall contain the reason for the delay and the projected
288.13 completion date. If the lead investigative agency is unable to complete its final disposition
288.14 by a subsequent projected completion date, the lead investigative agency shall again notify
288.15 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known if
288.16 the lead investigative agency knows them to be aware of the investigation, and the facility,
288.17 where applicable, of the reason for the delay and the revised projected completion date
288.18 provided that the notification will not endanger the vulnerable adult or hamper the
288.19 investigation. The lead investigative agency must notify the health care agent of the
288.20 vulnerable adult only if the health care agent's authority to make health care decisions for
288.21 the vulnerable adult is currently effective under section 145C.06 and not suspended under
288.22 section 524.5-310 and the investigation relates to a duty assigned to the health care agent
288.23 by the principal. A lead investigative agency's inability to complete the final disposition
288.24 within 60 calendar days or by any projected completion date does not invalidate the final
288.25 disposition.

288.26 ~~(f) Within ten calendar days of completing the final disposition~~ (k) When the lead
288.27 investigative agency is the Department of Health or the Department of Human Services,
288.28 the lead investigative agency shall provide a copy of the public investigation memorandum
288.29 under subdivision 12b, paragraph (b), clause (1), ~~when required to be completed under this~~
288.30 ~~section,~~ within ten calendar days of completing the final disposition to the following persons:

288.31 (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known,
288.32 unless the lead investigative agency knows that the notification would endanger the
288.33 well-being of the vulnerable adult;

288.34 (2) the reporter, if the reporter requested notification when making the report, provided
288.35 this notification would not endanger the well-being of the vulnerable adult;

289.1 (3) the ~~alleged perpetrator~~ person or facility alleged responsible for maltreatment, if
289.2 known;

289.3 (4) the facility; and

289.4 (5) the ombudsman for long-term care, or the ombudsman for mental health and
289.5 developmental disabilities, as appropriate.

289.6 (1) When the lead investigative agency is a county agency, within ten calendar days of
289.7 completing the final disposition, the lead investigative agency shall provide notification of
289.8 the final disposition to the following persons:

289.9 (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known,
289.10 when the allegation is applicable to the authority of the vulnerable adult's guardian or health
289.11 care agent, unless the agency knows that the notification would endanger the well-being of
289.12 the vulnerable adult;

289.13 (2) the individual determined responsible for maltreatment, if known; and

289.14 (3) when the alleged incident involves a personal care assistant or provider agency, the
289.15 personal care provider organization under section 256B.0659. Upon implementation of
289.16 Community First Services and Supports (CFSS), this notification requirement applies to
289.17 the CFSS support worker or CFSS agency under section 256B.85.

289.18 ~~(g)~~ (m) If, as a result of a reconsideration, review, or hearing, the lead investigative
289.19 agency changes the final disposition, or if a final disposition is changed on appeal, the lead
289.20 investigative agency shall notify the parties specified in paragraph ~~(f)~~ (k).

289.21 ~~(h)~~ (n) The lead investigative agency shall notify the vulnerable adult who is the subject
289.22 of the report or the vulnerable adult's guardian or health care agent, if known, and any person
289.23 or facility determined to have maltreated a vulnerable adult, of their appeal or review rights
289.24 under this section or section 256.021.

289.25 ~~(i)~~ (o) The lead investigative agency shall routinely provide investigation memoranda
289.26 for substantiated reports to the appropriate licensing boards. These reports must include the
289.27 names of substantiated perpetrators. The lead investigative agency may not provide
289.28 investigative memoranda for inconclusive or false reports to the appropriate licensing boards
289.29 unless the lead investigative agency's investigation gives reason to believe that there may
289.30 have been a violation of the applicable professional practice laws. If the investigation
289.31 memorandum is provided to a licensing board, the subject of the investigation memorandum
289.32 shall be notified and receive a summary of the investigative findings.

290.1 ~~(j)~~ (p) In order to avoid duplication, licensing boards shall consider the findings of the
 290.2 lead investigative agency in their investigations if they choose to investigate. This does not
 290.3 preclude licensing boards from considering other information.

290.4 ~~(k)~~ (q) The lead investigative agency must provide to the commissioner of human services
 290.5 its final dispositions, including the names of all substantiated perpetrators. The commissioner
 290.6 of human services shall establish records to retain the names of substantiated perpetrators.

290.7 Sec. 32. Minnesota Statutes 2020, section 626.557, subdivision 9d, is amended to read:

290.8 Subd. 9d. **Administrative reconsideration; review panel.** (a) Except as provided under
 290.9 paragraph (e), any individual or facility which a lead investigative agency determines has
 290.10 maltreated a vulnerable adult, or the vulnerable adult or an interested person acting on behalf
 290.11 of the vulnerable adult, regardless of the lead investigative agency's determination, who
 290.12 contests the lead investigative agency's final disposition of an allegation of maltreatment,
 290.13 may request the lead investigative agency to reconsider its final disposition. The request
 290.14 for reconsideration must be submitted in writing to the lead investigative agency within 15
 290.15 calendar days after receipt of notice of final disposition or, if the request is made by an
 290.16 interested person who is not entitled to notice, within 15 days after receipt of the notice by
 290.17 the vulnerable adult or the vulnerable adult's guardian or health care agent. If mailed, the
 290.18 request for reconsideration must be postmarked and sent to the lead investigative agency
 290.19 within 15 calendar days of the individual's or facility's receipt of the final disposition. If the
 290.20 request for reconsideration is made by personal service, it must be received by the lead
 290.21 investigative agency within 15 calendar days of the individual's or facility's receipt of the
 290.22 final disposition. An individual who was determined to have maltreated a vulnerable adult
 290.23 under this section and who was disqualified on the basis of serious or recurring maltreatment
 290.24 under sections 245C.14 and 245C.15, may request reconsideration of the maltreatment
 290.25 determination and the disqualification. The request for reconsideration of the maltreatment
 290.26 determination and the disqualification must be submitted in writing within 30 calendar days
 290.27 of the individual's receipt of the notice of disqualification under sections 245C.16 and
 290.28 245C.17. If mailed, the request for reconsideration of the maltreatment determination and
 290.29 the disqualification must be postmarked and sent to the lead investigative agency within 30
 290.30 calendar days of the individual's receipt of the notice of disqualification. If the request for
 290.31 reconsideration is made by personal service, it must be received by the lead investigative
 290.32 agency within 30 calendar days after the individual's receipt of the notice of disqualification.

290.33 (b) Except as provided under paragraphs (e) and (f), if the lead investigative agency
 290.34 denies the request or fails to act upon the request within 15 working days after receiving

291.1 the request for reconsideration, the person or facility entitled to a fair hearing under section
291.2 256.045, may submit to the commissioner of human services a written request for a hearing
291.3 under that statute. The vulnerable adult, or an interested person acting on behalf of the
291.4 vulnerable adult, may request a review by the Vulnerable Adult Maltreatment Review Panel
291.5 under section 256.021 if the lead investigative agency denies the request or fails to act upon
291.6 the request, or if the vulnerable adult or interested person contests a reconsidered disposition.

291.7 The Vulnerable Adult Maltreatment Review Panel shall not conduct a review if the interested
291.8 person making the request on behalf of the vulnerable adult is also the individual or facility
291.9 alleged responsible for the maltreatment of the vulnerable adult. The lead investigative
291.10 agency shall notify persons who request reconsideration of their rights under this paragraph.
291.11 The request must be submitted in writing to the review panel and a copy sent to the lead
291.12 investigative agency within 30 calendar days of receipt of notice of a denial of a request for
291.13 reconsideration or of a reconsidered disposition. The request must specifically identify the
291.14 aspects of the lead investigative agency determination with which the person is dissatisfied.

291.15 (c) If, as a result of a reconsideration or review, the lead investigative agency changes
291.16 the final disposition, it shall notify the parties specified in subdivision 9c, paragraph ~~(f)~~ (i).

291.17 (d) For purposes of this subdivision, "interested person acting on behalf of the vulnerable
291.18 adult" means a person designated in writing by the vulnerable adult to act on behalf of the
291.19 vulnerable adult, or a legal guardian or conservator or other legal representative, a proxy
291.20 or health care agent appointed under chapter 145B or 145C, or an individual who is related
291.21 to the vulnerable adult, as defined in section 245A.02, subdivision 13.

291.22 (e) If an individual was disqualified under sections 245C.14 and 245C.15, on the basis
291.23 of a determination of maltreatment, which was serious or recurring, and the individual has
291.24 requested reconsideration of the maltreatment determination under paragraph (a) and
291.25 reconsideration of the disqualification under sections 245C.21 to 245C.27, reconsideration
291.26 of the maltreatment determination and requested reconsideration of the disqualification
291.27 shall be consolidated into a single reconsideration. If reconsideration of the maltreatment
291.28 determination is denied and the individual remains disqualified following a reconsideration
291.29 decision, the individual may request a fair hearing under section 256.045. If an individual
291.30 requests a fair hearing on the maltreatment determination and the disqualification, the scope
291.31 of the fair hearing shall include both the maltreatment determination and the disqualification.

291.32 (f) If a maltreatment determination or a disqualification based on serious or recurring
291.33 maltreatment is the basis for a denial of a license under section 245A.05 or a licensing
291.34 sanction under section 245A.07, the license holder has the right to a contested case hearing
291.35 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. As provided for

292.1 under section 245A.08, the scope of the contested case hearing must include the maltreatment
292.2 determination, disqualification, and licensing sanction or denial of a license. In such cases,
292.3 a fair hearing must not be conducted under section 256.045. Except for family child care
292.4 and child foster care, reconsideration of a maltreatment determination under this subdivision,
292.5 and reconsideration of a disqualification under section 245C.22, must not be conducted
292.6 when:

292.7 (1) a denial of a license under section 245A.05, or a licensing sanction under section
292.8 245A.07, is based on a determination that the license holder is responsible for maltreatment
292.9 or the disqualification of a license holder based on serious or recurring maltreatment;

292.10 (2) the denial of a license or licensing sanction is issued at the same time as the
292.11 maltreatment determination or disqualification; and

292.12 (3) the license holder appeals the maltreatment determination or disqualification, and
292.13 denial of a license or licensing sanction.

292.14 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment
292.15 determination or disqualification, but does not appeal the denial of a license or a licensing
292.16 sanction, reconsideration of the maltreatment determination shall be conducted under sections
292.17 260E.33 and 626.557, subdivision 9d, and reconsideration of the disqualification shall be
292.18 conducted under section 245C.22. In such cases, a fair hearing shall also be conducted as
292.19 provided under sections 245C.27, 260E.33, and 626.557, subdivision 9d.

292.20 If the disqualified subject is an individual other than the license holder and upon whom
292.21 a background study must be conducted under chapter 245C, the hearings of all parties may
292.22 be consolidated into a single contested case hearing upon consent of all parties and the
292.23 administrative law judge.

292.24 (g) Until August 1, 2002, an individual or facility that was determined by the
292.25 commissioner of human services or the commissioner of health to be responsible for neglect
292.26 under section 626.5572, subdivision 17, after October 1, 1995, and before August 1, 2001,
292.27 that believes that the finding of neglect does not meet an amended definition of neglect may
292.28 request a reconsideration of the determination of neglect. The commissioner of human
292.29 services or the commissioner of health shall mail a notice to the last known address of
292.30 individuals who are eligible to seek this reconsideration. The request for reconsideration
292.31 must state how the established findings no longer meet the elements of the definition of
292.32 neglect. The commissioner shall review the request for reconsideration and make a
292.33 determination within 15 calendar days. The commissioner's decision on this reconsideration
292.34 is the final agency action.

293.1 (1) For purposes of compliance with the data destruction schedule under subdivision
 293.2 12b, paragraph (d), when a finding of substantiated maltreatment has been changed as a
 293.3 result of a reconsideration under this paragraph, the date of the original finding of a
 293.4 substantiated maltreatment must be used to calculate the destruction date.

293.5 (2) For purposes of any background studies under chapter 245C, when a determination
 293.6 of substantiated maltreatment has been changed as a result of a reconsideration under this
 293.7 paragraph, any prior disqualification of the individual under chapter 245C that was based
 293.8 on this determination of maltreatment shall be rescinded, and for future background studies
 293.9 under chapter 245C the commissioner must not use the previous determination of
 293.10 substantiated maltreatment as a basis for disqualification or as a basis for referring the
 293.11 individual's maltreatment history to a health-related licensing board under section 245C.31.

293.12 Sec. 33. Minnesota Statutes 2020, section 626.557, subdivision 10, is amended to read:

293.13 **Subd. 10. Duties of county social service agency.** (a) When the common entry point
 293.14 refers a report to the county social service agency as the lead investigative agency or makes
 293.15 a referral to the county social service agency for emergency adult protective services, or
 293.16 when another lead investigative agency requests assistance from the county social service
 293.17 agency for adult protective services, the county social service agency shall immediately
 293.18 assess and offer emergency and continuing protective social services for purposes of
 293.19 preventing further maltreatment and for safeguarding the welfare of the maltreated vulnerable
 293.20 adult. The county shall use a standardized ~~tool~~ tools and the data system made available by
 293.21 the commissioner. The information entered by the county into the standardized tool must
 293.22 be accessible to the Department of Human Services. In cases of suspected sexual abuse, the
 293.23 county social service agency shall immediately arrange for and make available to the
 293.24 vulnerable adult appropriate medical examination and treatment. When necessary in order
 293.25 to protect the vulnerable adult from further harm, the county social service agency shall
 293.26 seek authority to remove the vulnerable adult from the situation in which the maltreatment
 293.27 occurred. The county social service agency may also investigate to determine whether the
 293.28 conditions which resulted in the reported maltreatment place other vulnerable adults in
 293.29 jeopardy of being maltreated and offer protective social services that are called for by its
 293.30 determination.

293.31 (b) Within five business days of receipt of a report screened in by the county social
 293.32 service agency for investigation, the county social service agency shall determine whether,
 293.33 in addition to an assessment and services for the vulnerable adult, to also conduct an

294.1 investigation for final disposition of the individual or facility alleged to have maltreated the
 294.2 vulnerable adult.

294.3 (c) The county social service agency must investigate for a final disposition the individual
 294.4 or facility alleged to have maltreated a vulnerable adult for each report accepted as lead
 294.5 investigative agency involving an allegation of abuse, caregiver neglect that resulted in
 294.6 harm to the vulnerable adult, financial exploitation that may be criminal, or an allegation
 294.7 against a caregiver under chapter 256B.

294.8 (d) An investigating county social service agency must make a final disposition for any
 294.9 allegation when the county social service agency determines that a final disposition may
 294.10 safeguard a vulnerable adult or may prevent further maltreatment.

294.11 (e) If the county social service agency learns of an allegation listed in paragraph (c) after
 294.12 the determination in paragraph (a), the county social service agency must change the initial
 294.13 determination and conduct an investigation for final disposition of the individual or facility
 294.14 alleged to have maltreated the vulnerable adult.

294.15 ~~(b)~~ (f) County social service agencies may enter facilities and inspect and copy records
 294.16 as part of an investigation. The county social service agency has access to not public data,
 294.17 as defined in section 13.02, and medical records under sections 144.291 to 144.298, that
 294.18 are maintained by facilities to the extent necessary to conduct its investigation. The inquiry
 294.19 is not limited to the written records of the facility, but may include every other available
 294.20 source of information.

294.21 ~~(e)~~ (g) When necessary in order to protect a vulnerable adult from serious harm, the
 294.22 county social service agency shall immediately intervene on behalf of that adult to help the
 294.23 family, vulnerable adult, or other interested person by seeking any of the following:

294.24 (1) a restraining order or a court order for removal of the perpetrator from the residence
 294.25 of the vulnerable adult pursuant to section 518B.01;

294.26 (2) the appointment of a guardian or conservator pursuant to sections 524.5-101 to
 294.27 524.5-502, or guardianship or conservatorship pursuant to chapter 252A;

294.28 (3) replacement of a guardian or conservator suspected of maltreatment and appointment
 294.29 of a suitable person as guardian or conservator, pursuant to sections 524.5-101 to 524.5-502;
 294.30 or

294.31 (4) a referral to the prosecuting attorney for possible criminal prosecution of the
 294.32 perpetrator under chapter 609.

295.1 The expenses of legal intervention must be paid by the county in the case of indigent
 295.2 persons, under section 524.5-502 and chapter 563.

295.3 In proceedings under sections 524.5-101 to 524.5-502, if a suitable relative or other
 295.4 person is not available to petition for guardianship or conservatorship, a county employee
 295.5 shall present the petition with representation by the county attorney. The county shall contract
 295.6 with or arrange for a suitable person or organization to provide ongoing guardianship
 295.7 services. If the county presents evidence to the court exercising probate jurisdiction that it
 295.8 has made a diligent effort and no other suitable person can be found, a county employee
 295.9 may serve as guardian or conservator. The county shall not retaliate against the employee
 295.10 for any action taken on behalf of the ~~ward or protected~~ person subject to guardianship or
 295.11 conservatorship, even if the action is adverse to the county's interest. Any person retaliated
 295.12 against in violation of this subdivision shall have a cause of action against the county and
 295.13 shall be entitled to reasonable attorney fees and costs of the action if the action is upheld
 295.14 by the court.

295.15 Sec. 34. Minnesota Statutes 2020, section 626.557, subdivision 10b, is amended to read:

295.16 Subd. 10b. **Investigations; guidelines.** (a) Each lead investigative agency shall develop
 295.17 guidelines for prioritizing reports for investigation.

295.18 (b) When investigating a report, the lead investigative agency shall conduct the following
 295.19 activities, as appropriate:

295.20 (1) interview of the ~~alleged victim~~ vulnerable adult;

295.21 (2) interview of the reporter and others who may have relevant information;

295.22 (3) interview of the ~~alleged perpetrator~~ individual or facility alleged responsible for
 295.23 maltreatment; and

295.24 ~~(4) examination of the environment surrounding the alleged incident;~~

295.25 ~~(5)~~ (4) review of records and pertinent documentation of the alleged incident; ~~and.~~

295.26 ~~(6) consultation with professionals.~~

295.27 (c) The lead investigative agency shall conduct the following activities as appropriate
 295.28 to further the investigation, to prevent further maltreatment, or to safeguard the vulnerable
 295.29 adult:

295.30 (1) examining the environment surrounding the alleged incident;

295.31 (2) consulting with professionals; and

296.1 (3) communicating with state, federal, tribal, and other agencies including:

296.2 (i) service providers;

296.3 (ii) case managers;

296.4 (iii) ombudsmen; and

296.5 (iv) support persons for the vulnerable adult.

296.6 (d) The lead investigative agency may decide not to conduct an interview of a vulnerable
296.7 adult, reporter, or witness under paragraph (b) if:

296.8 (1) the vulnerable adult, reporter, or witness declines to have an interview with the
296.9 agency or is unable to be contacted despite the agency's diligent attempts;

296.10 (2) an interview of the vulnerable adult or reporter was conducted by law enforcement
296.11 or a professional trained in forensic interview and an additional interview will not further
296.12 the investigation;

296.13 (3) an interview of the witness will not further the investigation; or

296.14 (4) the agency has a reason to believe that the interview will endanger the vulnerable
296.15 adult.

296.16 Sec. 35. Minnesota Statutes 2020, section 626.557, subdivision 12b, is amended to read:

296.17 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a
296.18 lead investigative agency, the county social service agency shall maintain appropriate
296.19 records. Data collected by the county social service agency under this section while providing
296.20 adult protective services are welfare data under section 13.46. Investigative data collected
296.21 under this section are confidential data on individuals or protected nonpublic data as defined
296.22 under section 13.02. Notwithstanding section 13.46, subdivision 1, paragraph (a), data under
296.23 this paragraph that are inactive investigative data on an individual who is a vendor of services
296.24 are private data on individuals, as defined in section 13.02. The identity of the reporter may
296.25 only be disclosed as provided in paragraph (c).

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

296.30 (b) The commissioners of health and human services shall prepare an investigation
296.31 memorandum for each report alleging maltreatment investigated under this section. County

297.1 social service agencies must maintain private data on individuals but are not required to
297.2 prepare an investigation memorandum. During an investigation by the commissioner of
297.3 health or the commissioner of human services, data collected under this section are
297.4 confidential data on individuals or protected nonpublic data as defined in section 13.02.
297.5 Upon completion of the investigation, the data are classified as provided in clauses (1) to
297.6 (3) and paragraph (c).

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

297.8 (i) the name of the facility investigated;

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

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

297.11 (iv) the identity of the investigator;

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

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

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

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

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

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

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

297.25 (i) the name of the vulnerable adult;

297.26 (ii) the identity of the individual alleged to be the perpetrator;

297.27 (iii) the identity of the individual substantiated as the perpetrator; and

297.28 (iv) the identity of all individuals interviewed as part of the investigation.

297.29 (3) Other data on individuals maintained as part of an investigation under this section
297.30 are private data on individuals upon completion of the investigation.

298.1 (c) ~~After the assessment or investigation is completed,~~ The name of the reporter must
298.2 be confidential. The subject of the report may compel disclosure of the name of the reporter
298.3 only with the consent of the reporter or upon a written finding by a court that the report was
298.4 false and there is evidence that the report was made in bad faith. This subdivision does not
298.5 alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except
298.6 that where the identity of the reporter is relevant to a criminal prosecution, the district court
298.7 shall do an in-camera review prior to determining whether to order disclosure of the identity
298.8 of the reporter.

298.9 (d) Notwithstanding section 138.163, data maintained under this section by the
298.10 commissioners of health and human services must be maintained under the following
298.11 schedule and then destroyed unless otherwise directed by federal requirements:

298.12 (1) data from reports determined to be false, maintained for three years after the finding
298.13 was made;

298.14 (2) data from reports determined to be inconclusive, maintained for four years after the
298.15 finding was made;

298.16 (3) data from reports determined to be substantiated, maintained for seven years after
298.17 the finding was made; and

298.18 (4) data from reports which were not investigated by a lead investigative agency and for
298.19 which there is no final disposition, maintained for three years from the date of the report.

298.20 (e) The commissioners of health and human services shall annually publish on their
298.21 websites the number and type of reports of alleged maltreatment involving licensed facilities
298.22 reported under this section, the number of those requiring investigation under this section,
298.23 and the resolution of those investigations. On a biennial basis, the commissioners of health
298.24 and human services shall jointly report the following information to the legislature and the
298.25 governor:

298.26 (1) the number and type of reports of alleged maltreatment involving licensed facilities
298.27 reported under this section, the number of those requiring investigations under this section,
298.28 the resolution of those investigations, and which of the two lead agencies was responsible;

298.29 (2) trends about types of substantiated maltreatment found in the reporting period;

298.30 (3) if there are upward trends for types of maltreatment substantiated, recommendations
298.31 for addressing and responding to them;

298.32 (4) efforts undertaken or recommended to improve the protection of vulnerable adults;

299.1 (5) whether and where backlogs of cases result in a failure to conform with statutory
299.2 time frames and recommendations for reducing backlogs if applicable;

299.3 (6) recommended changes to statutes affecting the protection of vulnerable adults; and

299.4 (7) any other information that is relevant to the report trends and findings.

299.5 (f) Each lead investigative agency must have a record retention policy.

299.6 (g) Lead investigative agencies, county agencies responsible for adult protective services,
299.7 prosecuting authorities, and law enforcement agencies may exchange not public data, as
299.8 defined in section 13.02, with a tribal agency, facility, service provider, vulnerable adult,
299.9 primary support person for a vulnerable adult, state licensing board, federal or state agency,
299.10 the ombudsman for long-term care, or the ombudsman for mental health and developmental
299.11 disabilities, if the agency or authority ~~requesting~~ providing the data determines that the data
299.12 are pertinent and necessary ~~to the requesting agency in initiating, furthering, or completing~~
299.13 to prevent further maltreatment of a vulnerable adult, to safeguard a vulnerable adult, or for
299.14 an investigation under this section. Data collected under this section must be made available
299.15 to prosecuting authorities and law enforcement officials, local county agencies, and licensing
299.16 agencies investigating the alleged maltreatment under this section. The lead investigative
299.17 agency shall exchange not public data with the vulnerable adult maltreatment review panel
299.18 established in section 256.021 if the data are pertinent and necessary for a review requested
299.19 under that section. Notwithstanding section 138.17, upon completion of the review, not
299.20 public data received by the review panel must be destroyed.

299.21 (h) Each lead investigative agency shall keep records of the length of time it takes to
299.22 complete its investigations.

299.23 (i) A lead investigative agency may notify other affected parties and their authorized
299.24 representative if the lead investigative agency has reason to believe maltreatment has occurred
299.25 and determines the information will safeguard the well-being of the affected parties or dispel
299.26 widespread rumor or unrest in the affected facility.

299.27 (j) Under any notification provision of this section, where federal law specifically
299.28 prohibits the disclosure of patient identifying information, a lead investigative agency may
299.29 not provide any notice unless the vulnerable adult has consented to disclosure in a manner
299.30 which conforms to federal requirements.

299.31 Sec. 36. Minnesota Statutes 2020, section 626.5571, subdivision 1, is amended to read:

299.32 Subdivision 1. **Establishment of team.** A county may establish a multidisciplinary adult
299.33 protection team comprised of the director of the local welfare agency or designees, the

300.1 county attorney or designees, the county sheriff or designees, and representatives of health
300.2 care. In addition, representatives of mental health or other appropriate human service
300.3 agencies, representatives from local tribal governments, ~~and~~ adult advocate groups, and any
300.4 other organization with relevant expertise may be added to the adult protection team.

300.5 Sec. 37. Minnesota Statutes 2020, section 626.5571, subdivision 2, is amended to read:

300.6 Subd. 2. **Duties of team.** A multidisciplinary adult protection team may provide public
300.7 and professional education, develop resources for prevention, intervention, and treatment,
300.8 and provide case consultation to the local welfare agency to better enable the agency to
300.9 carry out its ~~adult protection~~ functions under section 626.557 and to meet the community's
300.10 needs ~~for adult protection services~~. Case consultation may be performed by a committee of
300.11 the team composed of the team members representing social services, law enforcement, the
300.12 county attorney, health care, and persons directly involved in an individual case as determined
300.13 by the case consultation committee. Case consultation ~~is~~ includes a case review process that
300.14 results in recommendations about services to be provided to the identified adult and family.

300.15 Sec. 38. Minnesota Statutes 2020, section 626.5572, subdivision 2, is amended to read:

300.16 Subd. 2. **Abuse.** "Abuse" means:

300.17 (a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate,
300.18 or aiding and abetting a violation of:

300.19 (1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

300.20 (2) the use of drugs to injure or facilitate crime as defined in section 609.235;

300.21 (3) the solicitation, inducement, and promotion of prostitution as defined in section
300.22 609.322; and

300.23 (4) criminal sexual conduct in the first through fifth degrees as defined in sections
300.24 609.342 to 609.3451.

300.25 A violation includes any action that meets the elements of the crime, regardless of
300.26 whether there is a criminal proceeding or conviction.

300.27 (b) Conduct which is not an accident or therapeutic conduct as defined in this section,
300.28 which produces or could reasonably be expected to produce physical pain or injury or
300.29 emotional distress including, but not limited to, the following:

300.30 (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable
300.31 adult;

301.1 (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable
301.2 adult or the treatment of a vulnerable adult which would be considered by a reasonable
301.3 person to be disparaging, derogatory, humiliating, harassing, or threatening; or

301.4 (3) use of any aversive or deprivation procedure, unreasonable confinement, or
301.5 involuntary seclusion, including the forced separation of the vulnerable adult from other
301.6 persons against the will of the vulnerable adult or the legal representative of the vulnerable
301.7 adult; ~~and unless authorized under applicable licensing requirements or Minnesota Rules,~~
301.8 chapter 9544.

301.9 ~~(4) use of any aversive or deprivation procedures for persons with developmental~~
301.10 ~~disabilities or related conditions not authorized under section 245.825.~~

301.11 (c) Any sexual contact or penetration as defined in section 609.341, between a facility
301.12 staff person or a person providing services in the facility and a resident, patient, or client
301.13 of that facility.

301.14 (d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the
301.15 vulnerable adult's will to perform services for the advantage of another.

301.16 (e) For purposes of this section, a vulnerable adult is not abused for the sole reason that
301.17 the vulnerable adult or a person with authority to make health care decisions for the
301.18 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section
301.19 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority
301.20 and within the boundary of reasonable medical practice, to any therapeutic conduct, including
301.21 any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition
301.22 of the vulnerable adult or, where permitted under law, to provide nutrition and hydration
301.23 parenterally or through intubation. This paragraph does not enlarge or diminish rights
301.24 otherwise held under law by:

301.25 (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an
301.26 involved family member, to consent to or refuse consent for therapeutic conduct; or

301.27 (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

301.28 (f) For purposes of this section, a vulnerable adult is not abused for the sole reason that
301.29 the vulnerable adult, a person with authority to make health care decisions for the vulnerable
301.30 adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for
301.31 treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care,
301.32 provided that this is consistent with the prior practice or belief of the vulnerable adult or
301.33 with the expressed intentions of the vulnerable adult.

302.1 (g) For purposes of this section, a vulnerable adult is not abused for the sole reason that
 302.2 the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional
 302.3 dysfunction or undue influence, engages in consensual sexual contact with:

302.4 (1) a person, including a facility staff person, when a consensual sexual personal
 302.5 relationship existed prior to the caregiving relationship; or

302.6 (2) a personal care attendant, regardless of whether the consensual sexual personal
 302.7 relationship existed prior to the caregiving relationship.

302.8 Sec. 39. Minnesota Statutes 2020, section 626.5572, subdivision 4, is amended to read:

302.9 Subd. 4. **Caregiver.** "Caregiver" means an individual or facility who has responsibility
 302.10 for all or a portion of the care of a vulnerable adult ~~as a result of a family relationship, or~~
 302.11 ~~who has assumed responsibility for all or a portion of the care of a vulnerable adult~~
 302.12 voluntarily, by contract, or by agreement.

302.13 Sec. 40. Minnesota Statutes 2020, section 626.5572, subdivision 17, is amended to read:

302.14 Subd. 17. **Neglect.** ~~"Neglect" means:~~ Neglect means neglect by a caregiver or self-neglect.

302.15 (a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable
 302.16 adult with care or services, including but not limited to, food, clothing, shelter, health care,
 302.17 or supervision which is:

302.18 (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or
 302.19 mental health or safety, considering the physical and mental capacity or dysfunction of the
 302.20 vulnerable adult; and

302.21 (2) which is not the result of an accident or therapeutic conduct.

302.22 (b) ~~The absence or likelihood of absence of care or services, including but not limited~~
 302.23 ~~to, food, clothing, shelter, health care, or supervision necessary to maintain the physical~~
 302.24 ~~and mental health of the vulnerable adult~~ "Self-neglect" means neglect by a vulnerable adult
 302.25 of the vulnerable adult's own food, clothing, shelter, health care, or other services that are
 302.26 not the responsibility of a caregiver which a reasonable person would deem essential to
 302.27 obtain or maintain the vulnerable adult's health, safety, or comfort ~~considering the physical~~
 302.28 ~~or mental capacity or dysfunction of the vulnerable adult.~~

302.29 (c) For purposes of this section, a vulnerable adult is not neglected for the sole reason
 302.30 that:

303.1 (1) the vulnerable adult or a person with authority to make health care decisions for the
303.2 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections
303.3 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with
303.4 that authority and within the boundary of reasonable medical practice, to any therapeutic
303.5 conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical
303.6 or mental condition of the vulnerable adult, or, where permitted under law, to provide
303.7 nutrition and hydration parenterally or through intubation; this paragraph does not enlarge
303.8 or diminish rights otherwise held under law by:

303.9 (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an
303.10 involved family member, to consent to or refuse consent for therapeutic conduct; or

303.11 (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or

303.12 (2) the vulnerable adult, a person with authority to make health care decisions for the
303.13 vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or
303.14 prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of
303.15 medical care, provided that this is consistent with the prior practice or belief of the vulnerable
303.16 adult or with the expressed intentions of the vulnerable adult;

303.17 (3) the vulnerable adult, who is not impaired in judgment or capacity by mental or
303.18 emotional dysfunction or undue influence, engages in consensual sexual contact with:

303.19 (i) a person including a facility staff person when a consensual sexual personal
303.20 relationship existed prior to the caregiving relationship; or

303.21 (ii) a personal care attendant, regardless of whether the consensual sexual personal
303.22 relationship existed prior to the caregiving relationship; or

303.23 (4) an individual makes an error in the provision of therapeutic conduct to a vulnerable
303.24 adult which does not result in injury or harm which reasonably requires medical or mental
303.25 health care; or

303.26 (5) an individual makes an error in the provision of therapeutic conduct to a vulnerable
303.27 adult that results in injury or harm, which reasonably requires the care of a physician, and:

303.28 (i) the necessary care is provided in a timely fashion as dictated by the condition of the
303.29 vulnerable adult;

303.30 (ii) if after receiving care, the health status of the vulnerable adult can be reasonably
303.31 expected, as determined by the attending physician, to be restored to the vulnerable adult's
303.32 preexisting condition;

- 304.1 (iii) the error is not part of a pattern of errors by the individual;
- 304.2 (iv) if in a facility, the error is immediately reported as required under section 626.557,
304.3 and recorded internally in the facility;
- 304.4 (v) if in a facility, the facility identifies and takes corrective action and implements
304.5 measures designed to reduce the risk of further occurrence of this error and similar errors;
304.6 and
- 304.7 (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently
304.8 documented for review and evaluation by the facility and any applicable licensing,
304.9 certification, and ombudsman agency.
- 304.10 (d) Nothing in this definition requires a caregiver, if regulated, to provide services in
304.11 excess of those required by the caregiver's license, certification, registration, or other
304.12 regulation.
- 304.13 (e) If the findings of an investigation by a lead investigative agency result in a
304.14 determination of substantiated maltreatment for the sole reason that the actions required of
304.15 a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the
304.16 facility is subject to a correction order. An individual will not be found to have neglected
304.17 or maltreated the vulnerable adult based solely on the facility's not having taken the actions
304.18 required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead
304.19 investigative agency's determination of mitigating factors under section 626.557, subdivision
304.20 9c, paragraph ~~(e)~~ (f).

304.21 ARTICLE 7

304.22 CHILD PROTECTION

304.23 Section 1. Minnesota Statutes 2020, section 242.19, subdivision 2, is amended to read:

304.24 Subd. 2. **Dispositions.** When a child has been committed to the commissioner of
304.25 corrections by a juvenile court, upon a finding of delinquency, the commissioner may for
304.26 the purposes of treatment and rehabilitation:

304.27 (1) order the child's confinement to the Minnesota Correctional Facility-Red Wing,
304.28 which shall accept the child, or to a group foster home under the control of the commissioner
304.29 of corrections, or to private facilities or facilities established by law or incorporated under
304.30 the laws of this state that may care for delinquent children;

304.31 (2) order the child's release on parole under such supervisions and conditions as the
304.32 commissioner believes conducive to law-abiding conduct, treatment and rehabilitation;

305.1 (3) order reconfinement or renewed parole as often as the commissioner believes to be
305.2 desirable;

305.3 (4) revoke or modify any order, except an order of discharge, as often as the commissioner
305.4 believes to be desirable;

305.5 (5) discharge the child when the commissioner is satisfied that the child has been
305.6 rehabilitated and that such discharge is consistent with the protection of the public;

305.7 (6) if the commissioner finds that the child is eligible for probation or parole and it
305.8 appears from the commissioner's investigation that conditions in the child's or the guardian's
305.9 home are not conducive to the child's treatment, rehabilitation, or law-abiding conduct, refer
305.10 the child, together with the commissioner's findings, to a local social services agency or a
305.11 licensed child-placing agency for placement in a foster care or, when appropriate, for
305.12 initiation of child in need of protection or services proceedings as provided in sections
305.13 260C.001 to 260C.421. The commissioner of corrections shall reimburse local social services
305.14 agencies for foster care costs they incur for the child while on probation or parole to the
305.15 extent that funds for this purpose are made available to the commissioner by the legislature.
305.16 ~~The juvenile court shall order the parents of a child on probation or parole to pay the costs~~
305.17 ~~of foster care under section 260B.331, subdivision 1, according to their ability to pay, and~~
305.18 ~~to the extent that the commissioner of corrections has not reimbursed the local social services~~
305.19 ~~agency.~~

305.20 Sec. 2. Minnesota Statutes 2021 Supplement, section 256N.26, subdivision 11, is amended
305.21 to read:

305.22 Subd. 11. **Child income or income attributable to the child.** (a) A monthly Northstar
305.23 kinship assistance or adoption assistance payment must be considered as income and
305.24 resources attributable to the child. Northstar kinship assistance and adoption assistance are
305.25 exempt from garnishment, except as permissible under the laws of the state where the child
305.26 resides.

305.27 (b) When a child is placed into foster care, any income and resources attributable to the
305.28 child are treated as provided in ~~sections~~ section 252.27 ~~and 260C.331, or 260B.331,~~ as
305.29 applicable to the child being placed.

305.30 (c) Supplemental Security Income (SSI), retirement survivor's disability insurance
305.31 (RSDI), veteran's benefits, railroad retirement benefits, and black lung benefits are considered
305.32 income and resources attributable to the child.

306.1 Sec. 3. Minnesota Statutes 2020, section 256N.26, subdivision 14, is amended to read:

306.2 Subd. 14. **Treatment of child support and Minnesota family investment program.** (a)

306.3 If a child placed in foster care who receives federal Title IV-E foster care maintenance
306.4 payments also receives child support, the child support payment may be redirected to the
306.5 financially responsible agency for the duration of the child's placement in foster care. In
306.6 cases where the child qualifies for Northstar Care for Children by meeting the adoption
306.7 assistance eligibility criteria or the Northstar kinship assistance eligibility criteria, any
306.8 court-ordered child support must not be considered income attributable to the child and
306.9 must have no impact on the monthly payment.

306.10 (b) Consistent with section 256J.24, a child eligible for Northstar Care for Children
306.11 whose caregiver receives a payment on the child's behalf is excluded from a Minnesota
306.12 family investment program assistance unit.

306.13 Sec. 4. Minnesota Statutes 2020, section 260.761, subdivision 2, is amended to read:

306.14 Subd. 2. **Agency and court notice to tribes.** (a) When a local social services agency
306.15 has information that a family assessment ~~or~~ investigation, or noncaregiver sex trafficking
306.16 assessment being conducted may involve an Indian child, the local social services agency
306.17 shall notify the Indian child's tribe of the family assessment ~~or~~ investigation, or noncaregiver
306.18 sex trafficking assessment according to section 260E.18. The local social services agency
306.19 shall provide initial notice ~~shall be provided~~ by telephone and by e-mail or facsimile. The
306.20 local social services agency shall request that the tribe or a designated tribal representative
306.21 participate in evaluating the family circumstances, identifying family and tribal community
306.22 resources, and developing case plans.

306.23 (b) When a local social services agency has information that a child receiving services
306.24 may be an Indian child, the local social services agency shall notify the tribe by telephone
306.25 and by e-mail or facsimile of the child's full name and date of birth, the full names and dates
306.26 of birth of the child's biological parents, and, if known, the full names and dates of birth of
306.27 the child's grandparents and of the child's Indian custodian. This notification must be provided
306.28 ~~so~~ for the tribe ~~can~~ to determine if the child is enrolled in the tribe or eligible for tribal
306.29 membership, and ~~must be provided~~ the agency must provide this notification to the tribe
306.30 within seven days of receiving information that the child may be an Indian child. If
306.31 information regarding the child's grandparents or Indian custodian is not available within
306.32 the seven-day period, the local social services agency shall continue to request this
306.33 information and shall notify the tribe when it is received. Notice shall be provided to all
306.34 tribes to which the child may have any tribal lineage. If the identity or location of the child's

307.1 parent or Indian custodian and tribe cannot be determined, the local social services agency
307.2 shall provide the notice required in this paragraph to the United States secretary of the
307.3 interior.

307.4 (c) In accordance with sections 260C.151 and 260C.152, when a court has reason to
307.5 believe that a child placed in emergency protective care is an Indian child, the court
307.6 administrator or a designee shall, as soon as possible and before a hearing takes place, notify
307.7 the tribal social services agency by telephone and by e-mail or facsimile of the date, time,
307.8 and location of the emergency protective case hearing. The court shall make efforts to allow
307.9 appearances by telephone for tribal representatives, parents, and Indian custodians.

307.10 (d) A local social services agency must provide the notices required under this subdivision
307.11 at the earliest possible time to facilitate involvement of the Indian child's tribe. Nothing in
307.12 this subdivision is intended to hinder the ability of the local social services agency and the
307.13 court to respond to an emergency situation. Lack of participation by a tribe shall not prevent
307.14 the tribe from intervening in services and proceedings at a later date. A tribe may participate
307.15 in a case at any time. At any stage of the local social services agency's involvement with
307.16 an Indian child, the agency shall provide full cooperation to the tribal social services agency,
307.17 including disclosure of all data concerning the Indian child. Nothing in this subdivision
307.18 relieves the local social services agency of satisfying the notice requirements in the Indian
307.19 Child Welfare Act.

307.20 Sec. 5. Minnesota Statutes 2020, section 260B.331, subdivision 1, is amended to read:

307.21 Subdivision 1. **Care, examination, or treatment.** (a)(1) Whenever legal custody of a
307.22 child is transferred by the court to a local social services agency, or

307.23 (2) whenever legal custody is transferred to a person other than the local social services
307.24 agency, but under the supervision of the local social services agency, and

307.25 (3) whenever a child is given physical or mental examinations or treatment under order
307.26 of the court, and no provision is otherwise made by law for payment for the care,
307.27 examination, or treatment of the child, these costs are a charge upon the welfare funds of
307.28 the county in which proceedings are held upon certification of the judge of juvenile court.

307.29 ~~(b) The court shall order, and the local social services agency shall require, the parents~~
307.30 ~~or custodian of a child, while the child is under the age of 18, to use the total income and~~
307.31 ~~resources attributable to the child for the period of care, examination, or treatment, except~~
307.32 ~~for clothing and personal needs allowance as provided in section 256B.35, to reimburse the~~
307.33 ~~county for the cost of care, examination, or treatment. Income and resources attributable to~~

308.1 ~~the child include, but are not limited to, Social Security benefits, Supplemental Security~~
308.2 ~~Income (SSI), veterans benefits, railroad retirement benefits and child support. When the~~
308.3 ~~child is over the age of 18, and continues to receive care, examination, or treatment, the~~
308.4 ~~court shall order, and the local social services agency shall require, reimbursement from~~
308.5 ~~the child for the cost of care, examination, or treatment from the income and resources~~
308.6 ~~attributable to the child less the clothing and personal needs allowance.~~

308.7 ~~(c) If the income and resources attributable to the child are not enough to reimburse the~~
308.8 ~~county for the full cost of the care, examination, or treatment, the court shall inquire into~~
308.9 ~~the ability of the parents to support the child and, after giving the parents a reasonable~~
308.10 ~~opportunity to be heard, the court shall order, and the local social services agency shall~~
308.11 ~~require, the parents to contribute to the cost of care, examination, or treatment of the child.~~
308.12 ~~Except in delinquency cases where the victim is a member of the child's immediate family,~~
308.13 ~~when determining the amount to be contributed by the parents, the court shall use a fee~~
308.14 ~~schedule based upon ability to pay that is established by the local social services agency~~
308.15 ~~and approved by the commissioner of human services. In delinquency cases where the~~
308.16 ~~victim is a member of the child's immediate family, the court shall use the fee schedule but~~
308.17 ~~may also take into account the seriousness of the offense and any expenses which the parents~~
308.18 ~~have incurred as a result of the offense. The income of a stepparent who has not adopted a~~
308.19 ~~child shall be excluded in calculating the parental contribution under this section.~~

308.20 ~~(d) The court shall order the amount of reimbursement attributable to the parents or~~
308.21 ~~custodian, or attributable to the child, or attributable to both sources, withheld under chapter~~
308.22 ~~518A from the income of the parents or the custodian of the child. A parent or custodian~~
308.23 ~~who fails to pay without good reason may be proceeded against for contempt, or the court~~
308.24 ~~may inform the county attorney, who shall proceed to collect the unpaid sums, or both~~
308.25 ~~procedures may be used.~~

308.26 ~~(e)~~ (b) If the court orders a physical or mental examination for a child, the examination
308.27 is a medically necessary service for purposes of determining whether the service is covered
308.28 by a health insurance policy, health maintenance contract, or other health coverage plan.
308.29 Court-ordered treatment shall be subject to policy, contract, or plan requirements for medical
308.30 necessity. Nothing in this paragraph changes or eliminates benefit limits, conditions of
308.31 coverage, co-payments or deductibles, provider restrictions, or other requirements in the
308.32 policy, contract, or plan that relate to coverage of other medically necessary services.

309.1 Sec. 6. Minnesota Statutes 2021 Supplement, section 260C.007, subdivision 14, is amended
309.2 to read:

309.3 Subd. 14. **Egregious harm.** "Egregious harm" means the infliction of bodily harm to a
309.4 child or neglect of a child which demonstrates a grossly inadequate ability to provide
309.5 minimally adequate parental care. ~~The egregious harm need not have occurred in the state~~
309.6 ~~or in the county where a termination of parental rights action is otherwise properly venued.~~
309.7 A district court may still have proper venue over an action to terminate parental rights when
309.8 the egregious harm did not occur in the state or county where the district court is located.
309.9 Egregious harm includes, but is not limited to:

309.10 (1) conduct ~~towards~~ toward a child that constitutes a violation of sections 609.185 to
309.11 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;

309.12 (2) the infliction of "substantial bodily harm" to a child, as defined in section 609.02,
309.13 subdivision 7a;

309.14 (3) conduct ~~towards~~ toward a child that constitutes felony malicious punishment of a
309.15 child under section 609.377;

309.16 (4) conduct ~~towards~~ toward a child that constitutes felony unreasonable restraint of a
309.17 child under section 609.255, subdivision 3;

309.18 (5) conduct ~~towards~~ toward a child that constitutes felony neglect or endangerment of
309.19 a child under section 609.378;

309.20 (6) conduct ~~towards~~ toward a child that constitutes assault under section 609.221, 609.222,
309.21 or 609.223;

309.22 (7) conduct ~~towards~~ toward a child that constitutes sex trafficking, solicitation,
309.23 inducement, ~~or~~ promotion of, or receiving profit derived from prostitution under section
309.24 609.322;

309.25 (8) conduct ~~towards~~ toward a child that constitutes murder or voluntary manslaughter
309.26 as defined by United States Code, title 18, section 1111(a) or 1112(a);

309.27 (9) conduct ~~towards~~ toward a child that constitutes aiding or abetting, attempting,
309.28 conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a
309.29 violation of United States Code, title 18, section 1111(a) or 1112(a); or

309.30 (10) conduct toward a child that constitutes criminal sexual conduct under sections
309.31 609.342 to 609.345 or sexual extortion under section 609.3458.

310.1 Sec. 7. Minnesota Statutes 2020, section 260C.331, subdivision 1, is amended to read:

310.2 Subdivision 1. **Care, examination, or treatment.** (a) Except where parental rights are
310.3 terminated,

310.4 (1) whenever legal custody of a child is transferred by the court to a responsible social
310.5 services agency,

310.6 (2) whenever legal custody is transferred to a person other than the responsible social
310.7 services agency, but under the supervision of the responsible social services agency, or

310.8 (3) whenever a child is given physical or mental examinations or treatment under order
310.9 of the court, and no provision is otherwise made by law for payment for the care,
310.10 examination, or treatment of the child, these costs are a charge upon the welfare funds of
310.11 the county in which proceedings are held upon certification of the judge of juvenile court.

310.12 ~~(b) The court shall order, and the responsible social services agency shall require, the~~
310.13 ~~parents or custodian of a child, while the child is under the age of 18, to use the total income~~
310.14 ~~and resources attributable to the child for the period of care, examination, or treatment,~~
310.15 ~~except for clothing and personal needs allowance as provided in section 256B.35, to~~
310.16 ~~reimburse the county for the cost of care, examination, or treatment. Income and resources~~
310.17 ~~attributable to the child include, but are not limited to, Social Security benefits, Supplemental~~
310.18 ~~Security Income (SSI), veterans benefits, railroad retirement benefits and child support.~~
310.19 ~~When the child is over the age of 18, and continues to receive care, examination, or treatment,~~
310.20 ~~the court shall order, and the responsible social services agency shall require, reimbursement~~
310.21 ~~from the child for the cost of care, examination, or treatment from the income and resources~~
310.22 ~~attributable to the child less the clothing and personal needs allowance. Income does not~~
310.23 ~~include earnings from a child over the age of 18 who is working as part of a plan under~~
310.24 ~~section 260C.212, subdivision 1, paragraph (c), clause (12), to transition from foster care,~~
310.25 ~~or the income and resources from sources other than Supplemental Security Income and~~
310.26 ~~child support that are needed to complete the requirements listed in section 260C.203.~~

310.27 ~~(c) If the income and resources attributable to the child are not enough to reimburse the~~
310.28 ~~county for the full cost of the care, examination, or treatment, the court shall inquire into~~
310.29 ~~the ability of the parents to support the child and, after giving the parents a reasonable~~
310.30 ~~opportunity to be heard, the court shall order, and the responsible social services agency~~
310.31 ~~shall require, the parents to contribute to the cost of care, examination, or treatment of the~~
310.32 ~~child. When determining the amount to be contributed by the parents, the court shall use a~~
310.33 ~~fee schedule based upon ability to pay that is established by the responsible social services~~
310.34 ~~agency and approved by the commissioner of human services. The income of a stepparent~~

311.1 ~~who has not adopted a child shall be excluded in calculating the parental contribution under~~
 311.2 ~~this section.~~

311.3 ~~(d) The court shall order the amount of reimbursement attributable to the parents or~~
 311.4 ~~custodian, or attributable to the child, or attributable to both sources, withheld under chapter~~
 311.5 ~~518A from the income of the parents or the custodian of the child. A parent or custodian~~
 311.6 ~~who fails to pay without good reason may be proceeded against for contempt, or the court~~
 311.7 ~~may inform the county attorney, who shall proceed to collect the unpaid sums, or both~~
 311.8 ~~procedures may be used.~~

311.9 ~~(e)~~ (b) If the court orders a physical or mental examination for a child, the examination
 311.10 is a medically necessary service for purposes of determining whether the service is covered
 311.11 by a health insurance policy, health maintenance contract, or other health coverage plan.
 311.12 Court-ordered treatment shall be subject to policy, contract, or plan requirements for medical
 311.13 necessity. Nothing in this paragraph changes or eliminates benefit limits, conditions of
 311.14 coverage, co-payments or deductibles, provider restrictions, or other requirements in the
 311.15 policy, contract, or plan that relate to coverage of other medically necessary services.

311.16 ~~(f) Notwithstanding paragraph (b), (c), or (d),~~ (c) A parent, custodian, or guardian of the
 311.17 child is not required to use income and resources attributable to the child to reimburse the
 311.18 county for costs of care and is not required to contribute to the cost of care of the child
 311.19 during any period of time when the child is returned to the home of that parent, custodian,
 311.20 or guardian pursuant to a trial home visit under section 260C.201, subdivision 1, paragraph
 311.21 (a).

311.22 Sec. 8. Minnesota Statutes 2020, section 260C.451, subdivision 8, is amended to read:

311.23 **Subd. 8. Notice of termination of foster care.** When a child in foster care between the
 311.24 ages of 18 and 21 ceases to meet one of the eligibility criteria of subdivision 3a, the
 311.25 responsible social services agency shall give the child written notice that foster care will
 311.26 terminate 30 days from the date the notice is sent. The child or the child's guardian ad litem
 311.27 may file a motion asking the court to review the agency's determination within 15 days of
 311.28 receiving the notice. The child ~~shall~~ must not be discharged from foster care until the motion
 311.29 is heard. The agency shall work with the child to prepare for the child's transition out of
 311.30 foster care as. The agency must provide the court with the child's personalized transition
 311.31 plan required to be developed under section 260C.203, paragraph (d), clause (2) 260C.452,
 311.32 subdivision 4, if the motion is filed. The written notice of termination of benefits shall be
 311.33 on a form prescribed by the commissioner and shall also give notice of the right to have the
 311.34 agency's determination reviewed by the court in the proceeding where the court conducts

312.1 the reviews required under section 260C.203, 260C.317, or 260C.515, subdivision 5 or 6.
312.2 A copy of the termination notice shall be sent to the child and the child's attorney, if any,
312.3 the foster care provider, the child's guardian ad litem, and the court. The agency is not
312.4 responsible for paying foster care benefits for any period of time after the child actually
312.5 leaves foster care.

312.6 Sec. 9. Minnesota Statutes 2020, section 260C.451, is amended by adding a subdivision
312.7 to read:

312.8 Subd. 8a. **Transition planning.** For a youth who will be discharged from foster care at
312.9 18 years of age or older, the responsible social services agency must develop a personalized
312.10 transition plan as directed by the youth during the 180-day period immediately prior to the
312.11 expected date of discharge according to section 260C.452, subdivision 4. A youth's
312.12 personalized transition plan must include the support beyond 21 program under subdivision
312.13 8b for eligible youth. With a youth's consent, the responsible social services agency may
312.14 share the youth's personalized transition plan with a contracted agency providing case
312.15 management services under section 260C.452.

312.16 Sec. 10. Minnesota Statutes 2020, section 260C.451, is amended by adding a subdivision
312.17 to read:

312.18 Subd. 8b. **Support beyond 21 program.** For a youth who was eligible for extended
312.19 foster care under subdivision 3 and is discharged at age 21, the responsible social services
312.20 agency must ensure that the youth is referred to the support beyond 21 program. The support
312.21 beyond 21 program must provide a youth with one additional year of financial support for
312.22 housing and basic needs to assist the youth aging out of extended foster care at age 21. A
312.23 youth receiving benefits under the support beyond 21 program is also eligible for the
312.24 successful transition to adulthood program for additional support under section 260C.452.
312.25 A youth who transitions to residential services under sections 256B.092 and 256B.49 is not
312.26 eligible for the support beyond 21 program.

312.27 Sec. 11. Minnesota Statutes 2020, section 260E.01, is amended to read:

312.28 **260E.01 POLICY.**

312.29 (a) The legislature hereby declares that the public policy of this state is to protect children
312.30 whose health or welfare may be jeopardized through maltreatment. While it is recognized
312.31 that most parents want to keep their children safe, sometimes circumstances or conditions
312.32 interfere with their ability to do so. When this occurs, the health and safety of the children

313.1 must be of paramount concern. Intervention and prevention efforts must address immediate
 313.2 concerns for child safety and the ongoing risk of maltreatment and should engage the
 313.3 protective capacities of families. In furtherance of this public policy, it is the intent of the
 313.4 legislature under this chapter to:

313.5 (1) protect children and promote child safety;

313.6 (2) strengthen the family;

313.7 (3) make the home, school, and community safe for children by promoting responsible
 313.8 child care in all settings; and

313.9 (4) provide, when necessary, a safe temporary or permanent home environment for
 313.10 maltreated children.

313.11 (b) In addition, it is the policy of this state to:

313.12 (1) require the reporting of maltreatment of children in the home, school, and community
 313.13 settings;

313.14 (2) provide for ~~the~~ voluntary reporting of maltreatment of children;

313.15 (3) require an investigation when the report alleges sexual abuse or substantial child
 313.16 endangerment, except when the report alleges sex trafficking by a noncaregiver sex trafficker;

313.17 (4) provide a family assessment, if appropriate, when the report does not allege sexual
 313.18 abuse or substantial child endangerment; ~~and~~

313.19 (5) provide a noncaregiver sex trafficking assessment when the report alleges sex
 313.20 trafficking by a noncaregiver sex trafficker; and

313.21 (6) provide protective, family support, and family preservation services when needed
 313.22 in appropriate cases.

313.23 Sec. 12. Minnesota Statutes 2020, section 260E.02, subdivision 1, is amended to read:

313.24 Subdivision 1. **Establishment of team.** A county shall establish a multidisciplinary
 313.25 child protection team that may include, but is not be limited to, the director of the local
 313.26 welfare agency or designees, the county attorney or designees, the county sheriff or designees,
 313.27 representatives of health and education, representatives of mental health, representatives of
 313.28 agencies providing specialized services or responding to youth who experience or are at
 313.29 risk of experiencing sex trafficking or sexual exploitation, or other appropriate human
 313.30 services or community-based agencies, and parent groups. As used in this section, a
 313.31 "community-based agency" may include, but is not limited to, schools, social services

314.1 agencies, family service and mental health collaboratives, children's advocacy centers, early
314.2 childhood and family education programs, Head Start, or other agencies serving children
314.3 and families. A member of the team must be designated as the lead person of the team
314.4 responsible for the planning process to develop standards for the team's activities with
314.5 battered women's and domestic abuse programs and services.

314.6 Sec. 13. Minnesota Statutes 2020, section 260E.03, is amended by adding a subdivision
314.7 to read:

314.8 Subd. 15a. **Noncaregiver sex trafficker.** "Noncaregiver sex trafficker" means an
314.9 individual who is alleged to have engaged in the act of sex trafficking a child and who is
314.10 not a person responsible for the child's care, who does not have a significant relationship
314.11 with the child as defined in section 609.341, and who is not a person in a current or recent
314.12 position of authority as defined in section 609.341, subdivision 10.

314.13 Sec. 14. Minnesota Statutes 2020, section 260E.03, is amended by adding a subdivision
314.14 to read:

314.15 Subd. 15b. **Noncaregiver sex trafficking assessment.** "Noncaregiver sex trafficking
314.16 assessment" is a comprehensive assessment of child safety, the risk of subsequent child
314.17 maltreatment, and strengths and needs of the child and family. The local welfare agency
314.18 shall only perform a noncaregiver sex trafficking assessment when a maltreatment report
314.19 alleges sex trafficking of a child by someone other than the child's caregiver. A noncaregiver
314.20 sex trafficking assessment does not include a determination of whether child maltreatment
314.21 occurred. A noncaregiver sex trafficking assessment includes a determination of a family's
314.22 need for services to address the safety of a child or children, the safety of family members,
314.23 and the risk of subsequent child maltreatment.

314.24 Sec. 15. Minnesota Statutes 2021 Supplement, section 260E.03, subdivision 22, is amended
314.25 to read:

314.26 Subd. 22. **Substantial child endangerment.** "Substantial child endangerment" means
314.27 that a person responsible for a child's care, by act or omission, commits or attempts to
314.28 commit an act against a child ~~under their~~ in the person's care that constitutes any of the
314.29 following:

314.30 (1) egregious harm under subdivision 5;

314.31 (2) abandonment under section 260C.301, subdivision 2;

- 315.1 (3) neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers
315.2 the child's physical or mental health, including a growth delay, which may be referred to
315.3 as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
- 315.4 (4) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
- 315.5 (5) manslaughter in the first or second degree under section 609.20 or 609.205;
- 315.6 (6) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
- 315.7 (7) sex trafficking, solicitation, inducement, ~~and~~ or promotion of prostitution under
315.8 section 609.322;
- 315.9 (8) criminal sexual conduct under sections 609.342 to 609.3451;
- 315.10 (9) sexual extortion under section 609.3458;
- 315.11 (10) solicitation of children to engage in sexual conduct under section 609.352;
- 315.12 (11) malicious punishment or neglect or endangerment of a child under section 609.377
315.13 or 609.378;
- 315.14 (12) use of a minor in sexual performance under section 617.246; or
- 315.15 (13) parental behavior, status, or condition ~~that mandates that~~ requiring the county
315.16 attorney to file a termination of parental rights petition under section 260C.503, subdivision
315.17 2.

315.18 Sec. 16. Minnesota Statutes 2020, section 260E.14, subdivision 2, is amended to read:

315.19 Subd. 2. **Sexual abuse.** (a) The local welfare agency is the agency responsible for
315.20 investigating an allegation of sexual abuse if the alleged offender is the parent, guardian,
315.21 sibling, or an individual functioning within the family unit as a person responsible for the
315.22 child's care, or a person with a significant relationship to the child if that person resides in
315.23 the child's household.

315.24 (b) The local welfare agency is also responsible for assessing or investigating when a
315.25 child is identified as a victim of sex trafficking.

315.26 Sec. 17. Minnesota Statutes 2020, section 260E.14, subdivision 5, is amended to read:

315.27 Subd. 5. **Law enforcement.** (a) The local law enforcement agency is the agency
315.28 responsible for investigating a report of maltreatment if a violation of a criminal statute is
315.29 alleged.

316.1 (b) Law enforcement and the responsible agency must coordinate their investigations
 316.2 or assessments as required under this chapter when ~~the~~: (1) a report alleges maltreatment
 316.3 that is a violation of a criminal statute by a person who is a parent, guardian, sibling, person
 316.4 responsible for the child's care functioning within the family unit, or by a person who lives
 316.5 in the child's household and who has a significant relationship to the child, in a setting other
 316.6 than a facility as defined in section 260E.03; or (2) a report alleges sex trafficking of a child.

316.7 Sec. 18. Minnesota Statutes 2020, section 260E.17, subdivision 1, is amended to read:

316.8 Subdivision 1. **Local welfare agency.** (a) Upon receipt of a report, the local welfare
 316.9 agency shall determine whether to conduct a family assessment ~~or~~, an investigation, or a
 316.10 noncaregiver sex trafficking assessment as appropriate to prevent or provide a remedy for
 316.11 maltreatment.

316.12 (b) The local welfare agency shall conduct an investigation when the report involves
 316.13 sexual abuse, except as indicated in paragraph (f), or substantial child endangerment.

316.14 (c) The local welfare agency shall begin an immediate investigation ~~if~~, at any time when
 316.15 the local welfare agency is using responding with a family assessment response, and the
 316.16 local welfare agency determines that there is reason to believe that sexual abuse ~~or~~, substantial
 316.17 child endangerment₂, or a serious threat to the child's safety exists.

316.18 (d) The local welfare agency may conduct a family assessment for reports that do not
 316.19 allege sexual abuse, except as indicated in paragraph (f), or substantial child endangerment.
 316.20 In determining that a family assessment is appropriate, the local welfare agency may consider
 316.21 issues of child safety, parental cooperation, and the need for an immediate response.

316.22 (e) The local welfare agency may conduct a family assessment ~~on~~ for a report that was
 316.23 initially screened and assigned for an investigation. In determining that a complete
 316.24 investigation is not required, the local welfare agency must document the reason for
 316.25 terminating the investigation and notify the local law enforcement agency if the local law
 316.26 enforcement agency is conducting a joint investigation.

316.27 (f) The local welfare agency shall conduct a noncaregiver sex trafficking assessment
 316.28 when a maltreatment report alleges sex trafficking of a child and the alleged offender is a
 316.29 noncaregiver sex trafficker as defined by section 260E.03, subdivision 15a.

316.30 (g) During a noncaregiver sex trafficking assessment, the local welfare agency shall
 316.31 initiate an immediate investigation if there is reason to believe that a child's parent, caregiver,
 316.32 or household member allegedly engaged in the act of sex trafficking a child or is alleged to
 316.33 have engaged in any conduct requiring the agency to conduct an investigation.

317.1 Sec. 19. Minnesota Statutes 2020, section 260E.18, is amended to read:

317.2 **260E.18 NOTICE TO CHILD'S TRIBE.**

317.3 The local welfare agency shall provide immediate notice, according to section 260.761,
317.4 subdivision 2, to an Indian child's tribe when the agency has reason to believe that the family
317.5 assessment or, investigation, or noncaregiver sex trafficking assessment may involve an
317.6 Indian child. For purposes of this section, "immediate notice" means notice provided within
317.7 24 hours.

317.8 Sec. 20. Minnesota Statutes 2021 Supplement, section 260E.20, subdivision 2, is amended
317.9 to read:

317.10 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare
317.11 agency shall ~~conduct a~~ have face-to-face contact with the child reported to be maltreated
317.12 and with the child's primary caregiver sufficient to complete a safety assessment and ensure
317.13 the immediate safety of the child.

317.14 (b) Except in a noncaregiver sex trafficking assessment, the local welfare agency shall
317.15 have face-to-face contact with the child and primary caregiver ~~shall occur~~ immediately after
317.16 the agency screens in a report if sexual abuse or substantial child endangerment is alleged
317.17 and within five calendar days of a screened in report for all other reports. If the alleged
317.18 offender was not already interviewed as the primary caregiver, the local welfare agency
317.19 shall also conduct a face-to-face interview with the alleged offender in the early stages of
317.20 the assessment or investigation, except in a noncaregiver sex trafficking assessment.
317.21 Face-to-face contact with the child and primary caregiver in response to a report alleging
317.22 sexual abuse or substantial child endangerment may be postponed for no more than five
317.23 calendar days if the child is residing in a location that is confirmed to restrict contact with
317.24 the alleged offender as established in guidelines issued by the commissioner, or if the local
317.25 welfare agency is pursuing a court order for the child's caregiver to produce the child for
317.26 questioning under section 260E.22, subdivision 5.

317.27 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
317.28 responsible for assessing or investigating the report must inform the alleged offender of the
317.29 complaints or allegations made against the individual in a manner consistent with laws
317.30 protecting the rights of the person who made the report. The interview with the alleged
317.31 offender may be postponed if it would jeopardize an active law enforcement investigation.
317.32 When conducting a noncaregiver sex trafficking assessment, the local child welfare agency
317.33 is not required to inform or interview the alleged offender.

318.1 (d) The local welfare agency or the agency responsible for assessing or investigating
318.2 the report must provide the alleged offender with an opportunity to make a statement, except
318.3 when conducting a noncaregiver sex trafficking assessment. The alleged offender may
318.4 submit supporting documentation relevant to the assessment or investigation.

318.5 Sec. 21. Minnesota Statutes 2020, section 260E.24, subdivision 2, is amended to read:

318.6 Subd. 2. **Determination after family assessment or a noncaregiver sex trafficking**
318.7 **assessment**. After conducting a family assessment or a noncaregiver sex trafficking
318.8 assessment, the local welfare agency shall determine whether child protective services are
318.9 needed to address the safety of the child and other family members and the risk of subsequent
318.10 maltreatment.

318.11 Sec. 22. Minnesota Statutes 2020, section 260E.24, subdivision 7, is amended to read:

318.12 Subd. 7. **Notification at conclusion of family assessment or a noncaregiver sex**
318.13 **trafficking assessment**. Within ten working days of the conclusion of a family assessment
318.14 or a noncaregiver sex trafficking assessment, the local welfare agency shall notify the parent
318.15 or guardian of the child of the need for services to address child safety concerns or significant
318.16 risk of subsequent maltreatment. The local welfare agency and the family may also jointly
318.17 agree that family support and family preservation services are needed.

318.18 Sec. 23. Minnesota Statutes 2020, section 260E.33, subdivision 1, is amended to read:

318.19 Subdivision 1. **Following a family assessment or a noncaregiver sex trafficking**
318.20 **assessment**. Administrative reconsideration is not applicable to a family assessment or a
318.21 noncaregiver sex trafficking assessment since no determination concerning maltreatment
318.22 is made.

318.23 Sec. 24. Minnesota Statutes 2020, section 260E.35, subdivision 6, is amended to read:

318.24 Subd. 6. **Data retention.** (a) Notwithstanding sections 138.163 and 138.17, a record
318.25 maintained or a record derived from a report of maltreatment by a local welfare agency,
318.26 agency responsible for assessing or investigating the report, court services agency, or school
318.27 under this chapter shall be destroyed as provided in paragraphs (b) to (e) by the responsible
318.28 authority.

318.29 (b) For a report alleging maltreatment that was not accepted for an assessment or an
318.30 investigation, a family assessment case, a noncaregiver sex trafficking assessment case, and
318.31 a case where an investigation results in no determination of maltreatment or the need for

319.1 child protective services, the record must be maintained for a period of five years after the
 319.2 date that the report was not accepted for assessment or investigation or the date of the final
 319.3 entry in the case record. A record of a report that was not accepted must contain sufficient
 319.4 information to identify the subjects of the report, the nature of the alleged maltreatment,
 319.5 and the reasons ~~as to~~ why the report was not accepted. Records under this paragraph may
 319.6 not be used for employment, background checks, or purposes other than to assist in future
 319.7 screening decisions and risk and safety assessments.

319.8 (c) All records relating to reports that, upon investigation, indicate ~~either~~ maltreatment
 319.9 or a need for child protective services shall be maintained for ten years after the date of the
 319.10 final entry in the case record.

319.11 (d) All records regarding a report of maltreatment, including a notification of intent to
 319.12 interview that was received by a school under section 260E.22, subdivision 7, shall be
 319.13 destroyed by the school when ordered to do so by the agency conducting the assessment or
 319.14 investigation. The agency shall order the destruction of the notification when other records
 319.15 relating to the report under investigation or assessment are destroyed under this subdivision.

319.16 (e) Private or confidential data released to a court services agency under subdivision 3,
 319.17 paragraph (d), must be destroyed by the court services agency when ordered to do so by the
 319.18 local welfare agency that released the data. The local welfare agency or agency responsible
 319.19 for assessing or investigating the report shall order destruction of the data when other records
 319.20 relating to the assessment or investigation are destroyed under this subdivision.

319.21 **Sec. 25. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FOSTER**
 319.22 **CARE FEDERAL CASH ASSISTANCE BENEFITS PRESERVATION.**

319.23 (a) The commissioner of human services shall develop a plan to implement procedures
 319.24 and policies necessary to cease allowing a financially responsible agency to use the federal
 319.25 cash assistance benefits of a child in foster care to pay for out-of-home placement costs for
 319.26 the child. The plan must ensure that federal cash assistance benefits are preserved and made
 319.27 available to meet the best interests of the child and must include recommendations on the
 319.28 following, in compliance with all applicable federal laws and Minnesota Statutes, chapter
 319.29 256N:

319.30 (1) policies for youth and caregiver access to preserved federal cash assistance benefit
 319.31 payments;

319.32 (2) representative payees for children in voluntary foster care for treatment pursuant to
 319.33 Minnesota Statutes, chapter 260D; and

- 320.1 (3) family preservation and reunification.
- 320.2 (b) For purposes of this section, "federal cash assistance benefits" means all benefits
320.3 from programs administered by the Social Security Administration, including from the
320.4 Supplemental Security Income and the Retirement, Survivors, Disability Insurance programs.
- 320.5 (c) When developing the plan under this section, the commissioner shall consult or
320.6 engage with:
- 320.7 (1) individuals or entities with experience managing trusts and investment;
- 320.8 (2) individuals or entities with expertise in providing tax advice;
- 320.9 (3) individuals or entities with expertise in preserving assets to avoid negative impacts
320.10 on public assistance eligibility;
- 320.11 (4) other relevant state agencies;
- 320.12 (5) Tribal nations that have joined or are in the formal planning process to join the
320.13 American Indian Child Welfare Initiative;
- 320.14 (6) counties;
- 320.15 (7) the Children's Justice Initiative;
- 320.16 (8) organizations that serve and advocate for children and families in the child protection
320.17 system;
- 320.18 (9) foster families and kinship caregivers, to the extent possible;
- 320.19 (10) youth who have been or are currently in out-of-home placement; and
- 320.20 (11) other relevant stakeholders.
- 320.21 (d) By December 15, 2022, each county shall provide the following data for fiscal years
320.22 2019 and 2020 to the commissioner in a form prescribed by the commissioner:
- 320.23 (1) the nonduplicated number of children in foster care in the county who received
320.24 federal cash assistance benefits;
- 320.25 (2) the number of children for whom the county was the representative payee for federal
320.26 cash assistance benefits; and
- 320.27 (3) the amount of money that the county collected in federal cash assistance benefits as
320.28 the representative payee for children in the county.
- 320.29 (e) By January 15, 2024, the commissioner shall submit a report to the chairs and ranking
320.30 minority members of the legislative committees with jurisdiction over human services and

321.1 child welfare outlining the plan developed under this section. The report must include a
 321.2 projected timeline for implementation of the plan, estimated implementation costs, and any
 321.3 legislative recommendations that may be required to implement the plan.

321.4 Sec. 26. **APPROPRIATION; FOSTER CARE FEDERAL CASH ASSISTANCE**
 321.5 **BENEFIT PRESERVATION PLAN.**

321.6 \$..... in fiscal year 2023 is appropriated from the general fund to the commissioner of
 321.7 human services for developing the foster care federal cash assistance benefits plan. The
 321.8 commissioner may use up to \$..... of this appropriation for grants to counties, to assist
 321.9 counties with gathering and reporting the county data required for the commissioner to
 321.10 develop the foster care federal cash assistance benefits plan. This appropriation is available
 321.11 until June 30, 2024.

321.12 ARTICLE 8

321.13 ECONOMIC ASSISTANCE POLICY

321.14 Section 1. Minnesota Statutes 2020, section 256P.04, subdivision 11, is amended to read:

321.15 Subd. 11. **Participant's completion of household report form.** (a) When a participant
 321.16 is required to complete a household report form, the following paragraphs apply.

321.17 (b) If the agency receives an incomplete household report form, the agency must
 321.18 immediately ~~return the incomplete form and clearly state what the participant must do for~~
 321.19 ~~the form to be complete~~ contact the participant by phone or in writing to acquire the necessary
 321.20 information to complete the form.

321.21 (c) The automated eligibility system must send a notice of proposed termination of
 321.22 assistance to the participant if a complete household report form is not received by the
 321.23 agency. The automated notice must be mailed to the participant by approximately the 16th
 321.24 of the month. When a participant submits an incomplete form on or after the date a notice
 321.25 of proposed termination has been sent, the termination is valid unless the participant submits
 321.26 a complete form before the end of the month.

321.27 (d) The submission of a household report form is considered to have continued the
 321.28 participant's application for assistance if a complete household report form is received within
 321.29 a calendar month after the month in which the form was due. Assistance shall be paid for
 321.30 the period beginning with the first day of that calendar month.

321.31 (e) An agency must allow good cause exemptions for a participant required to complete
 321.32 a household report form when any of the following factors cause a participant to fail to

322.1 submit a completed household report form before the end of the month in which the form
322.2 is due:

322.3 (1) an employer delays completion of employment verification;

322.4 (2) the agency does not help a participant complete the household report form when the
322.5 participant asks for help;

322.6 (3) a participant does not receive a household report form due to a mistake on the part
322.7 of the department or the agency or a reported change in address;

322.8 (4) a participant is ill or physically or mentally incapacitated; or

322.9 (5) some other circumstance occurs that a participant could not avoid with reasonable
322.10 care which prevents the participant from providing a completed household report form
322.11 before the end of the month in which the form is due.

322.12 Sec. 2. Minnesota Statutes 2021 Supplement, section 256P.06, subdivision 3, is amended
322.13 to read:

322.14 Subd. 3. **Income inclusions.** The following must be included in determining the income
322.15 of an assistance unit:

322.16 (1) earned income; and

322.17 (2) unearned income, which includes:

322.18 (i) interest and dividends from investments and savings;

322.19 (ii) capital gains as defined by the Internal Revenue Service from any sale of real property;

322.20 (iii) proceeds from rent and contract for deed payments in excess of the principal and
322.21 interest portion owed on property;

322.22 (iv) income from trusts, excluding special needs and supplemental needs trusts;

322.23 (v) interest income from loans made by the participant or household;

322.24 (vi) cash prizes and winnings;

322.25 (vii) unemployment insurance income that is received by an adult member of the
322.26 assistance unit unless the individual receiving unemployment insurance income is:

322.27 (A) 18 years of age and enrolled in a secondary school; or

322.28 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;

322.29 (viii) retirement, survivors, and disability insurance payments;

323.1 (ix) nonrecurring income over \$60 per quarter unless the nonrecurring income is: (A)
 323.2 from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or
 323.3 refund of personal or real property or costs or losses incurred when these payments are
 323.4 made by: a public agency; a court; solicitations through public appeal; a federal, state, or
 323.5 local unit of government; or a disaster assistance organization; (C) provided as an in-kind
 323.6 benefit; or (D) earmarked and used for the purpose for which it was intended, subject to
 323.7 verification requirements under section 256P.04;

323.8 (x) retirement benefits;

323.9 (xi) cash assistance benefits, as defined by each program in chapters 119B, 256D, 256I,
 323.10 and 256J;

323.11 (xii) Tribal per capita payments unless excluded by federal and state law;

323.12 ~~(xiii) income and payments from service and rehabilitation programs that meet or exceed~~
 323.13 ~~the state's minimum wage rate;~~

323.14 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded
 323.15 from income taxes according to federal or state law;

323.16 ~~(xv)~~ (xiv) all child support payments for programs under chapters 119B, 256D, and 256I;

323.17 ~~(xvi)~~ (xv) the amount of child support received that exceeds \$100 for assistance units
 323.18 with one child and \$200 for assistance units with two or more children for programs under
 323.19 chapter 256J;

323.20 ~~(xvii)~~ (xvi) spousal support; and

323.21 ~~(xviii)~~ (xvii) workers' compensation.

323.22 Sec. 3. Minnesota Statutes 2020, section 268.19, subdivision 1, is amended to read:

323.23 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from
 323.24 any person under the administration of the Minnesota Unemployment Insurance Law are
 323.25 private data on individuals or nonpublic data not on individuals as defined in section 13.02,
 323.26 subdivisions 9 and 12, and may not be disclosed except according to a district court order
 323.27 or section 13.05. A subpoena is not considered a district court order. These data may be
 323.28 disseminated to and used by the following agencies without the consent of the subject of
 323.29 the data:

323.30 (1) state and federal agencies specifically authorized access to the data by state or federal
 323.31 law;

- 324.1 (2) any agency of any other state or any federal agency charged with the administration
324.2 of an unemployment insurance program;
- 324.3 (3) any agency responsible for the maintenance of a system of public employment offices
324.4 for the purpose of assisting individuals in obtaining employment;
- 324.5 (4) the public authority responsible for child support in Minnesota or any other state in
324.6 accordance with section 256.978;
- 324.7 (5) human rights agencies within Minnesota that have enforcement powers;
- 324.8 (6) the Department of Revenue to the extent necessary for its duties under Minnesota
324.9 laws;
- 324.10 (7) public and private agencies responsible for administering publicly financed assistance
324.11 programs for the purpose of monitoring the eligibility of the program's recipients;
- 324.12 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the
324.13 Department of Commerce for uses consistent with the administration of their duties under
324.14 Minnesota law;
- 324.15 (9) the Department of Human Services and the Office of Inspector General and its agents
324.16 within the Department of Human Services, including county fraud investigators, for
324.17 investigations related to recipient or provider fraud and employees of providers when the
324.18 provider is suspected of committing public assistance fraud;
- 324.19 (10) local and state welfare agencies for monitoring the eligibility of the data subject
324.20 for assistance programs, or for any employment or training program administered by those
324.21 agencies, whether alone, in combination with another welfare agency, or in conjunction
324.22 with the department or to monitor and evaluate the statewide Minnesota family investment
324.23 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,
324.24 and the Supplemental Nutrition Assistance Program Employment and Training program by
324.25 providing data on recipients and former recipients of Supplemental Nutrition Assistance
324.26 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child
324.27 care assistance under chapter 119B, or medical programs under chapter 256B or 256L or
324.28 formerly codified under chapter 256D;
- 324.29 (11) local and state welfare agencies for the purpose of identifying employment, wages,
324.30 and other information to assist in the collection of an overpayment debt in an assistance
324.31 program;

325.1 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining
 325.2 the last known address and employment location of an individual who is the subject of a
 325.3 criminal investigation;

325.4 (13) the United States Immigration and Customs Enforcement has access to data on
 325.5 specific individuals and specific employers provided the specific individual or specific
 325.6 employer is the subject of an investigation by that agency;

325.7 (14) the Department of Health for the purposes of epidemiologic investigations;

325.8 (15) the Department of Corrections for the purposes of case planning and internal research
 325.9 for preprobation, probation, and postprobation employment tracking of offenders sentenced
 325.10 to probation and preconfinement and postconfinement employment tracking of committed
 325.11 offenders;

325.12 (16) the state auditor to the extent necessary to conduct audits of job opportunity building
 325.13 zones as required under section 469.3201; and

325.14 (17) the Office of Higher Education for purposes of supporting program improvement,
 325.15 system evaluation, and research initiatives including the Statewide Longitudinal Education
 325.16 Data System.

325.17 (b) Data on individuals and employers that are collected, maintained, or used by the
 325.18 department in an investigation under section 268.182 are confidential as to data on individuals
 325.19 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3
 325.20 and 13, and must not be disclosed except under statute or district court order or to a party
 325.21 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

325.22 (c) Data gathered by the department in the administration of the Minnesota unemployment
 325.23 insurance program must not be made the subject or the basis for any suit in any civil
 325.24 proceedings, administrative or judicial, unless the action is initiated by the department.

325.25 **Sec. 4. REVISOR INSTRUCTION.**

325.26 The revisor of statutes shall renumber each section of Minnesota Statutes listed in column
 325.27 A with the number listed in column B. The revisor shall also make necessary grammatical
 325.28 and cross-reference changes consistent with the renumbering.

325.29 <u>Column A</u>	<u>Column B</u>
325.30 <u>256D.051, subdivision 20</u>	<u>256D.60, subdivision 1</u>
325.31 <u>256D.051, subdivision 21</u>	<u>256D.60, subdivision 2</u>
325.32 <u>256D.051, subdivision 22</u>	<u>256D.60, subdivision 3</u>

326.1	<u>256D.051, subdivision 23</u>	<u>256D.60, subdivision 4</u>
326.2	<u>256D.051, subdivision 24</u>	<u>256D.60, subdivision 5</u>
326.3	<u>256D.0512</u>	<u>256D.61</u>
326.4	<u>256D.0515</u>	<u>256D.62</u>
326.5	<u>256D.0516</u>	<u>256D.63</u>
326.6	<u>256D.053</u>	<u>256D.64</u>

326.7 Sec. 5. **REPEALER.**

326.8 Minnesota Statutes 2020, section 256D.055, is repealed.

326.9 **ARTICLE 9**
326.10 **ECONOMIC ASSISTANCE**

326.11 Section 1. Minnesota Statutes 2020, section 119B.011, subdivision 15, is amended to read:

326.12 Subd. 15. **Income.** (a) "Income" means earned income as defined under section 256P.01,
326.13 subdivision 3, unearned income as defined under section 256P.01, subdivision 8, and public
326.14 assistance cash benefits, including the Minnesota family investment program, diversionary
326.15 work program, work benefit, Minnesota supplemental aid, general assistance, refugee cash
326.16 assistance, at-home infant child care subsidy payments, ~~and~~ child support and maintenance
326.17 distributed to ~~the~~ a family under section 256.741, subdivision 2a., and nonrecurring income
326.18 over \$60 per quarter unless the nonrecurring income is:

326.19 (1) from tax refunds, tax rebates, or tax credits;

326.20 (2) from a reimbursement, rebate, award, grant, or refund of personal or real property
326.21 or costs or losses incurred when these payments are made by a public agency, a court, a
326.22 solicitation through public appeal, the federal government, a state or local unit of government,
326.23 or a disaster assistance organization;

326.24 (3) provided as an in-kind benefit; or

326.25 (4) earmarked and used for the purpose for which it was intended.

326.26 (b) The following are deducted from income: funds used to pay for health insurance
326.27 premiums for family members, and child or spousal support paid to or on behalf of a person
326.28 or persons who live outside of the household. Income sources not included in this subdivision
326.29 and section 256P.06, subdivision 3, are not counted as income.

327.1 Sec. 2. Minnesota Statutes 2020, section 119B.025, subdivision 4, is amended to read:

327.2 Subd. 4. **Changes in eligibility.** (a) The county shall process a change in eligibility
327.3 factors according to paragraphs (b) to (g).

327.4 (b) A family is subject to the reporting requirements in section 256P.07, subdivision 6.

327.5 (c) If a family reports a change or a change is known to the agency before the family's
327.6 regularly scheduled redetermination, the county must act on the change. The commissioner
327.7 shall establish standards for verifying a change.

327.8 (d) A change in income occurs on the day the participant received the first payment
327.9 reflecting the change in income.

327.10 (e) During a family's 12-month eligibility period, if the family's income increases and
327.11 remains at or below 85 percent of the state median income, adjusted for family size, there
327.12 is no change to the family's eligibility. The county shall not request verification of the
327.13 change. The co-payment fee shall not increase during the remaining portion of the family's
327.14 12-month eligibility period.

327.15 (f) During a family's 12-month eligibility period, if the family's income increases and
327.16 exceeds 85 percent of the state median income, adjusted for family size, the family is not
327.17 eligible for child care assistance. The family must be given 15 calendar days to provide
327.18 verification of the change. If the required verification is not returned or confirms ineligibility,
327.19 the family's eligibility ends following a subsequent 15-day adverse action notice.

327.20 (g) Notwithstanding Minnesota Rules, parts 3400.0040, subpart 3, and 3400.0170,
327.21 subpart 1, if an applicant or participant reports that employment ended, the agency may
327.22 accept a signed statement from the applicant or participant as verification that employment
327.23 ended.

327.24 **EFFECTIVE DATE.** This section is effective March 1, 2024.

327.25 Sec. 3. Minnesota Statutes 2020, section 256D.03, is amended by adding a subdivision to
327.26 read:

327.27 Subd. 2b. **Budgeting and reporting.** Every county agency shall determine eligibility
327.28 and calculate benefit amounts for general assistance according to chapter 256P.

327.29 **EFFECTIVE DATE.** This section is effective March 1, 2024.

328.1 Sec. 4. Minnesota Statutes 2020, section 256D.0515, is amended to read:

328.2 **256D.0515 ASSET LIMITATIONS FOR SUPPLEMENTAL NUTRITION**
 328.3 **ASSISTANCE PROGRAM HOUSEHOLDS.**

328.4 All Supplemental Nutrition Assistance Program (SNAP) households must be determined
 328.5 eligible for the benefit discussed under section 256.029. SNAP households must demonstrate
 328.6 that their gross income is equal to or less than ~~165~~ 200 percent of the federal poverty
 328.7 guidelines for the same family size.

328.8 Sec. 5. Minnesota Statutes 2020, section 256D.0516, subdivision 2, is amended to read:

328.9 Subd. 2. **SNAP reporting requirements.** The commissioner of human services shall
 328.10 implement simplified reporting as permitted under the Food and Nutrition Act of 2008, as
 328.11 amended, and the SNAP regulations in Code of Federal Regulations, title 7, part 273. SNAP
 328.12 benefit recipient households required to report periodically shall not be required to report
 328.13 more often than one time every six months. ~~This provision shall not apply to households~~
 328.14 ~~receiving food benefits under the Minnesota family investment program waiver.~~

328.15 **EFFECTIVE DATE.** This section is effective March 1, 2024.

328.16 Sec. 6. Minnesota Statutes 2020, section 256D.06, subdivision 1, is amended to read:

328.17 Subdivision 1. **Eligibility; amount of assistance.** General assistance shall be granted
 328.18 to an individual or married couple in an amount that when added to the countable income
 328.19 as determined to be actually equal to the difference between the countable income available
 328.20 to the assistance unit under section 256P.06, the total amount equals the applicable standard
 328.21 of assistance for general assistance and the standard for the individual or married couple
 328.22 using the MFIP transitional standard cash portion described in section 256J.24, subdivision
 328.23 5, paragraph (a). In determining eligibility for and the amount of assistance for an individual
 328.24 or married couple, the agency shall apply the earned income disregard as determined in
 328.25 section 256P.03.

328.26 **EFFECTIVE DATE.** This section is effective October 1, 2023.

328.27 Sec. 7. Minnesota Statutes 2020, section 256D.06, subdivision 2, is amended to read:

328.28 Subd. 2. **Emergency need.** (a) Notwithstanding the provisions of subdivision 1, a grant
 328.29 of emergency general assistance shall, to the extent funds are available, be made to an
 328.30 eligible single adult, married couple, or family for an emergency need where the recipient
 328.31 requests temporary assistance not exceeding 30 days if an emergency situation appears to

329.1 exist under written criteria adopted by the county agency. If an applicant or recipient relates
329.2 facts to the county agency which may be sufficient to constitute an emergency situation,
329.3 the county agency shall, to the extent funds are available, advise the person of the procedure
329.4 for applying for assistance according to this subdivision.

329.5 (b) The applicant must be ineligible for assistance under chapter 256J, must have annual
329.6 net income no greater than 200 percent of the federal poverty guidelines for the previous
329.7 calendar year, and may only receive an emergency assistance grant ~~not more than~~ once in
329.8 any 12-month period.

329.9 (c) Funding for an emergency general assistance program is limited to the appropriation.
329.10 Each fiscal year, the commissioner shall allocate to counties the money appropriated for
329.11 emergency general assistance grants based on each county agency's average share of state's
329.12 emergency general expenditures for the immediate past three fiscal years as determined by
329.13 the commissioner, and may reallocate any unspent amounts to other counties. The
329.14 commissioner may disregard periods of pandemic or other disaster, including fiscal years
329.15 2021 and 2022, when determining the amount allocated to counties. No county shall be
329.16 allocated less than \$1,000 for a fiscal year.

329.17 (d) Any emergency general assistance expenditures by a county above the amount of
329.18 the commissioner's allocation to the county must be made from county funds.

329.19 Sec. 8. Minnesota Statutes 2020, section 256D.06, subdivision 5, is amended to read:

329.20 Subd. 5. **Eligibility; requirements.** (a) Any applicant, otherwise eligible for general
329.21 assistance and possibly eligible for maintenance benefits from any other source shall (1)
329.22 make application for those benefits within ~~30~~ 90 days of the general assistance application,
329.23 unless an applicant had good cause to not apply within that period; and (2) execute an interim
329.24 assistance agreement on a form as directed by the commissioner.

329.25 (b) The commissioner shall review a denial of an application for other maintenance
329.26 benefits and may require a recipient of general assistance to file an appeal of the denial if
329.27 appropriate. If found eligible for benefits from other sources, and a payment received from
329.28 another source relates to the period during which general assistance was also being received,
329.29 the recipient shall be required to reimburse the county agency for the interim assistance
329.30 paid. Reimbursement shall not exceed the amount of general assistance paid during the time
329.31 period to which the other maintenance benefits apply and shall not exceed the state standard
329.32 applicable to that time period.

330.1 (c) The commissioner may contract with the county agencies, qualified agencies,
330.2 organizations, or persons to provide advocacy and support services to process claims for
330.3 federal disability benefits for applicants or recipients of services or benefits supervised by
330.4 the commissioner using money retained under this section.

330.5 (d) The commissioner may provide methods by which county agencies shall identify,
330.6 refer, and assist recipients who may be eligible for benefits under federal programs for
330.7 people with a disability.

330.8 (e) The total amount of interim assistance recoveries retained under this section for
330.9 advocacy, support, and claim processing services shall not exceed 35 percent of the interim
330.10 assistance recoveries in the prior fiscal year.

330.11 Sec. 9. Minnesota Statutes 2020, section 256E.36, subdivision 1, is amended to read:

330.12 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

330.13 (b) "Commissioner" means the commissioner of human services.

330.14 (c) "Eligible organization" means a local governmental unit, federally recognized Tribal
330.15 Nation, or nonprofit organization providing or seeking to provide emergency services for
330.16 homeless persons.

330.17 (d) "Emergency services" means:

330.18 (1) providing emergency shelter for homeless persons; and

330.19 (2) assisting homeless persons in obtaining essential services, including:

330.20 (i) access to permanent housing;

330.21 (ii) medical and psychological help;

330.22 (iii) employment counseling and job placement;

330.23 (iv) substance abuse treatment;

330.24 (v) financial assistance available from other programs;

330.25 (vi) emergency child care;

330.26 (vii) transportation; and

330.27 (viii) other services needed to stabilize housing.

330.28 **EFFECTIVE DATE.** This section is effective July 1, 2022.

331.1 **Sec. 10. [256E.361] EMERGENCY SHELTER FACILITIES GRANTS.**

331.2 **Subdivision 1. Definitions.** (a) For the purposes of this section, the terms defined in this
331.3 subdivision have the meanings given.

331.4 (b) "Commissioner" means the commissioner of human services.

331.5 (c) "Eligible organization" means a local governmental unit, federally recognized Tribal
331.6 Nation, or nonprofit organization seeking to acquire, construct, renovate, furnish, or equip
331.7 facilities for emergency homeless shelters for individuals and families experiencing
331.8 homelessness.

331.9 (d) "Emergency services" has the meaning given in section 256E.36, subdivision 1,
331.10 paragraph (d).

331.11 (e) "Emergency shelter facility" or "facility" means a facility that provides a safe, sanitary,
331.12 accessible, and suitable emergency shelter for individuals and families experiencing
331.13 homelessness, regardless of whether the facility provides emergency shelter for emergency
331.14 services during the day, overnight, or both.

331.15 **Subd. 2. Program established; purpose.** An emergency shelter facilities grant program
331.16 is established to help eligible organizations acquire, construct, renovate, furnish, or equip
331.17 emergency shelter facilities for individuals and families experiencing homelessness. The
331.18 program shall be administered by the commissioner.

331.19 **Subd. 3. Distribution of grants.** The commissioner must make grants with the purpose
331.20 of ensuring that emergency shelter facilities are available to meet the needs of individuals
331.21 and families experiencing homelessness statewide.

331.22 **Subd. 4. Applications.** An eligible organization may apply to the commissioner for a
331.23 grant to acquire, construct, renovate, furnish, or equip an emergency shelter facility providing
331.24 or seeking to provide emergency services for individuals and families experiencing
331.25 homelessness. The commissioner shall use a competitive request for proposal process to
331.26 identify potential projects and eligible organizations on a statewide basis.

331.27 **Subd. 5. Criteria for grant awards.** The commissioner shall award grants based on the
331.28 following criteria:

331.29 (1) whether the application is for a grant to acquire, construct, renovate, furnish, or equip
331.30 an emergency shelter facility for individuals and families experiencing homelessness;

331.31 (2) evidence of the applicant's need for state assistance and the need for the particular
331.32 facility to be funded; and

332.1 (3) the applicant's long-range plans for future funding if the need continues to exist for
 332.2 the emergency services provided at the facility.

332.3 Subd. 6. **Availability of appropriations.** Appropriations under this section are available
 332.4 for a four-year period that begins on July 1 of the fiscal year in which the appropriation
 332.5 occurs. Unspent funds at the end of the four-year period shall be returned back to the general
 332.6 fund.

332.7 Sec. 11. Minnesota Statutes 2020, section 256I.03, subdivision 13, is amended to read:

332.8 Subd. 13. **Prospective budgeting.** "Prospective budgeting" ~~means estimating the amount~~
 332.9 ~~of monthly income a person will have in the payment month~~ has the meaning given in
 332.10 section 256P.01, subdivision 9.

332.11 **EFFECTIVE DATE.** This section is effective March 1, 2024.

332.12 Sec. 12. Minnesota Statutes 2020, section 256I.06, subdivision 6, is amended to read:

332.13 Subd. 6. **Reports.** Recipients must report changes in circumstances according to section
 332.14 ~~256P.07 that affect eligibility or housing support payment amounts, other than changes in~~
 332.15 ~~earned income, within ten days of the change.~~ Recipients with countable earned income
 332.16 must complete a household report form at least once every six months according to section
 332.17 256P.10. ~~If the report form is not received before the end of the month in which it is due,~~
 332.18 ~~the county agency must terminate eligibility for housing support payments. The termination~~
 332.19 ~~shall be effective on the first day of the month following the month in which the report was~~
 332.20 ~~due. If a complete report is received within the month eligibility was terminated, the~~
 332.21 ~~individual is considered to have continued an application for housing support payment~~
 332.22 ~~effective the first day of the month the eligibility was terminated.~~

332.23 **EFFECTIVE DATE.** This section is effective March 1, 2024.

332.24 Sec. 13. Minnesota Statutes 2021 Supplement, section 256I.06, subdivision 8, is amended
 332.25 to read:

332.26 Subd. 8. **Amount of housing support payment.** (a) The amount of a room and board
 332.27 payment to be made on behalf of an eligible individual is determined by subtracting the
 332.28 individual's countable income under section 256I.04, subdivision 1, for a whole calendar
 332.29 month from the room and board rate for that same month. The housing support payment is
 332.30 determined by multiplying the housing support rate times the period of time the individual
 332.31 was a resident or temporarily absent under section 256I.05, subdivision 2a.

333.1 (b) For an individual with earned income under paragraph (a), prospective budgeting
 333.2 under section 256P.09 must be used ~~to determine the amount of the individual's payment~~
 333.3 ~~for the following six-month period. An increase in income shall not affect an individual's~~
 333.4 ~~eligibility or payment amount until the month following the reporting month. A decrease~~
 333.5 ~~in income shall be effective the first day of the month after the month in which the decrease~~
 333.6 ~~is reported.~~

333.7 (c) For an individual who receives housing support payments under section 256I.04,
 333.8 subdivision 1, paragraph (c), the amount of the housing support payment is determined by
 333.9 multiplying the housing support rate times the period of time the individual was a resident.

333.10 **EFFECTIVE DATE.** This section is effective March 1, 2024.

333.11 Sec. 14. Minnesota Statutes 2020, section 256I.09, is amended to read:

333.12 **256I.09 COMMUNITY LIVING INFRASTRUCTURE.**

333.13 The commissioner shall award grants to agencies through an annual competitive process.
 333.14 Grants awarded under this section may be used for: (1) outreach to locate and engage people
 333.15 who are homeless or residing in segregated settings to screen for basic needs and assist with
 333.16 referral to community living resources; (2) building capacity to provide technical assistance
 333.17 and consultation on housing and related support service resources for persons with both
 333.18 disabilities and low income; ~~or~~ (3) streamlining the administration and monitoring activities
 333.19 related to housing support funds; or (4) direct assistance to individuals to access or maintain
 333.20 housing in community settings. Agencies may collaborate and submit a joint application
 333.21 for funding under this section.

333.22 Sec. 15. Minnesota Statutes 2020, section 256J.08, subdivision 71, is amended to read:

333.23 Subd. 71. **Prospective budgeting.** "Prospective budgeting" ~~means a method of~~
 333.24 ~~determining the amount of the assistance payment in which the budget month and payment~~
 333.25 ~~month are the same~~ has the meaning given in section 256P.01, subdivision 9.

333.26 **EFFECTIVE DATE.** This section is effective March 1, 2024.

333.27 Sec. 16. Minnesota Statutes 2020, section 256J.08, subdivision 79, is amended to read:

333.28 Subd. 79. **Recurring income.** "Recurring income" means a form of income which is:

333.29 (1) received periodically, and may be received irregularly when receipt can be anticipated
 333.30 even though the date of receipt cannot be predicted; and

334.1 (2) from the same source or of the same type that is received and budgeted in a
 334.2 prospective month ~~and is received in one or both of the first two retrospective months.~~

334.3 **EFFECTIVE DATE.** This section is effective March 1, 2024.

334.4 Sec. 17. Minnesota Statutes 2021 Supplement, section 256J.21, subdivision 3, is amended
 334.5 to read:

334.6 Subd. 3. **Initial income test.** (a) The agency shall determine initial eligibility by
 334.7 considering all earned and unearned income as defined in section 256P.06. To be eligible
 334.8 for MFIP, the assistance unit's countable income minus the earned income disregards in
 334.9 paragraph (a) and section 256P.03 must be below the family wage level according to section
 334.10 256J.24, subdivision 7, for that size assistance unit.

334.11 ~~(a)~~ (b) The initial eligibility determination must disregard the following items:

334.12 (1) the earned income disregard as determined in section 256P.03;

334.13 (2) dependent care costs must be deducted from gross earned income for the actual
 334.14 amount paid for dependent care up to a maximum of \$200 per month for each child less
 334.15 than two years of age, and \$175 per month for each child two years of age and older;

334.16 (3) all payments made according to a court order for spousal support or the support of
 334.17 children not living in the assistance unit's household shall be disregarded from the income
 334.18 of the person with the legal obligation to pay support; and

334.19 (4) an allocation for the unmet need of an ineligible spouse or an ineligible child under
 334.20 the age of 21 for whom the caregiver is financially responsible and who lives with the
 334.21 caregiver according to section 256J.36.

334.22 ~~(b) After initial eligibility is established;~~ (c) The income test is for a six-month period.
 334.23 The assistance payment calculation is based on ~~the monthly income test~~ prospective budgeting
 334.24 according to section 256P.09.

334.25 **EFFECTIVE DATE.** This section is effective March 1, 2024.

334.26 Sec. 18. Minnesota Statutes 2020, section 256J.21, subdivision 4, is amended to read:

334.27 Subd. 4. **Monthly Income test and determination of assistance payment.** ~~The county~~
 334.28 ~~agency shall determine ongoing eligibility and the assistance payment amount according~~
 334.29 ~~to the monthly income test.~~ To be eligible for MFIP, the result of the computations in
 334.30 paragraphs (a) to (e) applied to prospective budgeting must be at least \$1.

335.1 (a) Apply an income disregard as defined in section 256P.03, to gross earnings and
335.2 subtract this amount from the family wage level. If the difference is equal to or greater than
335.3 the MFIP transitional standard, the assistance payment is equal to the MFIP transitional
335.4 standard. If the difference is less than the MFIP transitional standard, the assistance payment
335.5 is equal to the difference. The earned income disregard in this paragraph must be deducted
335.6 every month there is earned income.

335.7 (b) All payments made according to a court order for spousal support or the support of
335.8 children not living in the assistance unit's household must be disregarded from the income
335.9 of the person with the legal obligation to pay support.

335.10 (c) An allocation for the unmet need of an ineligible spouse or an ineligible child under
335.11 the age of 21 for whom the caregiver is financially responsible and who lives with the
335.12 caregiver must be made according to section 256J.36.

335.13 (d) Subtract unearned income dollar for dollar from the MFIP transitional standard to
335.14 determine the assistance payment amount.

335.15 (e) When income is both earned and unearned, the amount of the assistance payment
335.16 must be determined by first treating gross earned income as specified in paragraph (a). After
335.17 determining the amount of the assistance payment under paragraph (a), unearned income
335.18 must be subtracted from that amount dollar for dollar to determine the assistance payment
335.19 amount.

335.20 ~~(f) When the monthly income is greater than the MFIP transitional standard after~~
335.21 ~~deductions and the income will only exceed the standard for one month, the county agency~~
335.22 ~~must suspend the assistance payment for the payment month.~~

335.23 **EFFECTIVE DATE.** This section is effective March 1, 2024.

335.24 Sec. 19. Minnesota Statutes 2021 Supplement, section 256J.33, subdivision 1, is amended
335.25 to read:

335.26 Subdivision 1. **Determination of eligibility.** (a) A county agency must determine MFIP
335.27 eligibility prospectively ~~for a payment month~~ based on ~~retrospectively~~ assessing income
335.28 and the county agency's best estimate of the circumstances that will exist in the payment
335.29 month.

335.30 (b) ~~Except as described in section 256J.34, subdivision 1, when prospective eligibility~~
335.31 ~~exists,~~ A county agency must calculate the amount of the assistance payment using
335.32 ~~retrospective~~ prospective budgeting. To determine MFIP eligibility and the assistance
335.33 payment amount, a county agency must apply countable income, described in sections

336.1 256P.06 and 256J.37, subdivisions 3 to ~~10~~ 9, received by members of an assistance unit or
 336.2 by other persons whose income is counted for the assistance unit, described under sections
 336.3 256J.37, subdivisions 1 to 2, and 256P.06, subdivision 1.

336.4 (c) This income must be applied to the MFIP standard of need or family wage level
 336.5 subject to this section and sections 256J.34 to 256J.36. Countable income as described in
 336.6 section 256P.06, subdivision 3, received ~~in a calendar month~~ must be applied to the needs
 336.7 of an assistance unit.

336.8 (d) An assistance unit is not eligible when the countable income equals or exceeds the
 336.9 MFIP standard of need or the family wage level for the assistance unit.

336.10 EFFECTIVE DATE. This section is effective March 1, 2024, except that the amendment
 336.11 to paragraph (b) striking "10" and inserting "9" is effective July 1, 2023.

336.12 Sec. 20. Minnesota Statutes 2020, section 256J.33, subdivision 2, is amended to read:

336.13 Subd. 2. **Prospective eligibility.** An agency must determine whether the eligibility
 336.14 requirements that pertain to an assistance unit, including those in sections 256J.11 to 256J.15
 336.15 and 256P.02, will be met prospectively for the payment ~~month period.~~ Except for the
 336.16 provisions in section 256J.34, subdivision 1, The income test will be applied ~~retrospectively~~
 336.17 prospectively.

336.18 EFFECTIVE DATE. This section is effective March 1, 2024.

336.19 Sec. 21. Minnesota Statutes 2020, section 256J.37, subdivision 3, is amended to read:

336.20 Subd. 3. **Earned income of wage, salary, and contractual employees.** The agency
 336.21 must include gross earned income less any disregards in the initial ~~and monthly~~ income
 336.22 test. Gross earned income received by persons employed on a contractual basis must be
 336.23 prorated over the period covered by the contract even when payments are received over a
 336.24 lesser period of time.

336.25 EFFECTIVE DATE. This section is effective March 1, 2024.

336.26 Sec. 22. Minnesota Statutes 2020, section 256J.37, subdivision 3a, is amended to read:

336.27 Subd. 3a. **Rental subsidies; unearned income.** (a) Effective July 1, 2003, the agency
 336.28 shall count \$50 of the value of public and assisted rental subsidies provided through the
 336.29 Department of Housing and Urban Development (HUD) as unearned income to the cash
 336.30 portion of the MFIP grant. The full amount of the subsidy must be counted as unearned

337.1 income when the subsidy is less than \$50. The income from this subsidy shall be budgeted
337.2 according to section ~~256J.34~~ 256P.09.

337.3 (b) The provisions of this subdivision shall not apply to an MFIP assistance unit which
337.4 includes a participant who is:

337.5 (1) age 60 or older;

337.6 (2) a caregiver who is suffering from an illness, injury, or incapacity that has been
337.7 certified by a qualified professional when the illness, injury, or incapacity is expected to
337.8 continue for more than 30 days and severely limits the person's ability to obtain or maintain
337.9 suitable employment; or

337.10 (3) a caregiver whose presence in the home is required due to the illness or incapacity
337.11 of another member in the assistance unit, a relative in the household, or a foster child in the
337.12 household when the illness or incapacity and the need for the participant's presence in the
337.13 home has been certified by a qualified professional and is expected to continue for more
337.14 than 30 days.

337.15 (c) The provisions of this subdivision shall not apply to an MFIP assistance unit where
337.16 the parental caregiver is an SSI participant.

337.17 **EFFECTIVE DATE.** This section is effective March 1, 2024.

337.18 Sec. 23. Minnesota Statutes 2020, section 256J.95, subdivision 19, is amended to read:

337.19 Subd. 19. **DWP overpayments and underpayments.** DWP benefits are subject to
337.20 overpayments and underpayments. Anytime an overpayment or an underpayment is
337.21 determined for DWP, the correction shall be calculated using prospective budgeting.
337.22 Corrections shall be determined based on the policy in section ~~256J.34, subdivision 1,~~
337.23 ~~paragraphs (a), (b), and (c)~~ 256P.09, subdivisions 1 to 4. ATM errors must be recovered as
337.24 specified in section 256P.08, subdivision 7. Cross program recoupment of overpayments
337.25 cannot be assigned to or from DWP.

337.26 **EFFECTIVE DATE.** This section is effective March 1, 2024.

337.27 Sec. 24. Minnesota Statutes 2020, section 256K.45, subdivision 3, is amended to read:

337.28 Subd. 3. **Street and community outreach and drop-in program.** Youth drop-in centers
337.29 must provide walk-in access to crisis intervention and ongoing supportive services including
337.30 one-to-one case management services on a self-referral basis. Street and community outreach
337.31 programs must locate, contact, and provide information, referrals, and services to homeless

338.1 youth, youth at risk of homelessness, and runaways. Information, referrals, and services
 338.2 provided may include, but are not limited to:

338.3 (1) family reunification services;

338.4 (2) conflict resolution or mediation counseling;

338.5 (3) assistance in obtaining temporary emergency shelter;

338.6 (4) assistance in obtaining food, clothing, medical care, or mental health counseling;

338.7 (5) counseling regarding violence, sexual exploitation, substance abuse, sexually
 338.8 transmitted diseases, and pregnancy;

338.9 (6) referrals to other agencies that provide support services to homeless youth, youth at
 338.10 risk of homelessness, and runaways;

338.11 (7) assistance with education, employment, and independent living skills;

338.12 (8) aftercare services;

338.13 (9) specialized services for highly vulnerable runaways and homeless youth, including
 338.14 ~~teen~~ but not limited to youth at risk of discrimination based on sexual orientation or gender
 338.15 identity, young parents, emotionally disturbed and mentally ill youth, and sexually exploited
 338.16 youth; and

338.17 (10) homelessness prevention.

338.18 **EFFECTIVE DATE.** This section is effective July 1, 2022.

338.19 Sec. 25. Minnesota Statutes 2020, section 256P.01, is amended by adding a subdivision
 338.20 to read:

338.21 **Subd. 9. Prospective budgeting.** "Prospective budgeting" means estimating the amount
 338.22 of monthly income that an assistance unit will have in the payment month.

338.23 **EFFECTIVE DATE.** This section is effective March 1, 2024.

338.24 Sec. 26. Minnesota Statutes 2021 Supplement, section 256P.04, subdivision 4, is amended
 338.25 to read:

338.26 **Subd. 4. Factors to be verified.** (a) The agency shall verify the following at application:

338.27 (1) identity of adults;

338.28 (2) age, if necessary to determine eligibility;

338.29 (3) immigration status;

- 339.1 (4) income;
- 339.2 (5) spousal support and child support payments made to persons outside the household;
- 339.3 (6) vehicles;
- 339.4 (7) checking and savings accounts, including but not limited to any business accounts
- 339.5 used to pay expenses not related to the business;
- 339.6 (8) inconsistent information, if related to eligibility;
- 339.7 (9) residence; and
- 339.8 (10) Social Security number; ~~and.~~
- 339.9 ~~(11) use of nonrecurring income under section 256P.06, subdivision 3, clause (2), item~~
- 339.10 ~~(ix), for the intended purpose for which it was given and received.~~

339.11 (b) Applicants who are qualified noncitizens and victims of domestic violence as defined

339.12 under section 256J.08, subdivision 73, clauses (8) and (9), are not required to verify the

339.13 information in paragraph (a), clause (10). When a Social Security number is not provided

339.14 to the agency for verification, this requirement is satisfied when each member of the

339.15 assistance unit cooperates with the procedures for verification of Social Security numbers,

339.16 issuance of duplicate cards, and issuance of new numbers which have been established

339.17 jointly between the Social Security Administration and the commissioner.

339.18 **EFFECTIVE DATE.** This section is effective July 1, 2023.

339.19 Sec. 27. Minnesota Statutes 2021 Supplement, section 256P.04, subdivision 8, is amended

339.20 to read:

339.21 Subd. 8. **Recertification.** The agency shall recertify eligibility annually. During

339.22 recertification and reporting under section 256P.10, the agency shall verify the following:

- 339.23 (1) income, unless excluded, including self-employment earnings;
- 339.24 (2) assets when the value is within \$200 of the asset limit; and
- 339.25 (3) inconsistent information, if related to eligibility.

339.26 **EFFECTIVE DATE.** This section is effective March 1, 2024.

340.1 Sec. 28. Minnesota Statutes 2021 Supplement, section 256P.06, subdivision 3, is amended
340.2 to read:

340.3 Subd. 3. **Income inclusions.** The following must be included in determining the income
340.4 of an assistance unit:

340.5 (1) earned income; and

340.6 (2) unearned income, which includes:

340.7 (i) interest and dividends from investments and savings;

340.8 (ii) capital gains as defined by the Internal Revenue Service from any sale of real property;

340.9 (iii) proceeds from rent and contract for deed payments in excess of the principal and
340.10 interest portion owed on property;

340.11 (iv) income from trusts, excluding special needs and supplemental needs trusts;

340.12 (v) interest income from loans made by the participant or household;

340.13 (vi) cash prizes and winnings;

340.14 (vii) unemployment insurance income that is received by an adult member of the
340.15 assistance unit unless the individual receiving unemployment insurance income is:

340.16 (A) 18 years of age and enrolled in a secondary school; or

340.17 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;

340.18 (viii) for the purposes of programs under chapters 256D and 256I, retirement, survivors,
340.19 and disability insurance payments;

340.20 ~~(ix) nonrecurring income over \$60 per quarter unless the nonrecurring income is: (A)~~
340.21 ~~from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or~~
340.22 ~~refund of personal or real property or costs or losses incurred when these payments are~~
340.23 ~~made by: a public agency; a court; solicitations through public appeal; a federal, state, or~~
340.24 ~~local unit of government; or a disaster assistance organization; (C) provided as an in-kind~~
340.25 ~~benefit; or (D) earmarked and used for the purpose for which it was intended, subject to~~
340.26 ~~verification requirements under section 256P.04;~~

340.27 ~~(x)~~ (ix) retirement benefits;

340.28 ~~(xi)~~ (x) cash assistance benefits, as defined by each program in chapters 119B, 256D,
340.29 256I, and 256J;

340.30 ~~(xii)~~ (xi) Tribal per capita payments unless excluded by federal and state law;

341.1 ~~(xiii)~~ (xii) income and payments from service and rehabilitation programs that meet or
 341.2 exceed the state's minimum wage rate;

341.3 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded
 341.4 from income taxes according to federal or state law;

341.5 ~~(xv)~~ (xiv) for the purposes of programs under chapters 119B, 256D, and 256I, all child
 341.6 support payments for programs under chapters 119B, 256D, and 256I;

341.7 ~~(xvi)~~ (xv) for the purposes of programs under chapter 256J, the amount of child support
 341.8 received that exceeds \$100 for assistance units with one child and \$200 for assistance units
 341.9 with two or more children for programs under chapter 256J;

341.10 ~~(xvii)~~ (xvi) spousal support; and

341.11 ~~(xviii)~~ (xvii) workers' compensation; and

341.12 (xviii) for the purposes of programs under chapters 119B and 256J, the amount of
 341.13 retirement, survivors, and disability insurance payments that exceeds the applicable monthly
 341.14 federal maximum Supplemental Security Income payments.

341.15 **EFFECTIVE DATE.** This section is effective July 1, 2023.

341.16 Sec. 29. Minnesota Statutes 2020, section 256P.07, subdivision 1, is amended to read:

341.17 Subdivision 1. **Exempted programs.** Participants who receive Supplemental Security
 341.18 Income and qualify for Minnesota supplemental aid under chapter 256D and or for housing
 341.19 support under chapter 256I on the basis of eligibility for Supplemental Security Income are
 341.20 exempt from ~~this section~~ reporting income under this chapter.

341.21 **EFFECTIVE DATE.** This section is effective March 1, 2024.

341.22 Sec. 30. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision
 341.23 to read:

341.24 **Subd. 1a. Child care assistance programs.** Participants who qualify for child care
 341.25 assistance programs under chapter 119B are exempt from this section except the reporting
 341.26 requirements in subdivision 6.

341.27 **EFFECTIVE DATE.** This section is effective March 1, 2024.

341.28 Sec. 31. Minnesota Statutes 2020, section 256P.07, subdivision 2, is amended to read:

341.29 Subd. 2. **Reporting requirements.** An applicant or participant must provide information
 341.30 on an application and any subsequent reporting forms about the assistance unit's

342.1 circumstances that affect eligibility or benefits. An applicant or assistance unit must report
 342.2 changes that affect eligibility or benefits as identified in subdivision subdivisions 3, 4, 5,
 342.3 7, 8, and 9, during the application period or by the tenth of the month following the month
 342.4 the assistance unit's circumstances changed. When information is not accurately reported,
 342.5 both an overpayment and a referral for a fraud investigation may result. When information
 342.6 or documentation is not provided, the receipt of any benefit may be delayed or denied,
 342.7 depending on the type of information required and its effect on eligibility.

342.8 **EFFECTIVE DATE.** This section is effective March 1, 2024.

342.9 Sec. 32. Minnesota Statutes 2020, section 256P.07, subdivision 3, is amended to read:

342.10 **Subd. 3. Changes that must be reported.** ~~An assistance unit must report the changes~~
 342.11 ~~or anticipated changes specified in clauses (1) to (12) within ten days of the date they occur,~~
 342.12 ~~at the time of recertification of eligibility under section 256P.04, subdivisions 8 and 9, or~~
 342.13 ~~within eight calendar days of a reporting period, whichever occurs first. An assistance unit~~
 342.14 ~~must report other changes at the time of recertification of eligibility under section 256P.04,~~
 342.15 ~~subdivisions 8 and 9, or at the end of a reporting period, as applicable. When an agency~~
 342.16 ~~could have reduced or terminated assistance for one or more payment months if a delay in~~
 342.17 ~~reporting a change specified under clauses (1) to (12) had not occurred, the agency must~~
 342.18 ~~determine whether a timely notice could have been issued on the day that the change~~
 342.19 ~~occurred. When a timely notice could have been issued, each month's overpayment~~
 342.20 ~~subsequent to that notice must be considered a client error overpayment under section~~
 342.21 ~~119B.11, subdivision 2a, or 256P.08. Changes in circumstances that must be reported within~~
 342.22 ~~ten days must also be reported for the reporting period in which those changes occurred.~~
 342.23 ~~Within ten days, an assistance unit must report:~~

342.24 ~~(1) a change in earned income of \$100 per month or greater with the exception of a~~
 342.25 ~~program under chapter 119B;~~

342.26 ~~(2) a change in unearned income of \$50 per month or greater with the exception of a~~
 342.27 ~~program under chapter 119B;~~

342.28 ~~(3) a change in employment status and hours with the exception of a program under~~
 342.29 ~~chapter 119B;~~

342.30 ~~(4) a change in address or residence;~~

342.31 ~~(5) a change in household composition with the exception of programs under chapter~~
 342.32 ~~256I;~~

- 343.1 ~~(6) a receipt of a lump-sum payment with the exception of a program under chapter~~
 343.2 ~~119B;~~
- 343.3 ~~(7) an increase in assets if over \$9,000 with the exception of programs under chapter~~
 343.4 ~~119B;~~
- 343.5 ~~(8) a change in citizenship or immigration status;~~
- 343.6 ~~(9) a change in family status with the exception of programs under chapter 256I;~~
- 343.7 ~~(10) a change in disability status of a unit member, with the exception of programs under~~
 343.8 ~~chapter 119B;~~
- 343.9 ~~(11) a new rent subsidy or a change in rent subsidy with the exception of a program~~
 343.10 ~~under chapter 119B; and~~
- 343.11 ~~(12) a sale, purchase, or transfer of real property with the exception of a program under~~
 343.12 ~~chapter 119B.~~
- 343.13 (a) An assistance unit must report changes or anticipated changes as described in this
 343.14 subdivision.
- 343.15 (b) An assistance unit must report:
- 343.16 (1) a change in eligibility for Supplemental Security Income, Retirement Survivors
 343.17 Disability Insurance, or another federal income support;
- 343.18 (2) a change in address or residence;
- 343.19 (3) a change in household composition with the exception of programs under chapter
 343.20 256I;
- 343.21 (4) cash prizes and winnings according to guidance provided for the Supplemental
 343.22 Nutrition Assistance Program;
- 343.23 (5) a change in citizenship or immigration status;
- 343.24 (6) a change in family status with the exception of programs under chapter 256I; and
- 343.25 (7) a change that makes the value of the unit's assets at or above the asset limit.
- 343.26 (c) When an agency could have reduced or terminated assistance for one or more payment
 343.27 months if a delay in reporting a change specified under paragraph (b) had not occurred, the
 343.28 agency must determine the first month that the agency could have reduced or terminated
 343.29 assistance following a timely notice given on the date of the change in income. Each month's
 343.30 overpayment starting with that month must be considered a client error overpayment under
 343.31 section 256P.08.

344.1 **EFFECTIVE DATE.** This section is effective March 1, 2024, except that the amendment
 344.2 striking clause (6) is effective July 1, 2023.

344.3 Sec. 33. Minnesota Statutes 2020, section 256P.07, subdivision 4, is amended to read:

344.4 Subd. 4. **MFIP-specific reporting.** In addition to subdivision 3, an assistance unit under
 344.5 chapter 256J, ~~within ten days of the change,~~ must report:

344.6 (1) a pregnancy not resulting in birth when there are no other minor children; ~~and~~

344.7 (2) a change in school attendance of a parent under 20 years of age ~~or of an employed~~
 344.8 ~~child;~~ and

344.9 (3) an individual in the household who is 18 or 19 years of age attending high school
 344.10 who graduates or drops out of school.

344.11 **EFFECTIVE DATE.** This section is effective March 1, 2024.

344.12 Sec. 34. Minnesota Statutes 2020, section 256P.07, subdivision 6, is amended to read:

344.13 Subd. 6. **Child care assistance programs-specific reporting.** (a) ~~In addition to~~
 344.14 ~~subdivision 3,~~ An assistance unit under chapter 119B, within ten days of the change, must
 344.15 report:

344.16 (1) a change in a parentally responsible individual's custody schedule for any child
 344.17 receiving child care assistance program benefits;

344.18 (2) a permanent end in a parentally responsible individual's authorized activity; ~~and~~

344.19 (3) if the unit's family's annual included income exceeds 85 percent of the state median
 344.20 income, adjusted for family size;

344.21 (4) a change in address or residence;

344.22 (5) a change in household composition;

344.23 (6) a change in citizenship or immigration status; and

344.24 (7) a change in family status.

344.25 (b) An assistance unit subject to section 119B.095, subdivision 1, paragraph (b), must
 344.26 report a change in the unit's authorized activity status.

344.27 (c) An assistance unit must notify the county when the unit wants to reduce the number
 344.28 of authorized hours for children in the unit.

344.29 **EFFECTIVE DATE.** This section is effective March 1, 2024.

345.1 Sec. 35. Minnesota Statutes 2020, section 256P.07, subdivision 7, is amended to read:

345.2 Subd. 7. **Minnesota supplemental aid-specific reporting.** (a) In addition to subdivision
345.3 3, an assistance unit participating in the Minnesota supplemental aid program under section
345.4 256D.44, subdivision 5, paragraph (g), within ten days of the change, chapter 256D and not
345.5 receiving Supplemental Security Income must report shelter expenses.:

345.6 (1) a change in unearned income of \$50 per month or greater; and

345.7 (2) a change in earned income of \$100 per month or greater.

345.8 (b) An assistance unit receiving housing assistance under section 256D.44, subdivision
345.9 5, paragraph (g), including assistance units that also receive Supplemental Security Income,
345.10 must report:

345.11 (1) a change in shelter expenses; and

345.12 (2) a new rent subsidy or a change in rent subsidy.

345.13 **EFFECTIVE DATE.** This section is effective March 1, 2024.

345.14 Sec. 36. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision
345.15 to read:

345.16 Subd. 8. **Housing support-specific reporting.** (a) In addition to subdivision 3, an
345.17 assistance unit participating in the housing support program under chapter 256I and not
345.18 receiving Supplemental Security Income must report:

345.19 (1) a change in unearned income of \$50 per month or greater; and

345.20 (2) a change in earned income of \$100 per month or greater, unless the assistance unit
345.21 is already subject to six-month reporting requirements in section 256P.10.

345.22 (b) Notwithstanding the exemptions in subdivisions 1 and 3, an assistance unit receiving
345.23 housing support under chapter 256I, including an assistance unit that receives Supplemental
345.24 Security Income, must report:

345.25 (1) a new rent subsidy or a change in rent subsidy;

345.26 (2) a change in the disability status of a unit member; and

345.27 (3) a change in household composition if the assistance unit is a participant in housing
345.28 support under section 256I.04, subdivision 3, paragraph (a), clause (3).

345.29 **EFFECTIVE DATE.** This section is effective March 1, 2024.

346.1 Sec. 37. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision
346.2 to read:

346.3 Subd. 9. **General assistance-specific reporting.** In addition to subdivision 3, an
346.4 assistance unit participating in the general assistance program under chapter 256D must
346.5 report:

346.6 (1) a change in unearned income of \$50 per month or greater;

346.7 (2) a change in earned income of \$100 per month or greater, unless the assistance unit
346.8 is already subject to six-month reporting requirements in section 256P.10; and

346.9 (3) changes in any condition that would result in the loss of basis for eligibility in section
346.10 256D.05, subdivision 1, paragraph (a).

346.11 **EFFECTIVE DATE.** This section is effective March 1, 2024.

346.12 Sec. 38. **[256P.09] PROSPECTIVE BUDGETING OF BENEFITS.**

346.13 Subdivision 1. **Exempted programs.** Assistance units that qualify for child care
346.14 assistance programs under chapter 119B, assistance units that receive housing support under
346.15 chapter 256I and are not subject to reporting under section 256P.10, and assistance units
346.16 that qualify for Minnesota supplemental aid under chapter 256D are exempt from this
346.17 section.

346.18 Subd. 2. **Prospective budgeting of benefits.** An agency subject to this chapter must use
346.19 prospective budgeting to calculate the assistance payment amount.

346.20 Subd. 3. **Initial income.** For the purpose of determining an assistance unit's level of
346.21 benefits, an agency must take into account the income already received by the assistance
346.22 unit during or anticipated to be received during the application period. Income anticipated
346.23 to be received only in the initial month of eligibility should only be counted in the initial
346.24 month.

346.25 Subd. 4. **Income determination.** An agency must use prospective budgeting to determine
346.26 the amount of the assistance unit's benefit for the eligibility period based on the best
346.27 information available at the time of approval. An agency shall only count anticipated income
346.28 when the participant and the agency are reasonably certain of the amount of the payment
346.29 and the month in which the payment will be received. If the exact amount of the income is
346.30 not known, the agency shall consider only the amounts that can be anticipated as income.

346.31 Subd. 5. **Income changes.** An increase in income shall not affect an assistance unit's
346.32 eligibility or benefit amount until the next review unless otherwise required to be reported

347.1 in section 256P.07. A decrease in income shall be effective on the date that the change
347.2 occurs if the change is reported by the tenth of the month following the month when the
347.3 change occurred. If the assistant unit does not report the change in income by the tenth of
347.4 the month following the month when the change occurred, the change in income shall be
347.5 effective on the date the change was reported.

347.6 **EFFECTIVE DATE.** This section is effective March 1, 2024.

347.7 Sec. 39. **[256P.10] SIX-MONTH REPORTING.**

347.8 Subdivision 1. **Exempted programs.** Assistance units that qualify for child care
347.9 assistance programs under chapter 119B, assistance units that qualify for Minnesota
347.10 supplemental aid under chapter 256D, and assistance units that qualify for housing support
347.11 under chapter 256I and also receive Supplemental Security Income are exempt from this
347.12 section.

347.13 Subd. 2. **Reporting.** (a) Every six months, an assistance unit that qualifies for the
347.14 Minnesota family investment program under chapter 256J, an assistance unit that qualifies
347.15 for general assistance under chapter 256D with an earned income of \$100 per month or
347.16 greater, or an assistance unit that qualifies for housing support under chapter 256I with an
347.17 earned income of \$100 per month or greater is subject to six-month reviews. The initial
347.18 reporting period may be shorter than six months in order to align with other programs'
347.19 reporting periods.

347.20 (b) An assistance unit that qualifies for the Minnesota family investment program or an
347.21 assistance unit that qualifies for general assistance with an earned income of \$100 per month
347.22 or greater must complete household report forms as required by the commissioner for
347.23 redetermination of benefits.

347.24 (c) An assistance unit that qualifies for housing support with an earned income of \$100
347.25 per month or greater must complete household report forms as prescribed by the
347.26 commissioner to provide information about earned income.

347.27 (d) An assistance unit that qualifies for housing support and also receives assistance
347.28 through the Minnesota family investment program shall be subject to requirements of this
347.29 section for purposes of the Minnesota family investment program but not for housing support.

347.30 (e) An assistance unit covered by this section must submit a household report form in
347.31 compliance with the provisions in section 256P.04, subdivision 11.

347.32 (f) An assistance unit covered by this section may choose to report changes under this
347.33 section at any time.

348.1 Subd. 3. **When to terminate assistance.** (a) An agency must terminate benefits when
 348.2 the assistance unit fails to submit the household report form before the end of the six-month
 348.3 review period as described in subdivision 2, paragraph (a). If the assistance unit submits
 348.4 the household report form within 30 days of the termination of benefits and remains eligible,
 348.5 benefits must be reinstated and made available retroactively for the full benefit month.

348.6 (b) When an assistance unit is determined to be ineligible for assistance according to
 348.7 this section and chapter 256D, 256I, or 256J, the commissioner must terminate assistance.

348.8 **Sec. 40. PILOT PROGRAM FOR CHOSEN FAMILY HOSTING TO PREVENT**
 348.9 **YOUTH HOMELESSNESS.**

348.10 Subdivision 1. **Establishment.** The commissioner of human services must establish a
 348.11 pilot program for providers seeking to establish or expand services for homeless youth that
 348.12 formalize situations where a caring adult who a youth considers chosen family allows a
 348.13 youth to stay at the adult's residence to avoid being homeless.

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

348.16 (b) "Chosen family" means any individual, related by blood or affinity, whose close
 348.17 association fulfills the need of a familial relationship.

348.18 (c) "Set of participants" means a youth aged 18 to 24 and (1) an adult host who is the
 348.19 youth's chosen family and with whom the youth is living in an intergenerational hosting
 348.20 arrangement to avoid being homeless, or (2) a relative with whom the youth is living to
 348.21 avoid being homeless.

348.22 Subd. 3. **Administration.** (a) The commissioner of human services, as authorized by
 348.23 Minnesota Statutes, section 256.01, subdivision 2, paragraph (a), clause (6), shall contract
 348.24 with a technical assistance provider to:

348.25 (1) provide technical assistance to funding recipients;

348.26 (2) facilitate a monthly learning cohort for funding recipients;

348.27 (3) evaluate the efficacy and cost-effectiveness of the pilot program; and

348.28 (4) submit annual updates and a final report to the commissioner.

348.29 (b) When developing the criteria for awarding funds, the commissioner must include a
 348.30 requirement that all funding recipients:

349.1 (1) partner with sets of participants, with a case manager caseload consistent with existing
349.2 norms for homeless youth;

349.3 (2) mediate agreements within each set of participants about shared expectations regarding
349.4 the living arrangement;

349.5 (3) provide monthly stipends to sets of participants to offset the costs created by the
349.6 living arrangement;

349.7 (4) connect sets of participants to community resources;

349.8 (5) if the adult host is a renter, help facilitate ongoing communication between the
349.9 property owner and adult host;

349.10 (6) offer strategies to address barriers faced by adult hosts who are renters;

349.11 (7) assist the youth in identifying and strengthening their circle of support, giving focused
349.12 attention to adults who can serve as permanent connections and provide ongoing support
349.13 throughout the youth's life; and

349.14 (8) actively participate in monthly cohort meetings.

349.15 Subd. 4. **Technical assistance provider.** The commissioner must select a technical
349.16 assistance provider to provide assistance to funding recipients. In order to be selected, the
349.17 technical assistance provider must:

349.18 (1) have in-depth experience with research on and evaluation of youth homelessness
349.19 from a holistic perspective that addresses the four core outcomes developed by the United
349.20 States Interagency Council on Homelessness to prevent and end youth homelessness;

349.21 (2) offer education and have previous experience providing technical assistance on
349.22 supporting chosen family hosting arrangements to organizations that serve homeless youth;

349.23 (3) have expertise on how to address barriers faced by chosen family hosts who are
349.24 renters; and

349.25 (4) be located in Minnesota.

349.26 Subd. 5. **Eligible applicants.** To be eligible for funding under this section, an applicant
349.27 must be a provider serving homeless youth in Minnesota. The money must be awarded to
349.28 funding recipients beginning no later than March 31, 2023.

349.29 Subd. 6. **Applications.** Providers seeking funding under this section shall apply to the
349.30 commissioner. The applicant must include a description of the project that the applicant is

350.1 proposing, the amount of money that the applicant is seeking, and a proposed budget
 350.2 describing how the applicant will spend the money.

350.3 Subd. 7. **Reporting.** The technical assistance provider must submit annual updates and
 350.4 a final report to the commissioner in a manner specified by the commissioner on the technical
 350.5 assistance provider's findings regarding the efficacy and cost-effectiveness of the pilot
 350.6 program.

350.7 Sec. 41. **REPEALER.**

350.8 (a) Minnesota Statutes 2020, sections 256J.08, subdivisions 10, 61, 62, 81, and 83;
 350.9 256J.30, subdivisions 5 and 7; 256J.33, subdivisions 3 and 5; 256J.34, subdivisions 1, 2, 3,
 350.10 and 4; and 256J.37, subdivision 10, are repealed.

350.11 (b) Minnesota Statutes 2021 Supplement, sections 256J.08, subdivision 53; 256J.30,
 350.12 subdivision 8; and 256J.33, subdivision 4, are repealed.

350.13 **EFFECTIVE DATE.** This section is effective March 1, 2024, except the repeal of
 350.14 Minnesota Statutes 2020, sections 256J.08, subdivision 62, and 256J.37, subdivision 10,
 350.15 and Minnesota Statutes 2021 Supplement, section 256J.08, subdivision 53, is effective July
 350.16 1, 2023.

350.17 **ARTICLE 10**

350.18 **DIRECT CARE AND TREATMENT POLICY**

350.19 Section 1. Minnesota Statutes 2020, section 246.131, is amended to read:

350.20 **246.131 REPORT ON ANOKA-METRO REGIONAL TREATMENT CENTER**
 350.21 **(AMRTC), MINNESOTA SECURITY HOSPITAL (MSH), AND COMMUNITY**
 350.22 **BEHAVIORAL HEALTH HOSPITALS (CBHH).**

350.23 The commissioner of human services shall issue a public ~~quarterly~~ annual report to the
 350.24 chairs and ranking minority leaders of the senate and house of representatives committees
 350.25 having jurisdiction over health and human services issues on the AMRTC, MSH, and CBHH.
 350.26 The report shall contain information on the number of licensed beds, budgeted capacity,
 350.27 occupancy rate, number of Occupational Safety and Health Administration (OSHA)
 350.28 recordable injuries and the number of OSHA recordable injuries due to patient aggression
 350.29 or restraint, number of clinical positions budgeted, the percentage of those positions that
 350.30 are filled, the number of direct care positions budgeted, and the percentage of those positions
 350.31 that are filled.

351.1 Sec. 2. Minnesota Statutes 2020, section 253B.18, subdivision 6, is amended to read:

351.2 Subd. 6. **Transfer.** (a) A patient who is a person who has a mental illness and is
351.3 dangerous to the public shall not be transferred out of a secure treatment facility unless it
351.4 appears to the satisfaction of the commissioner, after a hearing and favorable recommendation
351.5 by a majority of the special review board, that the transfer is appropriate. Transfer may be
351.6 to another state-operated treatment program. In those instances where a commitment also
351.7 exists to the Department of Corrections, transfer may be to a facility designated by the
351.8 commissioner of corrections.

351.9 (b) The following factors must be considered in determining whether a transfer is
351.10 appropriate:

351.11 (1) the person's clinical progress and present treatment needs;

351.12 (2) the need for security to accomplish continuing treatment;

351.13 (3) the need for continued institutionalization;

351.14 (4) which facility can best meet the person's needs; and

351.15 (5) whether transfer can be accomplished with a reasonable degree of safety for the
351.16 public.

351.17 (c) If a committed person has been transferred out of a secure facility pursuant to this
351.18 subdivision, that committed person may voluntarily return to a secure facility for a period
351.19 of up to 60 days.

351.20 (d) If the committed person is not returned to the original, nonsecure transfer facility
351.21 within 60 days of being readmitted to a secure facility, the transfer is revoked and the
351.22 committed person shall remain in a secure facility. The committed person shall immediately
351.23 be notified in writing of the revocation.

351.24 (e) Within 15 days of receiving notice of the revocation, the committed person may
351.25 petition the special review board for a review of the revocation. The special review board
351.26 shall review the circumstances of the revocation and shall recommend to the judicial appeal
351.27 panel whether or not the revocation shall be upheld. The special review board may also
351.28 recommend a new transfer at the time of the revocation hearing.

351.29 (f) No action by the special review board or judicial appeal panel is required if the transfer
351.30 has not been revoked and the committed person is returned to the original, nonsecure transfer
351.31 facility with no substantive change to the conditions of the transfer ordered under this
351.32 subdivision.

352.1 (g) The head of the treatment facility may revoke a transfer made under this subdivision
352.2 and require a committed person to return to a secure treatment facility if:

352.3 (1) remaining in a nonsecure setting does not provide a reasonable degree of safety to
352.4 the committed person or others; or

352.5 (2) the committed person has regressed clinically and the facility to which the committed
352.6 person was transferred does not meet the committed person's needs.

352.7 (h) Upon the revocation of the transfer, the committed person shall be immediately
352.8 returned to a secure treatment facility. A report documenting the reasons for revocation
352.9 shall be issued by the head of the treatment facility within seven days after the committed
352.10 person is returned to the secure treatment facility. Advance notice to the committed person
352.11 of the revocation is not required.

352.12 (i) The committed person must be provided a copy of the revocation report and informed,
352.13 orally and in writing, of the rights of a committed person under this section. The revocation
352.14 report shall be served upon the committed person and the committed person's counsel. The
352.15 report shall outline the specific reasons for the revocation, including but not limited to the
352.16 specific facts upon which the revocation is based.

352.17 (j) If a committed person's transfer is revoked, the committed person may re-petition for
352.18 transfer according to subdivision 5.

352.19 (k) A committed person aggrieved by a transfer revocation decision may petition the
352.20 special review board within seven business days after receipt of the revocation report for a
352.21 review of the revocation. The matter shall be scheduled within 30 days. The special review
352.22 board shall review the circumstances leading to the revocation and, after considering the
352.23 factors in paragraph (b), shall recommend to the judicial appeal panel whether or not the
352.24 revocation shall be upheld. The special review board may also recommend a new transfer
352.25 out of a secure facility at the time of the revocation hearing.

352.26 Sec. 3. Laws 2009, chapter 79, article 13, section 3, subdivision 10, as amended by Laws
352.27 2009, chapter 173, article 2, section 1, is amended to read:

352.28 **Subd. 10. State-Operated Services**

352.29 The amounts that may be spent from the
352.30 appropriation for each purpose are as follows:

352.31 **Transfer Authority Related to**
352.32 **State-Operated Services. Money**

353.1 appropriated to finance state-operated services
 353.2 may be transferred between the fiscal years of
 353.3 the biennium with the approval of the
 353.4 commissioner of finance.

353.5 **County Past Due Receivables.** The
 353.6 commissioner is authorized to withhold county
 353.7 federal administrative reimbursement when
 353.8 the county of financial responsibility for
 353.9 cost-of-care payments due the state under
 353.10 Minnesota Statutes, section 246.54 or
 353.11 253B.045, is 90 days past due. The
 353.12 commissioner shall deposit the withheld
 353.13 federal administrative earnings for the county
 353.14 into the general fund to settle the claims with
 353.15 the county of financial responsibility. The
 353.16 process for withholding funds is governed by
 353.17 Minnesota Statutes, section 256.017.

353.18 **Forecast and Census Data.** The
 353.19 commissioner shall include census data and
 353.20 fiscal projections for state-operated services
 353.21 and Minnesota sex offender services with the
 353.22 ~~November and February budget forecasts.~~
 353.23 ~~Notwithstanding any contrary provision in this~~
 353.24 ~~article, this paragraph shall not expire forecast.~~

353.25 (a) Adult Mental Health Services	106,702,000	107,201,000
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353.26 **Appropriation Limitation.** No part of the
 353.27 appropriation in this article to the
 353.28 commissioner for mental health treatment
 353.29 services provided by state-operated services
 353.30 shall be used for the Minnesota sex offender
 353.31 program.

353.32 **Community Behavioral Health Hospitals.**
 353.33 Under Minnesota Statutes, section 246.51,
 353.34 subdivision 1, a determination order for the

354.1 clients served in a community behavioral
 354.2 health hospital operated by the commissioner
 354.3 of human services is only required when a
 354.4 client's third-party coverage has been
 354.5 exhausted.

354.6 **Base Adjustment.** The general fund base is
 354.7 decreased by \$500,000 for fiscal year 2012
 354.8 and by \$500,000 for fiscal year 2013.

354.9 **(b) Minnesota Sex Offender Services**

354.10	Appropriations by Fund		
354.11	General	38,348,000	67,503,000
354.12	Federal Fund	26,495,000	0

354.13 **Use of Federal Stabilization Funds.** Of this
 354.14 appropriation, \$26,495,000 in fiscal year 2010
 354.15 is from the fiscal stabilization account in the
 354.16 federal fund to the commissioner. This
 354.17 appropriation must not be used for any activity
 354.18 or service for which federal reimbursement is
 354.19 claimed. This is a onetime appropriation.

354.20 **(c) Minnesota Security Hospital and METO**
 354.21 **Services**

354.22	Appropriations by Fund		
354.23	General	230,000	83,735,000
354.24	Federal Fund	83,505,000	0

354.25 **Minnesota Security Hospital.** For the
 354.26 purposes of enhancing the safety of the public,
 354.27 improving supervision, and enhancing
 354.28 community-based mental health treatment,
 354.29 state-operated services may establish
 354.30 additional community capacity for providing
 354.31 treatment and supervision of clients who have
 354.32 been ordered into a less restrictive alternative
 354.33 of care from the state-operated services

355.1 transitional services program consistent with
 355.2 Minnesota Statutes, section 246.014.

355.3 **Use of Federal Stabilization Funds.**

355.4 \$83,505,000 in fiscal year 2010 is appropriated
 355.5 from the fiscal stabilization account in the
 355.6 federal fund to the commissioner. This
 355.7 appropriation must not be used for any activity
 355.8 or service for which federal reimbursement is
 355.9 claimed. This is a onetime appropriation.

355.10 Sec. 4. **REPEALER.**

355.11 Minnesota Statutes 2020, sections 246.0136; 252.025, subdivision 7; and 252.035, are
 355.12 repealed.

355.13

ARTICLE 11

355.14

PREVENTING HOMELESSNESS

355.15 Section 1. Minnesota Statutes 2020, section 145.4716, is amended by adding a subdivision
 355.16 to read:

355.17 Subd. 4. **Funding.** The commissioner must prioritize providing trauma-informed,
 355.18 culturally inclusive services for sexually exploited youth or youth at risk of sexual
 355.19 exploitation under this section.

355.20 Sec. 2. Minnesota Statutes 2020, section 256E.33, subdivision 1, is amended to read:

355.21 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

355.22 (b) "Transitional housing" means housing designed for independent living and provided
 355.23 to a homeless person or family at a rental rate of at least 25 percent of the family income
 355.24 for a period of up to ~~24~~ 36 months. If a transitional housing program is associated with a
 355.25 licensed facility or shelter, it must be located in a separate facility or a specified section of
 355.26 the main facility where residents can be responsible for their own meals and other daily
 355.27 needs.

355.28 (c) "Support services" means an assessment service that identifies the needs of individuals
 355.29 for independent living and arranges or provides for the appropriate educational, social, legal,
 355.30 advocacy, child care, employment, financial, health care, or information and referral services
 355.31 to meet these needs.

356.1 Sec. 3. Minnesota Statutes 2020, section 256E.33, subdivision 2, is amended to read:

356.2 Subd. 2. **Establishment and administration.** A transitional housing program is
356.3 established to be administered by the commissioner. The commissioner may make grants
356.4 to eligible recipients or enter into agreements with community action agencies or other
356.5 public or private nonprofit agencies to make grants to eligible recipients to initiate, maintain,
356.6 or expand programs to provide transitional housing and support services for persons in need
356.7 of transitional housing, which may include up to six months of follow-up support services
356.8 for persons who complete transitional housing as they stabilize in permanent housing. The
356.9 commissioner must ensure that money appropriated to implement this section is distributed
356.10 as soon as practicable. The commissioner may make grants directly to eligible recipients.
356.11 The commissioner may extend use ~~up to ten percent of the appropriation available for~~ of
356.12 this program for persons needing assistance longer than ~~24~~ 36 months.

356.13 Sec. 4. Minnesota Statutes 2020, section 256I.03, subdivision 7, is amended to read:

356.14 Subd. 7. **Countable income.** "Countable income" means all income received by an
356.15 applicant or recipient as described under section 256P.06, less any applicable exclusions or
356.16 disregards. For a recipient of any cash benefit from the SSI program who does not live in
356.17 a setting as described in section 256I.04, subdivision 2a, paragraph (b), clause (2), countable
356.18 income means the SSI benefit limit in effect at the time the person is a recipient of housing
356.19 support, less the medical assistance personal needs allowance under section 256B.35. ~~If the~~
356.20 ~~SSI limit or benefit is reduced for a person due to events other than receipt of additional~~
356.21 ~~income, countable income means actual income less any applicable exclusions and disregards.~~
356.22 If there is a reduction in a housing support recipient's benefit due to circumstances other
356.23 than receipt of additional income, applicable exclusions and disregards apply when
356.24 determining countable income. For a recipient of any cash benefit from the RSDI program,
356.25 SSI program, or veterans' programs who lives in a setting as described in section 256I.04,
356.26 subdivision 2a, paragraph (b), clause (2), countable income means 30 percent of the
356.27 recipient's total benefit amount from these programs, after applicable exclusions or disregards,
356.28 at the time the person is a recipient of housing support. For these recipients, the medical
356.29 assistance personal needs allowance, as described in section 256I.04, subdivision 1, paragraph
356.30 (a), clause (2), does not apply.

357.1 Sec. 5. Minnesota Statutes 2020, section 256K.45, is amended by adding a subdivision to
357.2 read:

357.3 Subd. 7. **Awarding of grants.** (a) Grants shall be awarded under this section only after
357.4 a review of the grant recipient's application materials, including past performance and
357.5 utilization of grant money. The commissioner shall not reduce an existing grant award
357.6 amount unless the commissioner first determines that the grant recipient has failed to meet
357.7 performance measures or has used grant money improperly.

357.8 (b) For grants awarded pursuant to a two-year grant contract, the commissioner shall
357.9 permit grant recipients to carry over any unexpended amount from the first contract year
357.10 to the second contract year.

357.11 Sec. 6. Laws 2021, First Special Session chapter 8, article 6, section 1, subdivision 7, is
357.12 amended to read:

357.13 Subd. 7. **Report.** (a) No later than February 1, 2022, the task force shall submit an initial
357.14 report to the chairs and ranking minority members of the house of representatives and senate
357.15 committees and divisions with jurisdiction over housing and preventing homelessness on
357.16 its findings and recommendations.

357.17 (b) No later than ~~August 31, 2022~~ December 15, 2022, the task force shall submit a final
357.18 report to the chairs and ranking minority members of the house of representatives and senate
357.19 committees and divisions with jurisdiction over housing and preventing homelessness on
357.20 its findings and recommendations.

357.21 Sec. 7. **PREGNANT AND PARENTING HOMELESS YOUTH STUDY.**

357.22 (a) The commissioner of human services must conduct a study of the prevalence of
357.23 pregnancy and parenting among homeless youth and youth who are at risk of homelessness.

357.24 (b) The commissioner shall submit a final report by December 31, 2023, to the chairs
357.25 and ranking minority members of the legislative committees with jurisdiction over human
357.26 services finance and policy.

357.27 Sec. 8. **SEXUAL EXPLOITATION AND TRAFFICKING STUDY.**

357.28 (a) The commissioner of health must conduct a prevalence study on youth and adult
357.29 victim survivors of sexual exploitation and trafficking.

358.1 (b) The commissioner shall submit a final report by June 30, 2024, to the chairs and
358.2 ranking minority members of the legislative committees with jurisdiction over human
358.3 services finance and policy.

358.4 Sec. 9. **EMERGENCY SHELTER FACILITIES.**

358.5 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
358.6 the meanings given.

358.7 (b) "Commissioner" means the commissioner of human services.

358.8 (c) "Eligible applicant" means a statutory or home rule charter city, county, Tribal
358.9 government, not-for-profit corporation under section 501(c)(3) of the Internal Revenue
358.10 Code, or housing and redevelopment authority established under Minnesota Statutes, section
358.11 469.003.

358.12 (d) "Emergency shelter facility" or "facility" means a facility that provides a safe, sanitary,
358.13 accessible, and suitable emergency shelter for individuals and families experiencing
358.14 homelessness, regardless of whether the facility provides emergency shelter during the day,
358.15 overnight, or both.

358.16 Subd. 2. **Project criteria.** (a) The commissioner shall prioritize grants under this section
358.17 for projects that improve or expand emergency shelter facility options by:

358.18 (1) adding additional emergency shelter facilities by renovating existing facilities not
358.19 currently operating as emergency shelter facilities;

358.20 (2) adding additional emergency shelter facility beds by renovating existing emergency
358.21 shelter facilities, including major projects that address an accumulation of deferred
358.22 maintenance or repair or replacement of mechanical, electrical, and safety systems and
358.23 components in danger of failure;

358.24 (3) adding additional emergency shelter facility beds through acquisition and construction
358.25 of new emergency shelter facilities; and

358.26 (4) improving the safety, sanitation, accessibility, and habitability of existing emergency
358.27 shelter facilities, including major projects that address an accumulation of deferred
358.28 maintenance or repair or replacement of mechanical, electrical, and safety systems and
358.29 components in danger of failure.

358.30 (b) A grant under this section may be used to pay for 100 percent of total project capital
358.31 expenditures, or a specified project phase, up to \$10,000,000 per project.

359.1 (c) All projects funded with a grant under this section must meet all applicable state and
 359.2 local building codes at the time of project completion.

359.3 (d) The commissioner must use a competitive request for proposal process to identify
 359.4 potential projects and eligible applicants on a statewide basis.

359.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

359.6 **ARTICLE 12**

359.7 **DHS LICENSING AND OPERATIONS POLICY**

359.8 Section 1. Minnesota Statutes 2020, section 245A.07, subdivision 2a, is amended to read:

359.9 Subd. 2a. **Immediate suspension expedited hearing.** (a) Within five working days of
 359.10 receipt of the license holder's timely appeal, the commissioner shall request assignment of
 359.11 an administrative law judge. The request must include a proposed date, time, and place of
 359.12 a hearing. A hearing must be conducted by an administrative law judge within 30 calendar
 359.13 days of the request for assignment, unless an extension is requested by either party and
 359.14 granted by the administrative law judge for good cause. The commissioner shall issue a
 359.15 notice of hearing by certified mail or personal service at least ten working days before the
 359.16 hearing. The scope of the hearing shall be limited solely to the issue of whether the temporary
 359.17 immediate suspension should remain in effect pending the commissioner's final order under
 359.18 section 245A.08, regarding a licensing sanction issued under subdivision 3 following the
 359.19 immediate suspension. For suspensions under subdivision 2, paragraph (a), clause (1), the
 359.20 burden of proof in expedited hearings under this subdivision shall be limited to the
 359.21 commissioner's demonstration that reasonable cause exists to believe that the license holder's
 359.22 actions or failure to comply with applicable law or rule poses, or the actions of other
 359.23 individuals or conditions in the program poses an imminent risk of harm to the health, safety,
 359.24 or rights of persons served by the program. "Reasonable cause" means there exist specific
 359.25 articulable facts or circumstances which provide the commissioner with a reasonable
 359.26 suspicion that there is an imminent risk of harm to the health, safety, or rights of persons
 359.27 served by the program. When the commissioner has determined there is reasonable cause
 359.28 to order the temporary immediate suspension of a license based on a violation of safe sleep
 359.29 requirements, as defined in section 245A.1435, the commissioner is not required to
 359.30 demonstrate that an infant died or was injured as a result of the safe sleep violations. For
 359.31 suspensions under subdivision 2, paragraph (a), clause (2), the burden of proof in expedited
 359.32 hearings under this subdivision shall be limited to the commissioner's demonstration by a
 359.33 preponderance of the evidence that, since the license was revoked, the license holder

360.1 committed additional violations of law or rule which may adversely affect the health or
360.2 safety of persons served by the program.

360.3 (b) The administrative law judge shall issue findings of fact, conclusions, and a
360.4 recommendation within ten working days from the date of hearing. The parties shall have
360.5 ten calendar days to submit exceptions to the administrative law judge's report. The record
360.6 shall close at the end of the ten-day period for submission of exceptions. The commissioner's
360.7 final order shall be issued within ten working days from the close of the record. When an
360.8 appeal of a temporary immediate suspension is withdrawn or dismissed, the commissioner
360.9 shall issue a final order affirming the temporary immediate suspension within ten calendar
360.10 days of the commissioner's receipt of the withdrawal or dismissal. Within 90 calendar days
360.11 after an immediate suspension has been issued and the license holder has not submitted a
360.12 timely appeal under subdivision 2, paragraph (b), or within 90 calendar days after a final
360.13 order affirming an immediate suspension, the commissioner shall ~~make a determination~~
360.14 regarding determine:

360.15 (1) whether a final licensing sanction shall be issued under subdivision 3, paragraph (a),
360.16 clauses (1) to (5). The license holder shall continue to be prohibited from operation of the
360.17 program during this 90-day period; or

360.18 (2) whether the outcome of related, ongoing investigations or judicial proceedings are
360.19 necessary to determine if a final licensing sanction under subdivision 3, paragraph (a),
360.20 clauses (1) to (5), will be issued, and persons served by the program remain at an imminent
360.21 risk of harm during the investigation period or proceedings. If so, the commissioner shall
360.22 issue a suspension in accordance with subdivision 3.

360.23 (c) When the final order under paragraph (b) affirms an immediate suspension or the
360.24 license holder does not submit a timely appeal of the immediate suspension, and a final
360.25 licensing sanction is issued under subdivision 3 and the license holder appeals that sanction,
360.26 the license holder continues to be prohibited from operation of the program pending a final
360.27 commissioner's order under section 245A.08, subdivision 5, regarding the final licensing
360.28 sanction.

360.29 (d) The license holder shall continue to be prohibited from operation of the program
360.30 while a suspension order issued under paragraph (b), clause (2), remains in effect.

360.31 ~~(d)~~ (e) For suspensions under subdivision 2, paragraph (a), clause (3), the burden of
360.32 proof in expedited hearings under this subdivision shall be limited to the commissioner's
360.33 demonstration by a preponderance of the evidence that a criminal complaint and warrant
360.34 or summons was issued for the license holder that was not dismissed, and that the criminal

361.1 charge is an offense that involves fraud or theft against a program administered by the
361.2 commissioner.

361.3 Sec. 2. Minnesota Statutes 2020, section 245A.07, subdivision 3, is amended to read:

361.4 Subd. 3. **License suspension, revocation, or fine.** (a) The commissioner may suspend
361.5 or revoke a license, or impose a fine if:

361.6 (1) a license holder fails to comply fully with applicable laws or rules including but not
361.7 limited to the requirements of this chapter and chapter 245C;

361.8 (2) a license holder, a controlling individual, or an individual living in the household
361.9 where the licensed services are provided or is otherwise subject to a background study has
361.10 been disqualified and the disqualification was not set aside and no variance has been granted;

361.11 (3) a license holder knowingly withholds relevant information from or gives false or
361.12 misleading information to the commissioner in connection with an application for a license,
361.13 in connection with the background study status of an individual, during an investigation,
361.14 or regarding compliance with applicable laws or rules;

361.15 (4) a license holder is excluded from any program administered by the commissioner
361.16 under section 245.095; ~~or~~

361.17 (5) revocation is required under section 245A.04, subdivision 7, paragraph (d); or

361.18 (6) suspension is necessary under subdivision 2a, paragraph (b), clause (2).

361.19 A license holder who has had a license issued under this chapter suspended, revoked,
361.20 or has been ordered to pay a fine must be given notice of the action by certified mail or
361.21 personal service. If mailed, the notice must be mailed to the address shown on the application
361.22 or the last known address of the license holder. The notice must state in plain language the
361.23 reasons the license was suspended or revoked, or a fine was ordered.

361.24 (b) If the license was suspended or revoked, the notice must inform the license holder
361.25 of the right to a contested case hearing under chapter 14 and Minnesota Rules, parts
361.26 1400.8505 to 1400.8612. The license holder may appeal an order suspending or revoking
361.27 a license. The appeal of an order suspending or revoking a license must be made in writing
361.28 by certified mail or personal service. If mailed, the appeal must be postmarked and sent to
361.29 the commissioner within ten calendar days after the license holder receives notice that the
361.30 license has been suspended or revoked. If a request is made by personal service, it must be
361.31 received by the commissioner within ten calendar days after the license holder received the
361.32 order. Except as provided in subdivision 2a, paragraph (c), if a license holder submits a

362.1 timely appeal of an order suspending or revoking a license, the license holder may continue
362.2 to operate the program as provided in section 245A.04, subdivision 7, paragraphs (f) and
362.3 (g), until the commissioner issues a final order on the suspension or revocation.

362.4 (c)(1) If the license holder was ordered to pay a fine, the notice must inform the license
362.5 holder of the responsibility for payment of fines and the right to a contested case hearing
362.6 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The appeal of an
362.7 order to pay a fine must be made in writing by certified mail or personal service. If mailed,
362.8 the appeal must be postmarked and sent to the commissioner within ten calendar days after
362.9 the license holder receives notice that the fine has been ordered. If a request is made by
362.10 personal service, it must be received by the commissioner within ten calendar days after
362.11 the license holder received the order.

362.12 (2) The license holder shall pay the fines assessed on or before the payment date specified.
362.13 If the license holder fails to fully comply with the order, the commissioner may issue a
362.14 second fine or suspend the license until the license holder complies. If the license holder
362.15 receives state funds, the state, county, or municipal agencies or departments responsible for
362.16 administering the funds shall withhold payments and recover any payments made while the
362.17 license is suspended for failure to pay a fine. A timely appeal shall stay payment of the fine
362.18 until the commissioner issues a final order.

362.19 (3) A license holder shall promptly notify the commissioner of human services, in writing,
362.20 when a violation specified in the order to forfeit a fine is corrected. If upon reinspection the
362.21 commissioner determines that a violation has not been corrected as indicated by the order
362.22 to forfeit a fine, the commissioner may issue a second fine. The commissioner shall notify
362.23 the license holder by certified mail or personal service that a second fine has been assessed.
362.24 The license holder may appeal the second fine as provided under this subdivision.

362.25 (4) Fines shall be assessed as follows:

362.26 (i) the license holder shall forfeit \$1,000 for each determination of maltreatment of a
362.27 child under chapter 260E or the maltreatment of a vulnerable adult under section 626.557
362.28 for which the license holder is determined responsible for the maltreatment under section
362.29 260E.30, subdivision 4, paragraphs (a) and (b), or 626.557, subdivision 9c, paragraph (c);

362.30 (ii) if the commissioner determines that a determination of maltreatment for which the
362.31 license holder is responsible is the result of maltreatment that meets the definition of serious
362.32 maltreatment as defined in section 245C.02, subdivision 18, the license holder shall forfeit
362.33 \$5,000;

363.1 (iii) for a program that operates out of the license holder's home and a program licensed
363.2 under Minnesota Rules, parts 9502.0300 to 9502.0445, the fine assessed against the license
363.3 holder shall not exceed \$1,000 for each determination of maltreatment;

363.4 (iv) the license holder shall forfeit \$200 for each occurrence of a violation of law or rule
363.5 governing matters of health, safety, or supervision, including but not limited to the provision
363.6 of adequate staff-to-child or adult ratios, and failure to comply with background study
363.7 requirements under chapter 245C; and

363.8 (v) the license holder shall forfeit \$100 for each occurrence of a violation of law or rule
363.9 other than those subject to a \$5,000, \$1,000, or \$200 fine in items (i) to (iv).

363.10 For purposes of this section, "occurrence" means each violation identified in the
363.11 commissioner's fine order. Fines assessed against a license holder that holds a license to
363.12 provide home and community-based services, as identified in section 245D.03, subdivision
363.13 1, and a community residential setting or day services facility license under chapter 245D
363.14 where the services are provided, may be assessed against both licenses for the same
363.15 occurrence, but the combined amount of the fines shall not exceed the amount specified in
363.16 this clause for that occurrence.

363.17 (5) When a fine has been assessed, the license holder may not avoid payment by closing,
363.18 selling, or otherwise transferring the licensed program to a third party. In such an event, the
363.19 license holder will be personally liable for payment. In the case of a corporation, each
363.20 controlling individual is personally and jointly liable for payment.

363.21 (d) Except for background study violations involving the failure to comply with an order
363.22 to immediately remove an individual or an order to provide continuous, direct supervision,
363.23 the commissioner shall not issue a fine under paragraph (c) relating to a background study
363.24 violation to a license holder who self-corrects a background study violation before the
363.25 commissioner discovers the violation. A license holder who has previously exercised the
363.26 provisions of this paragraph to avoid a fine for a background study violation may not avoid
363.27 a fine for a subsequent background study violation unless at least 365 days have passed
363.28 since the license holder self-corrected the earlier background study violation.

363.29 Sec. 3. Minnesota Statutes 2020, section 245F.15, subdivision 1, is amended to read:

363.30 Subdivision 1. **Qualifications for all staff who have direct patient contact.** ~~(a)~~ All
363.31 staff who have direct patient contact must be at least 18 years of age ~~and must, at the time~~
363.32 ~~of hiring, document that they meet the requirements in paragraph (b), (c), or (d).~~

364.1 ~~(b) Program directors, supervisors, nurses, and alcohol and drug counselors must be free~~
 364.2 ~~of substance use problems for at least two years immediately preceding their hiring and~~
 364.3 ~~must sign a statement attesting to that fact.~~

364.4 ~~(c) Recovery peers must be free of substance use problems for at least one year~~
 364.5 ~~immediately preceding their hiring and must sign a statement attesting to that fact.~~

364.6 ~~(d) Technicians and other support staff must be free of substance use problems for at~~
 364.7 ~~least six months immediately preceding their hiring and must sign a statement attesting to~~
 364.8 ~~that fact.~~

364.9 **EFFECTIVE DATE.** This section is effective January 1, 2023.

364.10 Sec. 4. Minnesota Statutes 2020, section 245F.16, subdivision 1, is amended to read:

364.11 Subdivision 1. **Policy requirements.** A license holder must have written personnel
 364.12 policies and must make them available to staff members at all times. The personnel policies
 364.13 must:

364.14 (1) ensure that a staff member's retention, promotion, job assignment, or pay are not
 364.15 affected by a good-faith communication between the staff member and the Department of
 364.16 Human Services, Department of Health, Ombudsman for Mental Health and Developmental
 364.17 Disabilities, law enforcement, or local agencies that investigate complaints regarding patient
 364.18 rights, health, or safety;

364.19 (2) include a job description for each position that specifies job responsibilities, degree
 364.20 of authority to execute job responsibilities, standards of job performance related to specified
 364.21 job responsibilities, and qualifications;

364.22 (3) provide for written job performance evaluations for staff members of the license
 364.23 holder at least annually;

364.24 (4) describe ~~behavior that constitutes grounds~~ the process for disciplinary action,
 364.25 suspension, or dismissal, ~~including policies that address substance use problems and meet~~
 364.26 ~~the requirements of section 245F.15, subdivisions 1 and 2. The policies and procedures~~
 364.27 ~~must list behaviors or incidents that are considered substance use problems. The list must~~
 364.28 ~~include:~~ of a staff person for violating the drug and alcohol policy described in section
 364.29 245A.04, subdivision 1, paragraph (c);

364.30 ~~(i) receiving treatment for substance use disorder within the period specified for the~~
 364.31 ~~position in the staff qualification requirements;~~

364.32 ~~(ii) substance use that has a negative impact on the staff member's job performance;~~

365.1 ~~(iii) substance use that affects the credibility of treatment services with patients, referral~~
 365.2 ~~sources, or other members of the community; and~~

365.3 ~~(iv) symptoms of intoxication or withdrawal on the job;~~

365.4 (5) include policies prohibiting personal involvement with patients and policies
 365.5 prohibiting patient maltreatment as specified under sections 245A.65, 626.557, and 626.5572
 365.6 and chapters 260E and 604;

365.7 (6) include a chart or description of organizational structure indicating the lines of
 365.8 authority and responsibilities;

365.9 (7) include a written plan for new staff member orientation that, at a minimum, includes
 365.10 training related to the specific job functions for which the staff member was hired, program
 365.11 policies and procedures, patient needs, and the areas identified in subdivision 2, paragraphs
 365.12 (b) to (e); and

365.13 (8) include a policy on the confidentiality of patient information.

365.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

365.15 Sec. 5. Minnesota Statutes 2020, section 245G.01, subdivision 4, is amended to read:

365.16 Subd. 4. **Alcohol and drug counselor.** "Alcohol and drug counselor" ~~has the meaning~~
 365.17 ~~given in section 148F.01, subdivision 5~~ means a person who is qualified according to section
 365.18 245G.11, subdivision 5.

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

365.20 Sec. 6. Minnesota Statutes 2020, section 245G.01, subdivision 17, is amended to read:

365.21 Subd. 17. **Licensed professional in private practice.** (a) "Licensed professional in
 365.22 private practice" means an individual who:

365.23 (1) is licensed under chapter 148F, or is exempt from licensure under that chapter but
 365.24 is otherwise licensed to provide alcohol and drug counseling services;

365.25 (2) practices solely within the permissible scope of the individual's license as defined
 365.26 in the law authorizing licensure; and

365.27 (3) does not affiliate with other licensed or unlicensed professionals to provide alcohol
 365.28 and drug counseling services. ~~Affiliation does not include conferring with another~~
 365.29 ~~professional or making a client referral.~~

365.30 (b) For purposes of this subdivision, affiliate includes but is not limited to:

366.1 (1) using the same electronic record system as another professional, except when the
366.2 system prohibits each professional from accessing the records of another professional;

366.3 (2) advertising the services of more than one professional together;

366.4 (3) accepting client referrals made to a group of professionals;

366.5 (4) providing services to another professional's clients when that professional is absent;

366.6 or

366.7 (5) appearing in any way to be a group practice or program.

366.8 (c) For purposes of this subdivision, affiliate does not include:

366.9 (1) conferring with another professional;

366.10 (2) making a client referral to another professional;

366.11 (3) contracting with the same agency as another professional for billing services;

366.12 (4) using the same waiting area for clients in an office as another professional; or

366.13 (5) using the same receptionist as another professional if the receptionist supports each
366.14 professional independently.

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

366.16 Sec. 7. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision to
366.17 read:

366.18 Subd. 2a. **Documentation of treatment services.** The license holder must ensure that
366.19 the staff member who provides the treatment service documents in the client record the
366.20 date, type, and amount of each treatment service provided to a client and the client's response
366.21 to each treatment service within seven days of providing the treatment service.

366.22 **EFFECTIVE DATE.** This section is effective August 1, 2022.

366.23 Sec. 8. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision to
366.24 read:

366.25 Subd. 2b. **Client record documentation requirements.** (a) The license holder must
366.26 document in the client record any significant event that occurs at the program on the day
366.27 the event occurs. A significant event is an event that impacts the client's relationship with
366.28 other clients, staff, or the client's family, or the client's treatment plan.

367.1 (b) A residential treatment program must document in the client record the following
 367.2 items on the day that each occurs:

367.3 (1) medical and other appointments the client attended;

367.4 (2) concerns related to medications that are not documented in the medication
 367.5 administration record; and

367.6 (3) concerns related to attendance for treatment services, including the reason for any
 367.7 client absence from a treatment service.

367.8 (c) Each entry in a client's record must be accurate, legible, signed, dated, and include
 367.9 the job title or position of the staff person that made the entry. A late entry must be clearly
 367.10 labeled "late entry." A correction to an entry must be made in a way in which the original
 367.11 entry can still be read.

367.12 **EFFECTIVE DATE.** This section is effective August 1, 2022.

367.13 Sec. 9. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

367.14 Subd. 3. ~~Documentation of treatment services; Treatment plan review.~~ (a) ~~A review~~
 367.15 ~~of all treatment services must be documented weekly and include a review of:~~

367.16 ~~(1) care coordination activities;~~

367.17 ~~(2) medical and other appointments the client attended;~~

367.18 ~~(3) issues related to medications that are not documented in the medication administration~~
 367.19 ~~record; and~~

367.20 ~~(4) issues related to attendance for treatment services, including the reason for any client~~
 367.21 ~~absence from a treatment service.~~

367.22 ~~(b) A note must be entered immediately following any significant event. A significant~~
 367.23 ~~event is an event that impacts the client's relationship with other clients, staff, the client's~~
 367.24 ~~family, or the client's treatment plan.~~

367.25 ~~(e) A treatment plan review must be entered in a client's file weekly or after each treatment~~
 367.26 ~~service, whichever is less frequent, by the staff member providing the service~~ alcohol and
 367.27 drug counselor responsible for the client's treatment plan. The review must indicate the span
 367.28 of time covered by the review and each of the six dimensions listed in section 245G.05,
 367.29 subdivision 2, paragraph (c). The review must:

367.30 ~~(1) indicate the date, type, and amount of each treatment service provided and the client's~~
 367.31 ~~response to each service;~~

368.1 ~~(2)~~ (1) address each goal in the treatment plan and whether the methods to address the
 368.2 goals are effective;

368.3 ~~(3)~~ (2) include monitoring of any physical and mental health problems;

368.4 ~~(4)~~ (3) document the participation of others;

368.5 ~~(5)~~ (4) document staff recommendations for changes in the methods identified in the
 368.6 treatment plan and whether the client agrees with the change; and

368.7 ~~(6)~~ (5) include a review and evaluation of the individual abuse prevention plan according
 368.8 to section 245A.65.

368.9 ~~(d) Each entry in a client's record must be accurate, legible, signed, and dated. A late~~
 368.10 ~~entry must be clearly labeled "late entry." A correction to an entry must be made in a way~~
 368.11 ~~in which the original entry can still be read.~~

368.12 **EFFECTIVE DATE.** This section is effective August 1, 2022.

368.13 Sec. 10. Minnesota Statutes 2020, section 245G.08, subdivision 5, is amended to read:

368.14 Subd. 5. **Administration of medication and assistance with self-medication.** (a) A
 368.15 license holder must meet the requirements in this subdivision if a service provided includes
 368.16 the administration of medication.

368.17 (b) A staff member, other than a licensed practitioner or nurse, who is delegated by a
 368.18 licensed practitioner or a registered nurse the task of administration of medication or assisting
 368.19 with self-medication, must:

368.20 (1) successfully complete a medication administration training program for unlicensed
 368.21 personnel through an accredited Minnesota postsecondary educational institution. A staff
 368.22 member's completion of the course must be documented in writing and placed in the staff
 368.23 member's personnel file;

368.24 (2) be trained according to a formalized training program that is taught by a registered
 368.25 nurse and offered by the license holder. The training must include the process for
 368.26 administration of naloxone, if naloxone is kept on site. A staff member's completion of the
 368.27 training must be documented in writing and placed in the staff member's personnel records;
 368.28 or

368.29 (3) demonstrate to a registered nurse competency to perform the delegated activity. A
 368.30 registered nurse must be employed or contracted to develop the policies and procedures for
 368.31 administration of medication or assisting with self-administration of medication, or both.

369.1 (c) A registered nurse must provide supervision as defined in section 148.171, subdivision
369.2 23. The registered nurse's supervision must include, at a minimum, monthly on-site
369.3 supervision or more often if warranted by a client's health needs. The policies and procedures
369.4 must include:

369.5 (1) a provision that a delegation of administration of medication is limited to a method
369.6 a staff member has been trained to administer and limited to the administration of:

369.7 (i) a medication that is administered orally, topically, or as a suppository, an eye drop,
369.8 an ear drop, ~~or~~ an inhalant, or an intranasal; and

369.9 (ii) an intramuscular injection of naloxone or epinephrine;

369.10 (2) a provision that each client's file must include documentation indicating whether
369.11 staff must conduct the administration of medication or the client must self-administer
369.12 medication, or both;

369.13 (3) a provision that a client may carry emergency medication such as nitroglycerin as
369.14 instructed by the client's physician or advanced practice registered nurse;

369.15 (4) a provision for the client to self-administer medication when a client is scheduled to
369.16 be away from the facility;

369.17 (5) a provision that if a client self-administers medication when the client is present in
369.18 the facility, the client must self-administer medication under the observation of a trained
369.19 staff member;

369.20 (6) a provision that when a license holder serves a client who is a parent with a child,
369.21 the parent may only administer medication to the child under a staff member's supervision;

369.22 (7) requirements for recording the client's use of medication, including staff signatures
369.23 with date and time;

369.24 (8) guidelines for when to inform a nurse of problems with self-administration of
369.25 medication, including a client's failure to administer, refusal of a medication, adverse
369.26 reaction, or error; and

369.27 (9) procedures for acceptance, documentation, and implementation of a prescription,
369.28 whether written, verbal, telephonic, or electronic.

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

369.30 Sec. 11. Minnesota Statutes 2020, section 245G.09, subdivision 3, is amended to read:

369.31 Subd. 3. **Contents.** Client records must contain the following:

370.1 (1) documentation that the client was given information on client rights and
 370.2 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided
 370.3 an orientation to the program abuse prevention plan required under section 245A.65,
 370.4 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record
 370.5 must contain documentation that the client was provided educational information according
 370.6 to section 245G.05, subdivision 1, paragraph (b);

370.7 (2) an initial services plan completed according to section 245G.04;

370.8 (3) a comprehensive assessment completed according to section 245G.05;

370.9 (4) an assessment summary completed according to section 245G.05, subdivision 2;

370.10 (5) an individual abuse prevention plan according to sections 245A.65, subdivision 2,
 370.11 and 626.557, subdivision 14, when applicable;

370.12 (6) an individual treatment plan according to section 245G.06, subdivisions 1 and 2;

370.13 (7) documentation of treatment services, significant events, appointments, concerns, and
 370.14 treatment plan review reviews according to section 245G.06, ~~subdivision~~ subdivisions 2a,
 370.15 2b, and 3; and

370.16 (8) a summary at the time of service termination according to section 245G.06,
 370.17 subdivision 4.

370.18 **EFFECTIVE DATE.** This section is effective August 1, 2022.

370.19 Sec. 12. Minnesota Statutes 2020, section 245G.11, subdivision 1, is amended to read:

370.20 Subdivision 1. **General qualifications.** (a) All staff members who have direct contact
 370.21 must be 18 years of age or older. ~~At the time of employment, each staff member must meet~~
 370.22 ~~the qualifications in this subdivision. For purposes of this subdivision, "problematic substance~~
 370.23 ~~use" means a behavior or incident listed by the license holder in the personnel policies and~~
 370.24 ~~procedures according to section 245G.13, subdivision 1, clause (5).~~

370.25 ~~(b) A treatment director, supervisor, nurse, counselor, student intern, or other professional~~
 370.26 ~~must be free of problematic substance use for at least the two years immediately preceding~~
 370.27 ~~employment and must sign a statement attesting to that fact.~~

370.28 ~~(c) A paraprofessional, recovery peer, or any other staff member with direct contact~~
 370.29 ~~must be free of problematic substance use for at least one year immediately preceding~~
 370.30 ~~employment and must sign a statement attesting to that fact.~~

370.31 **EFFECTIVE DATE.** This section is effective January 1, 2023.

371.1 Sec. 13. Minnesota Statutes 2020, section 245G.11, subdivision 10, is amended to read:

371.2 Subd. 10. **Student interns.** A qualified staff member must supervise and be responsible
 371.3 for a treatment service performed by a student intern and must review and sign each
 371.4 assessment, ~~progress note, and individual treatment plan,~~ and treatment plan review prepared
 371.5 by a student intern. A student intern must receive the orientation and training required in
 371.6 section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the treatment
 371.7 staff may be students or licensing candidates with time documented to be directly related
 371.8 to the provision of treatment services for which the staff are authorized.

371.9 **EFFECTIVE DATE.** This section is effective January 1, 2023.

371.10 Sec. 14. Minnesota Statutes 2020, section 245G.13, subdivision 1, is amended to read:

371.11 Subdivision 1. **Personnel policy requirements.** A license holder must have written
 371.12 personnel policies that are available to each staff member. The personnel policies must:

371.13 (1) ensure that staff member retention, promotion, job assignment, or pay are not affected
 371.14 by a good faith communication between a staff member and the department, the Department
 371.15 of Health, the ombudsman for mental health and developmental disabilities, law enforcement,
 371.16 or a local agency for the investigation of a complaint regarding a client's rights, health, or
 371.17 safety;

371.18 (2) contain a job description for each staff member position specifying responsibilities,
 371.19 degree of authority to execute job responsibilities, and qualification requirements;

371.20 (3) provide for a job performance evaluation based on standards of job performance
 371.21 conducted on a regular and continuing basis, including a written annual review;

371.22 (4) describe behavior that constitutes grounds for disciplinary action, suspension, or
 371.23 dismissal, including ~~policies that address staff member problematic substance use and the~~
 371.24 ~~requirements of section 245G.11, subdivision 1,~~ policies prohibiting personal involvement
 371.25 with a client in violation of chapter 604, and policies prohibiting client abuse described in
 371.26 sections 245A.65, 626.557, and 626.5572, and chapter 260E;

371.27 ~~(5) identify how the program will identify whether behaviors or incidents are problematic~~
 371.28 ~~substance use, including a description of how the facility must address:~~

371.29 ~~(i) receiving treatment for substance use within the period specified for the position in~~
 371.30 ~~the staff qualification requirements, including medication-assisted treatment;~~

371.31 ~~(ii) substance use that negatively impacts the staff member's job performance;~~

372.1 ~~(iii) substance use that affects the credibility of treatment services with a client, referral~~
 372.2 ~~source, or other member of the community;~~

372.3 ~~(iv) symptoms of intoxication or withdrawal on the job; and~~

372.4 ~~(v) the circumstances under which an individual who participates in monitoring by the~~
 372.5 ~~health professional services program for a substance use or mental health disorder is able~~
 372.6 ~~to provide services to the program's clients;~~

372.7 (5) describe the process for disciplinary action, suspension, or dismissal of a staff person
 372.8 for violating the drug and alcohol policy described in section 245A.04, subdivision 1,
 372.9 paragraph (c);

372.10 (6) include a chart or description of the organizational structure indicating lines of
 372.11 authority and responsibilities;

372.12 (7) include orientation within 24 working hours of starting for each new staff member
 372.13 based on a written plan that, at a minimum, must provide training related to the staff member's
 372.14 specific job responsibilities, policies and procedures, client confidentiality, HIV minimum
 372.15 standards, and client needs; and

372.16 (8) include policies outlining the license holder's response to a staff member with a
 372.17 behavior problem that interferes with the provision of treatment service.

372.18 **EFFECTIVE DATE.** This section is effective January 1, 2023.

372.19 Sec. 15. Minnesota Statutes 2020, section 245G.20, is amended to read:

372.20 **245G.20 LICENSE HOLDERS SERVING PERSONS WITH CO-OCCURRING**
 372.21 **DISORDERS.**

372.22 A license holder specializing in the treatment of a person with co-occurring disorders
 372.23 must:

372.24 (1) demonstrate that staff levels are appropriate for treating a client with a co-occurring
 372.25 disorder, and that there are adequate staff members with mental health training;

372.26 (2) have continuing access to a medical provider with appropriate expertise in prescribing
 372.27 psychotropic medication;

372.28 (3) have a mental health professional available for staff member supervision and
 372.29 consultation;

372.30 (4) determine group size, structure, and content considering the special needs of a client
 372.31 with a co-occurring disorder;

373.1 (5) have documentation of active interventions to stabilize mental health symptoms
373.2 present in the individual treatment plans and ~~progress notes~~ treatment plan reviews;

373.3 (6) have continuing documentation of collaboration with continuing care mental health
373.4 providers, and involvement of the providers in treatment planning meetings;

373.5 (7) have available program materials adapted to a client with a mental health problem;

373.6 (8) have policies that provide flexibility for a client who may lapse in treatment or may
373.7 have difficulty adhering to established treatment rules as a result of a mental illness, with
373.8 the goal of helping a client successfully complete treatment; and

373.9 (9) have individual psychotherapy and case management available during treatment
373.10 service.

373.11 **EFFECTIVE DATE.** This section is effective January 1, 2023.

373.12 Sec. 16. Minnesota Statutes 2020, section 245G.22, subdivision 7, is amended to read:

373.13 Subd. 7. **Restrictions for unsupervised use of methadone hydrochloride.** (a) If a
373.14 medical director or prescribing practitioner assesses and determines that a client meets the
373.15 criteria in subdivision 6 and may be dispensed a medication used for the treatment of opioid
373.16 addiction, the restrictions in this subdivision must be followed when the medication to be
373.17 dispensed is methadone hydrochloride. The results of the assessment must be contained in
373.18 the client file. The number of unsupervised use medication doses per week in paragraphs
373.19 (b) to (d) is in addition to the number of unsupervised use medication doses a client may
373.20 receive for days the clinic is closed for business as allowed by subdivision 6, paragraph (a).

373.21 (b) During the first 90 days of treatment, the unsupervised use medication supply must
373.22 be limited to a maximum of a single dose each week and the client shall ingest all other
373.23 doses under direct supervision.

373.24 (c) In the second 90 days of treatment, the unsupervised use medication supply must be
373.25 limited to two doses per week.

373.26 (d) In the third 90 days of treatment, the unsupervised use medication supply must not
373.27 exceed three doses per week.

373.28 (e) In the remaining months of the first year, a client may be given a maximum six-day
373.29 unsupervised use medication supply.

373.30 (f) After one year of continuous treatment, a client may be given a maximum two-week
373.31 unsupervised use medication supply.

374.1 (g) After two years of continuous treatment, a client may be given a maximum one-month
374.2 unsupervised use medication supply, but must make monthly visits to the program.

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

374.4 Sec. 17. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; AMENDING**
374.5 **CHILDREN'S RESIDENTIAL FACILITY AND DETOXIFICATION PROGRAM**
374.6 **RULES.**

374.7 (a) The commissioner of human services must amend Minnesota Rules, part 2960.0460,
374.8 to remove all references to repealed Minnesota Rules, part 2960.0460, subpart 2.

374.9 (b) The commissioner must amend Minnesota Rules, part 2960.0470, to require license
374.10 holders to have written personnel policies that describe the process for disciplinary action,
374.11 suspension, or dismissal of a staff person for violating the drug and alcohol policy described
374.12 in Minnesota Statutes, section 245A.04, subdivision 1, paragraph (c), and Minnesota Rules,
374.13 part 2960.0030, subpart 9.

374.14 (c) The commissioner must amend Minnesota Rules, part 9530.6565, subpart 1, to
374.15 remove items A and B and the documentation requirement that references these items.

374.16 (d) The commissioner must amend Minnesota Rules, part 9530.6570, subpart 1, item
374.17 D, to remove the existing language and insert language to require license holders to have
374.18 written personnel policies that describe the process for disciplinary action, suspension, or
374.19 dismissal of a staff person for violating the drug and alcohol policy described in Minnesota
374.20 Statutes, section 245A.04, subdivision 1, paragraph (c).

374.21 (e) For purposes of this section, the commissioner may use the good cause exempt
374.22 process under Minnesota Statutes, section 14.388, subdivision 1, clause (3), and Minnesota
374.23 Statutes, section 14.386, does not apply.

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

374.25 Sec. 18. **REPEALER.**

374.26 (a) Minnesota Statutes 2020, sections 245F.15, subdivision 2; and 245G.11, subdivision
374.27 2, are repealed.

374.28 (b) Minnesota Rules, parts 2960.0460, subpart 2; and 9530.6565, subpart 2, are repealed.

374.29 **EFFECTIVE DATE.** This section is effective January 1, 2023.

ARTICLE 13

OPIOID SETTLEMENT

Section 1. [3.757] RELEASE OF OPIOID-RELATED CLAIMS.

Subdivision 1. Definitions. (a) For purposes of this section, the following terms have the meanings given.

(b) "Municipality" has the meaning provided in section 466.01, subdivision 1.

(c) "Opioid litigation" means any civil litigation, demand, or settlement in lieu of litigation alleging unlawful conduct related to the marketing, sale, or distribution of opioids in this state or other alleged illegal actions that contributed to the excessive use of opioids.

(d) "Released claim" means any cause of action or other claim that has been released in a statewide opioid settlement agreement, including matters identified as a released claim as that term or a comparable term is defined in a statewide opioid settlement agreement.

(e) "Settling defendant" means Johnson & Johnson, AmerisourceBergen Corporation, Cardinal Health, Inc., and McKesson Corporation, as well as related subsidiaries, affiliates, officers, directors, and other related entities specifically named as a released entity in a statewide opioid settlement agreement.

(f) "Statewide opioid settlement agreement" means an agreement, including consent judgments, assurances of discontinuance, and related agreements or documents, between the attorney general, on behalf of the state, and a settling defendant, to provide or allocate remuneration for conduct related to the marketing, sale, or distribution of opioids in this state or other alleged illegal actions that contributed to the excessive use of opioids.

Subd. 2. Release of claims. (a) No municipality shall have the authority to assert, file, or enforce a released claim against a settling defendant.

(b) Any claim in pending opioid litigation filed by a municipality against a settling defendant that is within the scope of a released claim is extinguished by operation of law.

(c) The attorney general shall have authority to appear or intervene in opioid litigation where a municipality has asserted, filed, or enforced a released claim against a settling defendant and release with prejudice any released claims.

(d) This section does not limit any causes of action, claims, or remedies, nor the authority to assert, file, or enforce such causes of action, claims, or remedies, by a party other than a municipality.

376.1 (e) This section does not limit any causes of action, claims, or remedies, nor the authority
 376.2 to assert, file, or enforce such causes of action, claims, or remedies by a municipality against
 376.3 entities and individuals other than a released claim against a settling defendant.

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

376.5 Sec. 2. Minnesota Statutes 2021 Supplement, section 16A.151, subdivision 2, is amended
 376.6 to read:

376.7 Subd. 2. **Exceptions.** (a) If a state official litigates or settles a matter on behalf of specific
 376.8 injured persons or entities, this section does not prohibit distribution of money to the specific
 376.9 injured persons or entities on whose behalf the litigation or settlement efforts were initiated.
 376.10 If money recovered on behalf of injured persons or entities cannot reasonably be distributed
 376.11 to those persons or entities because they cannot readily be located or identified or because
 376.12 the cost of distributing the money would outweigh the benefit to the persons or entities, the
 376.13 money must be paid into the general fund.

376.14 (b) Money recovered on behalf of a fund in the state treasury other than the general fund
 376.15 may be deposited in that fund.

376.16 (c) This section does not prohibit a state official from distributing money to a person or
 376.17 entity other than the state in litigation or potential litigation in which the state is a defendant
 376.18 or potential defendant.

376.19 (d) State agencies may accept funds as directed by a federal court for any restitution or
 376.20 monetary penalty under United States Code, title 18, section 3663(a)(3), or United States
 376.21 Code, title 18, section 3663A(a)(3). Funds received must be deposited in a special revenue
 376.22 account and are appropriated to the commissioner of the agency for the purpose as directed
 376.23 by the federal court.

376.24 (e) Tobacco settlement revenues as defined in section 16A.98, subdivision 1, paragraph
 376.25 (t), may be deposited as provided in section 16A.98, subdivision 12.

376.26 (f) Any money received by the state resulting from a settlement agreement or an assurance
 376.27 of discontinuance entered into by the attorney general of the state, or a court order in litigation
 376.28 brought by the attorney general of the state, on behalf of the state or a state agency, related
 376.29 to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids
 376.30 in this state or other alleged illegal actions that contributed to the excessive use of opioids,
 376.31 ~~must be deposited in a separate account in the state treasury and the commissioner shall~~
 376.32 ~~notify the chairs and ranking minority members of the Finance Committee in the senate and~~
 376.33 ~~the Ways and Means Committee in the house of representatives that an account has been~~

377.1 ~~created. Notwithstanding section 11A.20, all investment income and all investment losses~~
 377.2 ~~attributable to the investment of this account shall be credited to the account~~ the settlement
 377.3 account established in the opiate epidemic response fund under section 256.043, subdivision
 377.4 1. This paragraph does not apply to attorney fees and costs awarded to the state or the
 377.5 Attorney General's Office, to contract attorneys hired by the state or Attorney General's
 377.6 Office, or to other state agency attorneys. If the licensing fees under section 151.065,
 377.7 subdivision 1, clause (16), and subdivision 3, clause (14), are reduced and the registration
 377.8 fee under section 151.066, subdivision 3, is repealed in accordance with section 256.043,
 377.9 subdivision 4, then the commissioner shall transfer from the separate account created in
 377.10 this paragraph to the opiate epidemic response fund under section 256.043 an amount that
 377.11 ensures that \$20,940,000 each fiscal year is available for distribution in accordance with
 377.12 section 256.043, subdivision 3.

377.13 (g) Notwithstanding paragraph (f), if money is received from a settlement agreement or
 377.14 an assurance of discontinuance entered into by the attorney general of the state or a court
 377.15 order in litigation brought by the attorney general of the state on behalf of the state or a state
 377.16 agency against a consulting firm working for an opioid manufacturer or opioid wholesale
 377.17 drug distributor ~~and deposited into the separate account created under paragraph (f), the~~
 377.18 ~~commissioner shall annually transfer from the separate account to the opiate epidemic~~
 377.19 ~~response fund under section 256.043 an amount equal to the estimated amount submitted~~
 377.20 ~~to the commissioner by the Board of Pharmacy in accordance with section 151.066,~~
 377.21 ~~subdivision 3, paragraph (b). The amount transferred shall be included in the amount available~~
 377.22 ~~for distribution in accordance with section 256.043, subdivision 3. This transfer shall occur~~
 377.23 ~~each year until the registration fee under section 151.066, subdivision 3, is repealed in~~
 377.24 ~~accordance with section 256.043, subdivision 4, or the money deposited in the account in~~
 377.25 ~~accordance with this paragraph has been transferred, whichever occurs first~~ deposit any
 377.26 money received into the settlement account established within the opiate epidemic response
 377.27 fund under section 256.042, subdivision 1. Notwithstanding section 256.043, subdivision
 377.28 3a, paragraph (a), any amount deposited into the settlement account in accordance with this
 377.29 paragraph shall be appropriated to the commissioner of human services to award as grants
 377.30 as specified by the opiate epidemic response advisory council in accordance with section
 377.31 256.043, subdivision 3a, paragraph (d).

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

378.1 Sec. 3. Minnesota Statutes 2021 Supplement, section 151.066, subdivision 3, is amended
378.2 to read:

378.3 Subd. 3. **Determination of an opiate product registration fee.** (a) The board shall
378.4 annually assess an opiate product registration fee on any manufacturer of an opiate that
378.5 annually sells, delivers, or distributes an opiate within or into the state 2,000,000 or more
378.6 units as reported to the board under subdivision 2.

378.7 (b) For purposes of assessing the annual registration fee under this section and
378.8 determining the number of opiate units a manufacturer sold, delivered, or distributed within
378.9 or into the state, the board shall not consider any opiate that is used for medication-assisted
378.10 therapy for substance use disorders. ~~If there is money deposited into the separate account~~
378.11 ~~as described in section 16A.151, subdivision 2, paragraph (g), The board shall submit to~~
378.12 ~~the commissioner of management and budget an estimate of the difference in the annual~~
378.13 ~~fee revenue collected under this section due to this exception.~~

378.14 (c) The annual registration fee for each manufacturer meeting the requirement under
378.15 paragraph (a) is \$250,000.

378.16 (d) In conjunction with the data reported under this section, and notwithstanding section
378.17 152.126, subdivision 6, the board may use the data reported under section 152.126,
378.18 subdivision 4, to determine which manufacturers meet the requirement under paragraph (a)
378.19 and are required to pay the registration fees under this subdivision.

378.20 (e) By April 1 of each year, beginning April 1, 2020, the board shall notify a manufacturer
378.21 that the manufacturer meets the requirement in paragraph (a) and is required to pay the
378.22 annual registration fee in accordance with section 151.252, subdivision 1, paragraph (b).

378.23 (f) A manufacturer may dispute the board's determination that the manufacturer must
378.24 pay the registration fee no later than 30 days after the date of notification. However, the
378.25 manufacturer must still remit the fee as required by section 151.252, subdivision 1, paragraph
378.26 (b). The dispute must be filed with the board in the manner and using the forms specified
378.27 by the board. A manufacturer must submit, with the required forms, data satisfactory to the
378.28 board that demonstrates that the assessment of the registration fee was incorrect. The board
378.29 must make a decision concerning a dispute no later than 60 days after receiving the required
378.30 dispute forms. If the board determines that the manufacturer has satisfactorily demonstrated
378.31 that the fee was incorrectly assessed, the board must refund the amount paid in error.

378.32 (g) For purposes of this subdivision, a unit means the individual dosage form of the
378.33 particular drug product that is prescribed to the patient. One unit equals one tablet, capsule,
378.34 patch, syringe, milliliter, or gram.

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

379.2 Sec. 4. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended
379.3 to read:

379.4 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
379.5 grants proposed by the advisory council to be awarded for the upcoming calendar year to
379.6 the chairs and ranking minority members of the legislative committees with jurisdiction
379.7 over health and human services policy and finance, by December 1 of each year, beginning
379.8 March 1, 2020.

379.9 (b) The grants shall be awarded to proposals selected by the advisory council that address
379.10 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
379.11 by the legislature. The advisory council shall determine grant awards and funding amounts
379.12 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
379.13 paragraph ~~(e)~~ (h), and subdivision 3a, paragraph (d). The commissioner shall award the
379.14 grants from the opiate epidemic response fund and administer the grants in compliance with
379.15 section 16B.97. No more than ten percent of the grant amount may be used by a grantee for
379.16 administration.

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

379.18 Sec. 5. Minnesota Statutes 2020, section 256.043, subdivision 1, is amended to read:

379.19 Subdivision 1. **Establishment.** (a) The opiate epidemic response fund is established in
379.20 the state treasury. ~~The registration fees assessed by the Board of Pharmacy under section~~
379.21 ~~151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b)~~
379.22 ~~and (c), shall be deposited into the fund. The commissioner of management and budget~~
379.23 shall establish within the opiate epidemic response fund two accounts: (1) a registration and
379.24 license fee account; and (2) a settlement account. Beginning in fiscal year 2021, for each
379.25 fiscal year, the fund shall be administered according to this section.

379.26 (b) The commissioner of management and budget shall deposit into the registration and
379.27 license fee account the registration fee assessed by the Board of Pharmacy under section
379.28 151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b)
379.29 and (c).

379.30 (c) The commissioner of management and budget shall deposit into the settlement account
379.31 any money received by the state resulting from a settlement agreement or an assurance of
379.32 discontinuance entered into by the attorney general of the state, or a court order in litigation

380.1 brought by the attorney general of the state, on behalf of the state or a state agency, related
 380.2 to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids
 380.3 in this state or other alleged illegal actions that contributed to the excessive use of opioids,
 380.4 pursuant to section 16A.151, subdivision 2, paragraph (f).

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

380.6 Sec. 6. Minnesota Statutes 2021 Supplement, section 256.043, subdivision 3, is amended
 380.7 to read:

380.8 Subd. 3. **Appropriations from ~~fund~~ registration and license fee account.** (a) The
 380.9 appropriations in paragraphs (b) to (h) shall be made from the registration and license fee
 380.10 account on a fiscal year basis in the order specified.

380.11 ~~After (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1,~~
 380.12 ~~paragraph (e), are made, \$249,000 is appropriated to the commissioner of human services~~
 380.13 ~~for the provision of administrative services to the Opiate Epidemic Response Advisory~~
 380.14 ~~Council and for the administration of the grants awarded under paragraph (e). paragraphs~~
 380.15 ~~(b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be~~
 380.16 ~~made accordingly.~~

380.17 (c) \$300,000 is appropriated to the commissioner of management and budget for
 380.18 evaluation activities under section 256.042, subdivision 1, paragraph (c).

380.19 (d) \$249,000 is appropriated to the commissioner of human services for the provision
 380.20 of administrative services to the Opiate Epidemic Response Advisory Council and for the
 380.21 administration of the grants awarded under paragraph (h).

380.22 ~~(b)~~ (e) \$126,000 is appropriated to the Board of Pharmacy for the collection of the
 380.23 registration fees under section 151.066.

380.24 ~~(e)~~ (f) \$672,000 is appropriated to the commissioner of public safety for the Bureau of
 380.25 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies
 380.26 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

380.27 ~~(d)~~ (g) After the appropriations in paragraphs (a) (b) to (e) (f) are made, 50 percent of
 380.28 the remaining amount is appropriated to the commissioner of human services for distribution
 380.29 to county social service and ~~tribal social service~~ agencies and Tribal social service agency
 380.30 initiative projects authorized under section 256.01, subdivision 14b, to provide child
 380.31 protection services to children and families who are affected by addiction. The commissioner
 380.32 shall distribute this money proportionally to ~~counties and tribal~~ county social service agencies
 380.33 and Tribal social service agency initiative projects based on out-of-home placement episodes

381.1 where parental drug abuse is the primary reason for the out-of-home placement using data
 381.2 from the previous calendar year. County ~~and tribal~~ social service agencies and Tribal social
 381.3 service agency initiative projects receiving funds from the opiate epidemic response fund
 381.4 must annually report to the commissioner on how the funds were used to provide child
 381.5 protection services, including measurable outcomes, as determined by the commissioner.
 381.6 County social service agencies and Tribal social service ~~agencies~~ agency initiative projects
 381.7 must not use funds received under this paragraph to supplant current state or local funding
 381.8 received for child protection services for children and families who are affected by addiction.

381.9 ~~(e)~~ (h) After ~~making~~ the appropriations in paragraphs ~~(a)~~ (b) to ~~(d)~~ (g) are made, the
 381.10 remaining amount in the ~~fund~~ account is appropriated to the commissioner of human services
 381.11 to award grants as specified by the Opiate Epidemic Response Advisory Council in
 381.12 accordance with section 256.042, unless otherwise appropriated by the legislature.

381.13 ~~(f)~~ (i) Beginning in fiscal year 2022 and each year thereafter, funds for county social
 381.14 service ~~and tribal social service~~ agencies and Tribal social service agency initiative projects
 381.15 under paragraph ~~(d)~~ (g) and grant funds specified by the Opiate Epidemic Response Advisory
 381.16 Council under paragraph ~~(e)~~ shall (h) may be distributed on a calendar year basis.

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

381.18 Sec. 7. Minnesota Statutes 2020, section 256.043, is amended by adding a subdivision to
 381.19 read:

381.20 **Subd. 3a. Appropriations from settlement account.** (a) The appropriations in paragraphs
 381.21 (b) to (e) shall be made from the settlement account on a fiscal year basis in the order
 381.22 specified.

381.23 (b) If the balance in the registration and license fee account is not sufficient to fully fund
 381.24 the appropriations specified in subdivision 3, paragraphs (b) to (f), an amount necessary to
 381.25 meet any insufficiency shall be transferred from the settlement account to the registration
 381.26 and license fee account to fully fund the required appropriations.

381.27 (c) \$209,000 in fiscal year 2023 and \$239,000 in fiscal year 2024 and subsequent fiscal
 381.28 years are appropriated to the commissioner of human services for the administration of
 381.29 grants awarded under paragraph (e).

381.30 (d) After any appropriations necessary under paragraphs (b) and (c) are made, an amount
 381.31 equal to the calendar year allocation to Tribal social service agency initiative projects under
 381.32 subdivision 3, paragraph (g), is appropriated from the settlement account to the commissioner
 381.33 of human services for distribution to Tribal social service agency initiative projects to

382.1 provide child protection services to children and families who are affected by addiction.
382.2 The requirements related to proportional distribution, annual reporting, and maintenance
382.3 of effort specified in subdivision 3, paragraph (g), also apply to the appropriations made
382.4 under this paragraph.

382.5 (e) After making the appropriations in paragraphs (b) to (d), the remaining amount in
382.6 the account is appropriated to the commissioner of human services to award grants as
382.7 specified by the Opiate Epidemic Response Advisory Council in accordance with section
382.8 256.042.

382.9 (f) Funds for Tribal social service agency initiative projects under paragraph (d) and
382.10 grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph
382.11 (e) may be distributed on a calendar year basis.

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

382.13 Sec. 8. Minnesota Statutes 2021 Supplement, section 256.043, subdivision 4, is amended
382.14 to read:

382.15 Subd. 4. **Settlement; sunset.** (a) If the state receives a total sum of \$250,000,000 either
382.16 as a result of a settlement agreement or an assurance of discontinuance entered into by the
382.17 attorney general of the state, or resulting from a court order in litigation brought by the
382.18 attorney general of the state on behalf of the state or a state agency related to alleged
382.19 violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this
382.20 state, or other alleged illegal actions that contributed to the excessive use of opioids, or from
382.21 the fees collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are
382.22 deposited into the opiate epidemic response fund established in this section, or from a
382.23 combination of both, the fees specified in section 151.065, subdivisions 1, clause (16), and
382.24 3, clause (14), shall be reduced to \$5,260, and the opiate registration fee in section 151.066,
382.25 subdivision 3, shall be repealed. For purposes of this paragraph, any money received as a
382.26 result of a settlement agreement specified in this paragraph and directly allocated or
382.27 distributed and received by either the state or a municipality as defined in section 466.01,
382.28 subdivision 1, shall be counted toward determining when the \$250,000,000 is reached.

382.29 (b) The commissioner of management and budget shall inform the Board of Pharmacy,
382.30 the governor, and the legislature when the amount specified in paragraph (a) has been
382.31 reached. The board shall apply the reduced license fee for the next licensure period.

383.1 (c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065,
383.2 subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur
383.3 before July 1, ~~2024~~ 2031.

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

383.5 Sec. 9. Laws 2019, chapter 63, article 3, section 1, as amended by Laws 2020, chapter
383.6 115, article 3, section 35, is amended to read:

383.7 Section 1. **APPROPRIATIONS.**

383.8 (a) **Board of Pharmacy; administration.** \$244,000 in fiscal year 2020 is appropriated
383.9 from the general fund to the Board of Pharmacy for onetime information technology and
383.10 operating costs for administration of licensing activities under Minnesota Statutes, section
383.11 151.066. This is a onetime appropriation.

383.12 (b) **Commissioner of human services; administration.** \$309,000 in fiscal year 2020
383.13 is appropriated from the general fund and \$60,000 in fiscal year 2021 is appropriated from
383.14 the opiate epidemic response fund to the commissioner of human services for the provision
383.15 of administrative services to the Opiate Epidemic Response Advisory Council and for the
383.16 administration of the grants awarded under paragraphs (f), (g), and (h). The opiate epidemic
383.17 response fund base for this appropriation is \$60,000 in fiscal year 2022, \$60,000 in fiscal
383.18 year 2023, \$60,000 in fiscal year 2024, and \$0 in fiscal year 2025.

383.19 (c) **Board of Pharmacy; administration.** \$126,000 in fiscal year 2020 is appropriated
383.20 from the general fund to the Board of Pharmacy for the collection of the registration fees
383.21 under section 151.066.

383.22 (d) **Commissioner of public safety; enforcement activities.** \$672,000 in fiscal year
383.23 2020 is appropriated from the general fund to the commissioner of public safety for the
383.24 Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab
383.25 supplies and \$288,000 is for special agent positions focused on drug interdiction and drug
383.26 trafficking.

383.27 (e) **Commissioner of management and budget; evaluation activities.** \$300,000 in
383.28 fiscal year 2020 is appropriated from the general fund and \$300,000 in fiscal year 2021 is
383.29 appropriated from the opiate epidemic response fund to the commissioner of management
383.30 and budget for evaluation activities under Minnesota Statutes, section 256.042, subdivision
383.31 1, paragraph (c). ~~The opiate epidemic response fund base for this appropriation is \$300,000~~

384.1 ~~in fiscal year 2022, \$300,000 in fiscal year 2023, \$300,000 in fiscal year 2024, and \$0 in~~
384.2 ~~fiscal year 2025.~~

384.3 **(f) Commissioner of human services; grants for Project ECHO.** \$400,000 in fiscal
384.4 year 2020 is appropriated from the general fund and \$400,000 in fiscal year 2021 is
384.5 appropriated from the opiate epidemic response fund to the commissioner of human services
384.6 for grants of \$200,000 to CHI St. Gabriel's Health Family Medical Center for the
384.7 opioid-focused Project ECHO program and \$200,000 to Hennepin Health Care for the
384.8 opioid-focused Project ECHO program. The opiate epidemic response fund base for this
384.9 appropriation is \$400,000 in fiscal year 2022, \$400,000 in fiscal year 2023, \$400,000 in
384.10 fiscal year 2024, and \$0 in fiscal year 2025.

384.11 **(g) Commissioner of human services; opioid overdose prevention grant.** \$100,000
384.12 in fiscal year 2020 is appropriated from the general fund and \$100,000 in fiscal year 2021
384.13 is appropriated from the opiate epidemic response fund to the commissioner of human
384.14 services for a grant to a nonprofit organization that has provided overdose prevention
384.15 programs to the public in at least 60 counties within the state, for at least three years, has
384.16 received federal funding before January 1, 2019, and is dedicated to addressing the opioid
384.17 epidemic. The grant must be used for opioid overdose prevention, community asset mapping,
384.18 education, and overdose antagonist distribution. The opiate epidemic response fund base
384.19 for this appropriation is \$100,000 in fiscal year 2022, \$100,000 in fiscal year 2023, \$100,000
384.20 in fiscal year 2024, and \$0 in fiscal year 2025.

384.21 **(h) Commissioner of human services; traditional healing.** \$2,000,000 in fiscal year
384.22 2020 is appropriated from the general fund and \$2,000,000 in fiscal year 2021 is appropriated
384.23 from the opiate epidemic response fund to the commissioner of human services to award
384.24 grants to Tribal nations and five urban Indian communities for traditional healing practices
384.25 to American Indians and to increase the capacity of culturally specific providers in the
384.26 behavioral health workforce. The opiate epidemic response fund base for this appropriation
384.27 is \$2,000,000 in fiscal year 2022, \$2,000,000 in fiscal year 2023, \$2,000,000 in fiscal year
384.28 2024, and \$0 in fiscal year 2025.

384.29 **(i) Board of Dentistry; continuing education.** \$11,000 in fiscal year 2020 is
384.30 appropriated from the state government special revenue fund to the Board of Dentistry to
384.31 implement the continuing education requirements under Minnesota Statutes, section 214.12,
384.32 subdivision 6.

384.33 **(j) Board of Medical Practice; continuing education.** \$17,000 in fiscal year 2020 is
384.34 appropriated from the state government special revenue fund to the Board of Medical Practice

385.1 to implement the continuing education requirements under Minnesota Statutes, section
385.2 214.12, subdivision 6.

385.3 (k) **Board of Nursing; continuing education.** \$17,000 in fiscal year 2020 is appropriated
385.4 from the state government special revenue fund to the Board of Nursing to implement the
385.5 continuing education requirements under Minnesota Statutes, section 214.12, subdivision
385.6 6.

385.7 (l) **Board of Optometry; continuing education.** \$5,000 in fiscal year 2020 is
385.8 appropriated from the state government special revenue fund to the Board of Optometry to
385.9 implement the continuing education requirements under Minnesota Statutes, section 214.12,
385.10 subdivision 6.

385.11 (m) **Board of Podiatric Medicine; continuing education.** \$5,000 in fiscal year 2020
385.12 is appropriated from the state government special revenue fund to the Board of Podiatric
385.13 Medicine to implement the continuing education requirements under Minnesota Statutes,
385.14 section 214.12, subdivision 6.

385.15 (n) **Commissioner of health; nonnarcotic pain management and wellness.** \$1,250,000
385.16 is appropriated in fiscal year 2020 from the general fund to the commissioner of health, to
385.17 provide funding for:

385.18 (1) statewide mapping and assessment of community-based nonnarcotic pain management
385.19 and wellness resources; and

385.20 (2) up to five demonstration projects in different geographic areas of the state to provide
385.21 community-based nonnarcotic pain management and wellness resources to patients and
385.22 consumers.

385.23 The demonstration projects must include an evaluation component and scalability analysis.
385.24 The commissioner shall award the grant for the statewide mapping and assessment, and the
385.25 demonstration project grants, through a competitive request for proposal process. Grants
385.26 for statewide mapping and assessment and demonstration projects may be awarded
385.27 simultaneously. In awarding demonstration project grants, the commissioner shall give
385.28 preference to proposals that incorporate innovative community partnerships, are informed
385.29 and led by people in the community where the project is taking place, and are culturally
385.30 relevant and delivered by culturally competent providers. This is a onetime appropriation.

385.31 (o) **Commissioner of health; administration.** \$38,000 in fiscal year 2020 is appropriated
385.32 from the general fund to the commissioner of health for the administration of the grants
385.33 awarded in paragraph (n).

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

386.2 Sec. 10. Laws 2021, First Special Session chapter 7, article 16, section 12, is amended to
386.3 read:

386.4 Sec. 12. **COMMISSIONER OF**
386.5 **MANAGEMENT AND BUDGET** \$ 300,000 \$ 300,000 0

386.6 (a) This appropriation is from the opiate
386.7 epidemic response fund.

386.8 (b) **Evaluation.** \$300,000 in fiscal year 2022
386.9 ~~and \$300,000 in fiscal year 2023~~ is for
386.10 evaluation activities under Minnesota Statutes,
386.11 section 256.042, subdivision 1, paragraph (c).

386.12 ~~(c) **Base Level Adjustment.** The opiate~~
386.13 ~~epidemic response fund base is \$300,000 in~~
386.14 ~~fiscal year 2024 and \$300,000 in fiscal year~~
386.15 ~~2025.~~

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

386.17 Sec. 11. **TRANSFER; ELIMINATION OF ACCOUNT.**

386.18 (a) The commissioner of management and budget shall transfer any money in the separate
386.19 account established in the state treasury under Minnesota Statutes, section 16A.151,
386.20 subdivision 2, paragraph (f), to the settlement account in the opiate epidemic response fund
386.21 established under Minnesota Statutes, section 256.043, subdivision 1. Notwithstanding
386.22 section 256.043, subdivision 3a, paragraph (a), money transferred into the account under
386.23 this paragraph shall be appropriated to the commissioner of human services to award as
386.24 grants as specified by the Opiate Epidemic Response Advisory Council in accordance with
386.25 Minnesota Statutes, section 256.043, subdivision 3a, paragraph (d).

386.26 (b) Once the money is transferred as required in paragraph (a), the commissioner of
386.27 management and budget shall eliminate the separate account established under Minnesota
386.28 Statutes, section 16A.151, subdivision 2, paragraph (f).

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

388.1	<u>(g) MinnesotaCare</u>		<u>(86,146,000)</u>	<u>(11,799,000)</u>
388.2	<u>These appropriations are from the health care</u>			
388.3	<u>access fund.</u>			
388.4	<u>(h) Medical Assistance</u>			
388.5	<u>Appropriations by Fund</u>			
388.6	<u>General Fund</u>	<u>(348,364,000)</u>	<u>292,880,000</u>	
388.7	<u>Health Care Access</u>			
388.8	<u>Fund</u>	<u>-0-</u>	<u>-0-</u>	
388.9	<u>(i) Alternative Care Program</u>		<u>-0-</u>	<u>-0-</u>
388.10	<u>(j) Behavioral Health Fund</u>		<u>(11,560,000)</u>	<u>(23,867,000)</u>
388.11	<u>Subd. 3. Technical Activities</u>		<u>-0-</u>	<u>-0-</u>
388.12	<u>These appropriations are from the federal</u>			
388.13	<u>TANF fund.</u>			
388.14	<u>EFFECTIVE DATE.</u> This section is effective the day following final enactment.			

ARTICLE 15

APPROPRIATIONS

Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2021, First Special Session chapter 7, article 16, to the agencies and for the purposes specified in this article. The appropriations are from the general fund or other named fund and are available for the fiscal years indicated for each purpose. The figures "2022" and "2023" used in this article mean that the addition to or subtraction from the appropriation listed under them is available for the fiscal year ending June 30, 2022, or June 30, 2023, respectively. Base adjustments mean the addition to or subtraction from the base level adjustment set in Laws 2021, First Special Session chapter 7, article 16. Supplemental appropriations and reductions to appropriations for the fiscal year ending June 30, 2022, are effective the day following final enactment unless a different effective date is explicit.

APPROPRIATIONS

Available for the Year

389.1			<u>Ending June 30</u>
389.2			<u>2022</u> <u>2023</u>
389.3	<u>Sec. 2. COMMISSIONER OF HUMAN</u>		
389.4	<u>SERVICES</u>		
389.5	<u>Subdivision 1. Total Appropriation</u>	\$	<u>36,333,000</u> \$ <u>308,379,000</u>
389.6	<u>Appropriations by Fund</u>		
389.7		<u>2022</u>	<u>2023</u>
389.8	<u>General</u>	<u>34,397,000</u>	<u>401,851,000</u>
389.9	<u>Health Care Access</u>	<u>1,936,000</u>	<u>(94,030,000)</u>
389.10	<u>Federal TANF</u>	<u>-0-</u>	<u>7,000</u>
389.11	<u>Opiate Epidemic</u>		
389.12	<u>Response</u>	<u>-0-</u>	<u>551,000</u>
389.13	<u>Subd. 2. Central Office; Operations</u>		
389.14	<u>Appropriations by Fund</u>		
389.15	<u>General</u>	<u>397,000</u>	<u>96,197,000</u>
389.16	<u>Health Care Access</u>	<u>-0-</u>	<u>10,029,000</u>
389.17	<u>(a) Background Studies. (1) \$1,779,000 in</u>		
389.18	<u>fiscal year 2023 is to provide a credit to</u>		
389.19	<u>providers who paid for emergency background</u>		
389.20	<u>studies in NETStudy 2.0. This is a onetime</u>		
389.21	<u>appropriation.</u>		
389.22	<u>(2) \$1,851,000 in fiscal year 2023 is to fund</u>		
389.23	<u>the costs of reprocessing emergency studies</u>		
389.24	<u>conducted under interagency agreements. This</u>		
389.25	<u>is a onetime appropriation.</u>		
389.26	<u>(b) Supporting Drug Pricing Litigation</u>		
389.27	<u>Costs. \$228,000 in fiscal year 2022 is for costs</u>		
389.28	<u>to comply with litigation requirements related</u>		
389.29	<u>to pharmaceutical drug price litigation. This</u>		
389.30	<u>is a onetime appropriation.</u>		
389.31	<u>(c) Base Level Adjustment. The general fund</u>		
389.32	<u>base is increased \$11,788,000 in fiscal year</u>		
389.33	<u>2024 and \$9,301,000 in fiscal year 2025. The</u>		
389.34	<u>health care access fund base is increased</u>		

390.1 \$636,000 in fiscal year 2024 and \$2,015,000
390.2 in fiscal year 2025.

390.3 **Subd. 3. Central Office; Children and Families** -0- 21,888,000

390.4 **(a) Foster Care Federal Cash Assistance**
390.5 **Benefits Plan.** \$373,000 in fiscal year 2023
390.6 is for the commissioner to develop the foster
390.7 care federal cash assistance benefits plan. The
390.8 base for this appropriation is \$342,000 in fiscal
390.9 year 2024 and \$127,000 in fiscal year 2025.

390.10 **(b) Commissioner of Education.** \$53,000 in
390.11 fiscal year 2023 is for transfer to the
390.12 commissioner of education for staffing for the
390.13 family and community resources hubs. The
390.14 base for this appropriation is \$61,000 in fiscal
390.15 year 2024 and \$61,000 in fiscal year 2025.

390.16 **(c) Commissioner of Health.** \$53,000 in
390.17 fiscal year 2023 is for transfer to the
390.18 commissioner of health for staffing for the
390.19 family and community resources hubs. The
390.20 base for this appropriation is \$61,000 in fiscal
390.21 year 2024 and \$61,000 in fiscal year 2025.

390.22 **(d) Children's Cabinet.** The base shall
390.23 include \$61,000 in fiscal year 2024 and
390.24 \$61,000 in fiscal year 2025 for staffing at the
390.25 Children's Cabinet at the Department of
390.26 Management and Budget for the family and
390.27 community resources hubs.

390.28 **(e) Base Level Adjustment.** The general fund
390.29 base is increased \$7,782,000 in fiscal year
390.30 2024 and \$7,537,000 in fiscal year 2025.

390.31 **Subd. 4. Central Office; Health Care**

390.32	<u>Appropriations by Fund</u>		
390.33	<u>General</u>	-0-	<u>4,500,000</u>
390.34	<u>Health Care Access</u>	-0-	<u>811,000</u>

- 391.1 **(a) Interactive Voice Response and**
391.2 **Improving Access for Applications and**
391.3 **Forms.** \$1,350,000 in fiscal year 2023 is for
391.4 the improvement of accessibility to Minnesota
391.5 health care programs applications, forms, and
391.6 other consumer support resources and services
391.7 to enrollees with limited English proficiency.
391.8 This is a onetime appropriation.
- 391.9 **(b) Community-Driven Improvements.**
391.10 \$680,000 in fiscal year 2023 is for Minnesota
391.11 health care program enrollee engagement
391.12 activities.
- 391.13 **(c) Responding to COVID-19 in Minnesota**
391.14 **Health Care Programs.** \$1,000,000 in fiscal
391.15 year 2023 is for contract assistance relating to
391.16 the resumption of eligibility and
391.17 redetermination processes in Minnesota health
391.18 care programs after the expiration of the
391.19 federal public health emergency. Contracts
391.20 entered into under this section are for
391.21 emergency acquisition and are not subject to
391.22 solicitation requirements under Minnesota
391.23 Statutes, section 16C.10, subdivision 2. This
391.24 is a onetime appropriation and is available
391.25 until June 30, 2025.
- 391.26 **(d) Initial PACE Implementation Funding.**
391.27 \$270,000 in fiscal year 2023 is from the
391.28 general fund to complete the initial actuarial
391.29 and administrative work necessary to
391.30 recommend a financing mechanism for the
391.31 operation of PACE under Minnesota Statutes,
391.32 section 256B.69, subdivision 23, paragraph
391.33 (e).
- 391.34 **(e) Base Level Adjustment.** The general fund
391.35 base is increased \$3,607,000 in fiscal year

392.1 2024 and \$3,147,000 in fiscal year 2025. The
 392.2 health care access fund base is increased
 392.3 \$2,547,000 in fiscal year 2024 and \$5,715,000
 392.4 in fiscal year 2025.

392.5 **Subd. 5. Central Office; Continuing Care** -0- 177,000

392.6 **(a) Lifesharing Services.** \$57,000 in fiscal
 392.7 year 2023 is for engaging stakeholders and
 392.8 developing recommendations regarding
 392.9 establishing a lifesharing service under the
 392.10 state's medical assistance disability waivers
 392.11 and elderly waiver. The base for this
 392.12 appropriation is \$43,000 in fiscal year 2024.

392.13 **(b) Initial PACE Implementation Funding.**
 392.14 \$120,000 in fiscal year 2023 is to complete
 392.15 the initial actuarial and administrative work
 392.16 necessary to recommend a financing
 392.17 mechanism for the operation of PACE under
 392.18 Minnesota Statutes, section 256B.69,
 392.19 subdivision 23, paragraph (e).

392.20 **(c) Base Level Adjustment.** The general fund
 392.21 base is increased \$43,000 in fiscal year 2024.

392.22 **Subd. 6. Central Office; Community Supports**

392.23	<u>Appropriations by Fund</u>		
392.24	<u>General</u>	-0-	<u>8,531,000</u>
392.25	<u>Opioid Epidemic</u>		
392.26	<u>Response</u>	-0-	<u>551,000</u>

392.27 **(a) SEIU Health Care Arbitration Award.**
 392.28 \$5,444 in fiscal year 2023 is for arbitration
 392.29 awards resulting from a SEIU grievance. This
 392.30 is a onetime appropriation.

392.31 **(b) Lifesharing Services.** \$57,000 in fiscal
 392.32 year 2023 is from the general fund for
 392.33 engaging stakeholders and developing
 392.34 recommendations regarding establishing a

393.1 lifesharing service under the state's medical
 393.2 assistance disability waivers and elderly
 393.3 waiver. The general fund base for this
 393.4 appropriation is \$43,000 in fiscal year 2024.

393.5 **(c) Intermediate Care Facilities for Persons**
 393.6 **with Developmental Disabilities; Rate**
 393.7 **Study.** \$250,000 in fiscal year 2023 is from
 393.8 the general fund for a study of medical
 393.9 assistance rates for intermediate care facilities
 393.10 for persons with developmental disabilities
 393.11 under Minnesota Statutes, sections 256B.5011
 393.12 to 256B.5015. This is a onetime appropriation.

393.13 **(d) Base Level Adjustment.** The general fund
 393.14 base is increased \$9,803,000 in fiscal year
 393.15 2024 and \$8,105,000 in fiscal year 2025.

393.16 **Subd. 7. Forecasted Programs; MFIP/DWP**

393.17	<u>Appropriations by Fund</u>		
393.18	<u>General</u>	<u>-0-</u>	<u>4,000</u>
393.19	<u>Federal TANF</u>	<u>-0-</u>	<u>7,000</u>

393.20	<u>Subd. 8. Forecasted Programs; MFIP Child Care</u>		
393.21	<u>Assistance</u>	<u>-0-</u>	<u>1,000</u>

393.22	<u>Subd. 9. Forecasted Programs; Minnesota</u>		
393.23	<u>Supplemental Aid</u>	<u>-0-</u>	<u>1,000</u>

393.24	<u>Subd. 10. Forecasted Programs; Housing</u>		
393.25	<u>Supports</u>	<u>-0-</u>	<u>2,181,000</u>

393.26 **Subd. 11. Forecasted Programs; MinnesotaCare**

393.27	<u>Appropriations by Fund</u>		
393.28	<u>General</u>	<u>-0-</u>	<u>(17,943,000)</u>
393.29	<u>Health Care Access</u>	<u>-0-</u>	<u>29,066,000</u>

393.30 This appropriation is from the health care
 393.31 access fund.

393.32 **Subd. 12. Forecasted Programs; Medical**
 393.33 **Assistance**

394.1	<u>Appropriations by Fund</u>		
394.2	<u>General</u>	<u>-0-</u>	<u>(56,603,000)</u>
394.3	<u>Health Care Access</u>	<u>-0-</u>	<u>(134,000,000)</u>
394.4	<u>Subd. 13. Forecasted Programs; Alternative</u>		
394.5	<u>Care</u>	<u>-0-</u>	<u>530,000</u>
394.6	<u>Subd. 14. Grant Programs; BSF Child Care</u>		
394.7	<u>Grants</u>	<u>-0-</u>	<u>6,000</u>
394.8	<u>Base Level Adjustment.</u> The general fund		
394.9	<u>base is increased \$29,000 in fiscal year 2024</u>		
394.10	<u>and \$248,000 in fiscal year 2025.</u>		
394.11	<u>Subd. 15. Grant Programs; Child Care</u>		
394.12	<u>Development Grants</u>	<u>-0-</u>	<u>-0-</u>
394.13	<u>Subd. 16. Grant Programs; Children's Services</u>		
394.14	<u>Grants</u>	<u>-0-</u>	<u>9,032,000</u>
394.15	<u>(a) American Indian Child Welfare</u>		
394.16	<u>Initiative; Mille Lacs Band of Ojibwe</u>		
394.17	<u>Planning.</u> \$1,263,000 in fiscal year 2023 is		
394.18	<u>to support activities necessary for the Mille</u>		
394.19	<u>Lacs Band of Ojibwe to join the American</u>		
394.20	<u>Indian child welfare initiative.</u>		
394.21	<u>(b) Expand Parent Support Outreach</u>		
394.22	<u>Program.</u> The base shall include \$7,000,000		
394.23	<u>in fiscal year 2024 and \$7,000,000 in fiscal</u>		
394.24	<u>year 2025 to expand the parent support</u>		
394.25	<u>outreach program to community-based</u>		
394.26	<u>agencies, public health agencies, and schools</u>		
394.27	<u>to prevent reporting of and entry into the child</u>		
394.28	<u>welfare system.</u>		
394.29	<u>(c) Thriving Families Safer Children.</u> The		
394.30	<u>base shall include \$30,000 in fiscal year 2024</u>		
394.31	<u>to plan for an education attendance support</u>		
394.32	<u>diversionary program to prevent entry into the</u>		
394.33	<u>child welfare system. The commissioner shall</u>		
394.34	<u>report back to the legislative committees that</u>		
394.35	<u>oversee child welfare by January 1, 2025, on</u>		

395.1 the plan for this program. This is a onetime
395.2 appropriation.

395.3 **(d) Family Group Decision Making.** The
395.4 base shall include \$5,000,000 in fiscal year
395.5 2024 and \$5,000,000 in fiscal year 2025 to
395.6 expand the use of family group decision
395.7 making to provide opportunity for family
395.8 voices concerning critical decisions in child
395.9 safety and prevent entry into the child welfare
395.10 system.

395.11 **(e) Child Welfare Promising Practices.** The
395.12 base shall include \$5,000,000 in fiscal year
395.13 2024 and \$5,000,000 in fiscal year 2025 to
395.14 develop promising practices for prevention of
395.15 out-of-home placement of children and youth.

395.16 **(f) Family Assessment Response.** The base
395.17 shall include \$23,550,000 in fiscal year 2024
395.18 and \$23,550,000 in fiscal year 2025 to support
395.19 counties and Tribes that are members of the
395.20 American Indian child welfare initiative in
395.21 providing case management services and
395.22 support for families being served under family
395.23 assessment response, and prevent entry into
395.24 the child welfare system.

395.25 **(g) Extend Support for Youth Leaving**
395.26 **Foster Care.** \$600,000 in fiscal year 2023 is
395.27 to extend financial supports for young adults
395.28 aging out of foster care to age 22.

395.29 **(h) Grants to Counties for Child Protection**
395.30 **Staff.** \$1,000,000 in fiscal year 2023 is to
395.31 provide grants to counties and American
395.32 Indian child welfare initiative Tribes to be
395.33 used to reduce extended foster care caseload
395.34 sizes to ten cases per worker.

396.1 **(i) Statewide Pool of Qualified Individuals.**
396.2 \$1,177,400 in fiscal year 2023 is for grants to
396.3 one or more grantees to establish and manage
396.4 a pool of state-funded qualified individuals to
396.5 assess potential out-of-home placement of a
396.6 child in a qualified residential treatment
396.7 program. Up to \$200,000 of the grants each
396.8 fiscal year is available for grantee contracts to
396.9 manage the state-funded pool of qualified
396.10 individuals. This amount shall also pay for
396.11 qualified individual training, certification, and
396.12 background studies. Remaining grant money
396.13 shall be used until expended to provide
396.14 qualified individual services to counties and
396.15 Tribes that have joined the American Indian
396.16 child welfare initiative pursuant to Minnesota
396.17 Statutes, section 256.01, subdivision 14b, to
396.18 provide qualified residential treatment
396.19 program assessments at no cost to the county
396.20 or Tribal agency.

396.21 **(j) Quality Parenting Initiative Grant.**
396.22 \$100,000 in fiscal year 2023 is for a grant to
396.23 the Quality Parenting Initiative Minnesota, to
396.24 implement Quality Parenting Initiative
396.25 principles and practices and support children
396.26 and families experiencing foster care
396.27 placements. The grantee shall use grant funds
396.28 to provide training and technical assistance to
396.29 county and Tribal agencies, community-based
396.30 agencies, and other stakeholders, on
396.31 conducting initial foster care phone calls under
396.32 Minnesota Statutes, section 260C.219,
396.33 subdivision 6; supporting practices that create
396.34 birth family to foster family partnerships; and
396.35 informing child welfare practices by
396.36 supporting youth leadership and the

397.1 participation of individuals with experience
397.2 in the foster care system. Upon request, the
397.3 commissioner shall make information
397.4 regarding the use of this grant funding
397.5 available to the chairs and ranking minority
397.6 members of the legislative committees with
397.7 jurisdiction over human services. This is a
397.8 onetime appropriation.

397.9 **(k) Costs of Foster Care or Care,**
397.10 **Examination, or Treatment. \$5,000,000 in**
397.11 **fiscal year 2023 is for grants to counties and**
397.12 **Tribes, to reimburse counties and Tribes for**
397.13 **the costs of foster care or care, examination,**
397.14 **or treatment that would previously have been**
397.15 **paid by the parents or custodians of a child in**
397.16 **foster care using parental income and**
397.17 **resources, child support payments, or income**
397.18 **and resources attributable to a child under**
397.19 **Minnesota Statutes, sections 242.19, 256N.26,**
397.20 **260B.331, and 260C.331. Counties and Tribes**
397.21 **must apply for grant funds in a form**
397.22 **prescribed by the commissioner, and must**
397.23 **provide the information and data necessary to**
397.24 **calculate grant fund allocations accurately and**
397.25 **equitably, as required by the commissioner.**

397.26 **(l) Grants to Counties; Foster Care Federal**
397.27 **Cash Assistance Benefits Plan. \$50,000 in**
397.28 **fiscal year 2023 is for the commissioner to**
397.29 **provide grants to counties, to assist counties**
397.30 **with gathering and reporting the county data**
397.31 **required for the commissioner to develop the**
397.32 **foster care federal cash assistance benefits**
397.33 **plan.**

398.1 (m) Base Level Adjustment. The general fund
 398.2 base is increased \$52,440,000 in fiscal year
 398.3 2024 and \$49,769,000 in fiscal year 2025.

398.4 Subd. 17. Grant Programs; Children and
 398.5 Community Service Grants -0- -0-

398.6 Base Level Adjustment. The opiate epidemic
 398.7 response base is increased \$100,000 in fiscal
 398.8 year 2025.

398.9 Subd. 18. Grant Programs; Children and
 398.10 Economic Support Grants 14,000,000 144,386,000

398.11 (a) Family and Community Resource Hubs.
 398.12 \$2,550,000 in fiscal year 2023 is to implement
 398.13 a sustainable family and community resource
 398.14 hub model through the community action
 398.15 agencies under Minnesota Statutes, section
 398.16 256E.31, and federally recognized Tribes. The
 398.17 community resource hubs must offer
 398.18 navigation to several supports and services,
 398.19 including but not limited to basic needs and
 398.20 economic assistance, disability services,
 398.21 healthy development and screening,
 398.22 developmental and behavioral concerns,
 398.23 family well-being and mental health, early
 398.24 learning and child care, dental care, legal
 398.25 services, and culturally specific services for
 398.26 American Indian families.

398.27 (b) Tribal Food Sovereignty Infrastructure
 398.28 Grants. \$4,000,000 in fiscal year 2023 is for
 398.29 capital and infrastructure development to
 398.30 support food system changes and provide
 398.31 equitable access to existing and new methods
 398.32 of food support for American Indian
 398.33 communities, including federally recognized
 398.34 Tribes and American Indian nonprofit

399.1 organizations. This is a onetime appropriation
399.2 and is available until June 30, 2025.

399.3 **(c) Tribal Food Security.** \$2,836,000 in fiscal
399.4 year 2023 is to promote food security for
399.5 American Indian communities, including
399.6 federally recognized Tribes and American
399.7 Indian nonprofit organizations. This includes
399.8 hiring staff, providing culturally relevant
399.9 training for building food access, purchasing
399.10 technical assistance materials and supplies,
399.11 and planning for sustainable food systems.

399.12 **(d) Capital for Emergency Food**
399.13 **Distribution Facilities.** \$14,931,000 in fiscal
399.14 year 2023 is for improving and expanding the
399.15 infrastructure of food shelf facilities across
399.16 the state, including adding freezer or cooler
399.17 space and dry storage space, improving the
399.18 safety and sanitation of existing food shelves,
399.19 and addressing deferred maintenance or other
399.20 facility needs of existing food shelves. Grant
399.21 money shall be made available to nonprofit
399.22 organizations, federally recognized Tribes,
399.23 and local units of government. This is a
399.24 onetime appropriation and is available until
399.25 June 30, 2025.

399.26 **(e) Food Support Grants.** \$5,000,000 in
399.27 fiscal year 2023 is to provide additional
399.28 resources to a diverse food support network
399.29 that includes food shelves, food banks, and
399.30 meal and food outreach programs. Grant
399.31 money shall be made available to nonprofit
399.32 organizations, federally recognized Tribes,
399.33 and local units of government.

400.1 (f) **Transitional Housing.** \$2,500,000 in fiscal
400.2 year 2023 is for transitional housing programs
400.3 under Minnesota Statutes, section 256E.33.

400.4 (g) **Shelter-Linked Youth Mental Health**
400.5 **Grants.** \$1,650,000 in fiscal year 2023 is for
400.6 shelter-linked youth mental health grants under
400.7 Minnesota Statutes, section 256K.46.

400.8 (h) **Emergency Services Grants.** \$35,000,000
400.9 in fiscal year 2023 is for emergency services
400.10 under Minnesota Statutes, section 256E.36.
400.11 The base for this appropriation is \$25,000,000
400.12 in fiscal year 2024 and \$25,000,000 in fiscal
400.13 year 2025. Grant allocation balances in the
400.14 first year do not cancel but are available in the
400.15 second year.

400.16 (i) **Homeless Youth Act.** \$10,000,000 in fiscal
400.17 year 2023 is for homeless youth act grants
400.18 under Minnesota Statutes, section 256K.45,
400.19 subdivision 1. Grant allocation balances in the
400.20 first year do not cancel but are available in the
400.21 second year.

400.22 (j) **Pregnant and Parenting Homeless Youth**
400.23 **Study.** \$300,000 in fiscal year 2023 is to fund
400.24 a study of the prevalence of pregnancy and
400.25 parenting among homeless youths and youths
400.26 who are at risk of homelessness. This is a
400.27 onetime appropriation and is available until
400.28 June 30, 2024.

400.29 (k) **Safe Harbor Grants.** \$5,500,000 in fiscal
400.30 year 2023 is for safe harbor grants to fund
400.31 street outreach, emergency shelter, and
400.32 transitional and long-term housing beds for
400.33 sexually exploited youth and youth at risk of
400.34 exploitation.

401.1 (l) **Emergency Shelter Facilities.** \$75,000,000
401.2 in fiscal year 2023 is for grants to eligible
401.3 applicants for the acquisition of property, site
401.4 preparation, including demolition, predesign,
401.5 design, construction, renovation, furnishing,
401.6 and equipping of emergency shelter facilities
401.7 in accordance with emergency shelter facilities
401.8 project criteria in this act. This is a onetime
401.9 appropriation and is available until June 30,
401.10 2025.

401.11 (m) **Heading Home Ramsey Continuum of**
401.12 **Care.** (1) \$8,000,000 in fiscal year 2022 is for
401.13 a grant to fund and support Heading Home
401.14 Ramsey Continuum of Care. This is a onetime
401.15 appropriation. The grant shall be used for:

401.16 (i) maintaining funding for a 100-bed family
401.17 shelter that had been funded by CARES Act
401.18 money;

401.19 (ii) maintaining funding for an existing
401.20 100-bed single room occupancy shelter and
401.21 developing a replacement single-room
401.22 occupancy shelter for housing up to 100 single
401.23 adults; and

401.24 (iii) maintaining current day shelter
401.25 programming that had been funded with
401.26 CARES Act money and developing a
401.27 replacement for current day shelter facilities.

401.28 (2) Ramsey County may use up to ten percent
401.29 of this appropriation for administrative
401.30 expenses. The commissioner shall make
401.31 available the grant funds under this section by
401.32 May 1, 2022. This appropriation is available
401.33 until June 30, 2025.

402.1 **(n) Hennepin County Funding for Serving**
402.2 **Homeless Persons.** (1) \$6,000,000 in fiscal
402.3 year 2022 is for a grant to fund and support
402.4 Hennepin County shelters and services for
402.5 persons experiencing homelessness. This is a
402.6 onetime appropriation. Of this appropriation:
402.7 (i) up to \$4,000,000 in matching grant funding
402.8 is to design, construct, equip, and furnish
402.9 Simpson Housing Services shelter facility in
402.10 the city of Minneapolis; and
402.11 (ii) up to \$2,000,000 is to maintain current
402.12 shelter and homeless response programming
402.13 that had been funded with federal funding
402.14 from the CARES Act of the American Rescue
402.15 Plan Act, including:
402.16 (A) shelter operations and services to maintain
402.17 services at Avivo Village, including a shelter
402.18 comprised of 100 private dwellings and the
402.19 American Indian Community Development
402.20 Corporation Homeward Bound 50-bed shelter;
402.21 (B) shelter operations and services to maintain
402.22 shelter services 24 hours per day, seven days
402.23 per week;
402.24 (C) housing-focused case management; and
402.25 (D) shelter diversion services.
402.26 (2) Hennepin County may contract with
402.27 eligible nonprofit organizations and local and
402.28 Tribal governmental units to provide services
402.29 under the grant program. This appropriation
402.30 is available until June 30, 2025.
402.31 **(o) Chosen Family Hosting to Prevent**
402.32 **Youth Homelessness Pilot Program.**
402.33 \$1,000,000 in fiscal year 2023 is for the

403.1 chosen family hosting to prevent youth
403.2 homelessness pilot program to provide funds
403.3 to providers serving homeless youth. Of this
403.4 amount, \$218,000 is for a contract with a
403.5 technical assistance provider to: (1) provide
403.6 technical assistance to funding recipients; (2)
403.7 facilitate a monthly learning cohort for funding
403.8 recipients; (3) evaluate the efficacy and
403.9 cost-effectiveness of the pilot program; and
403.10 (4) submit annual updates and a final report
403.11 to the commissioner. This is a onetime
403.12 appropriation and is available until June 30,
403.13 2027.

403.14 (p) **Minnesota Association for Volunteer**
403.15 **Administration.** \$1,000,000 in fiscal year
403.16 2023 is for a grant to the Minnesota
403.17 Association for Volunteer Administration to
403.18 administer needs-based volunteerism subgrants
403.19 targeting underresourced nonprofit
403.20 organizations in greater Minnesota to support
403.21 selected organizations' ongoing efforts to
403.22 address and minimize disparities in access to
403.23 human services through increased
403.24 volunteerism. Successful subgrant applicants
403.25 must demonstrate that the populations to be
403.26 served by the subgrantee are considered
403.27 underserved or suffer from or are at risk of
403.28 homelessness, hunger, poverty, lack of access
403.29 to health care, or deficits in education. The
403.30 Minnesota Association for Volunteer
403.31 Administration must give priority to
403.32 organizations that are serving the needs of
403.33 vulnerable populations. By December 15,
403.34 2023, the Minnesota Association for Volunteer
403.35 Administration must report data on outcomes
403.36 from the subgrants and recommendations for

404.1 improving and sustaining volunteer efforts
 404.2 statewide to the chairs and ranking minority
 404.3 members of the legislative committees and
 404.4 divisions with jurisdiction over human
 404.5 services. This is a onetime appropriation and
 404.6 is available until June 30, 2024.

404.7 (q) **Base Level Adjustment.** The general fund
 404.8 base is increased \$61,559,000 in fiscal year
 404.9 2024 and \$65,209,000 in fiscal year 2025.

404.10 **Subd. 19. Grant Programs; Health Care Grants**

404.11	<u>Appropriations by Fund</u>	
404.12	<u>2022</u>	<u>2023</u>
404.13	<u>General Fund</u>	<u>-0-</u> <u>2,500,000</u>
404.14	<u>Health Care Access</u>	<u>1,936,000</u> <u>64,000</u>

404.15 (a) **Grant Funding to Support Urban**
 404.16 **American Indians in Minnesota Health**
 404.17 **Care Programs.** \$2,500,000 in fiscal year
 404.18 2023 is from the general fund for funding to
 404.19 the Indian Health Board of Minneapolis to
 404.20 support continued access to health care
 404.21 coverage through Minnesota health care
 404.22 programs, improve access to quality care, and
 404.23 increase vaccination rates among urban
 404.24 American Indians.

404.25 (b) **Grants for Navigator Organizations.** (1)
 404.26 \$1,936,000 in fiscal year 2022 is from the
 404.27 health care access fund for grants to
 404.28 organizations with a MNsure grant services
 404.29 navigator assister contract in good standing
 404.30 as of June 30, 2022. The grants to each
 404.31 organization must be in proportion to the
 404.32 number of medical assistance and
 404.33 MinnesotaCare enrollees each organization
 404.34 assisted that resulted in a successful
 404.35 enrollment in the second quarter of fiscal year

405.1 2020, as determined by MNsure's navigator
 405.2 payment process. This is a onetime
 405.3 appropriation and is available until June 30,
 405.4 2025. (2) \$64,000 in fiscal year 2023 is from
 405.5 the health care access fund for incentive
 405.6 payments as defined in Minnesota Statutes,
 405.7 section 256.962, subdivision 5. This
 405.8 appropriation is available until June 30, 2025.
 405.9 The general fund base for this appropriation
 405.10 is \$1,000,000 in fiscal year 2024 and \$0 in
 405.11 fiscal year 2025.

405.12 (c) **Base Level Adjustment.** The general fund
 405.13 base is increased \$3,750,000 in fiscal year
 405.14 2024 and \$1,250,000 in fiscal year 2025. The
 405.15 health care access fund base is increased
 405.16 \$1,000,000 in fiscal year 2024, and \$0 in fiscal
 405.17 year 2025.

405.18 Subd. 20. **Grant Programs; Other Long-Term**
 405.19 **Care Grants**

-0-

119,336,000

405.20 (a) **Workforce Incentive Fund Grant**
 405.21 **Program.** \$118,000,000 in fiscal year 2023
 405.22 is to assist disability, housing, substance use,
 405.23 and older adult service providers of public
 405.24 programs to pay for incentive benefits to
 405.25 current and new workers. This is a onetime
 405.26 appropriation and is available until June 30,
 405.27 2025. Three percent of the total amount of the
 405.28 appropriation may be used to administer the
 405.29 program, which could include contracting with
 405.30 a third-party administrator.

405.31 (b) **Supported Decision Making.** \$600,000
 405.32 in fiscal year 2023 is for a grant to Volunteers
 405.33 for America for the Centers for Excellence in
 405.34 Supported Decision Making to assist older
 405.35 adults and people with disabilities in avoiding

406.1 unnecessary guardianships through using less
406.2 restrictive alternatives, such as supported
406.3 decision making. The base for this
406.4 appropriation is \$600,000 in fiscal year 2024,
406.5 \$600,000 in fiscal year 2025, and \$0 in fiscal
406.6 year 2026.

406.7 **(c) Support Coordination Training.**
406.8 \$736,000 in fiscal year 2023 is to develop and
406.9 implement a curriculum and training plan for
406.10 case managers to ensure all case managers
406.11 have the knowledge and skills necessary to
406.12 fulfill support planning and coordination
406.13 responsibilities for people who use home and
406.14 community-based disability services waivers
406.15 authorized under Minnesota Statutes, sections
406.16 256B.0913, 256B.092, and 256B.49, and
406.17 chapter 256S, and live in own-home settings.
406.18 Case manager support planning and
406.19 coordination responsibilities to be addressed
406.20 in the training include developing a plan with
406.21 the participant and their family to address
406.22 urgent staffing changes or unavailability and
406.23 other support coordination issues that may
406.24 arise for a participant. The commissioner shall
406.25 work with lead agencies, advocacy
406.26 organizations, and other stakeholders to
406.27 develop the training. An initial support
406.28 coordination training and competency
406.29 evaluation must be completed by all staff
406.30 responsible for case management, and the
406.31 support coordination training and competency
406.32 evaluation must be available to all staff
406.33 responsible for case management following
406.34 the initial training. The base for this
406.35 appropriation is \$377,000 in fiscal year 2024,

407.1 \$377,000 in fiscal year 2025, and \$0 in fiscal
 407.2 year 2026.

407.3 (d) Base Level Adjustment. The general fund
 407.4 base is increased \$977,000 in fiscal year 2024
 407.5 and \$977,000 in fiscal year 2025.

407.6 Subd. 21. Grant Programs; Disabilities Grants -0- 8,950,000

407.7 (a) Electronic Visit Verification (EVV)

407.8 Stipends. \$6,440,000 in fiscal year 2023 is
 407.9 for onetime stipends of \$200 to bargaining
 407.10 members to offset the potential costs related
 407.11 to people using individual devices to access
 407.12 EVV. \$5,600,000 of the appropriation is for
 407.13 stipends and the remaining 15 percent is for
 407.14 administration of these stipends. This is a
 407.15 onetime appropriation.

407.16 (b) Self-Directed Collective Bargaining

407.17 Agreement; Temporary Rate Increase

407.18 Memorandum of Understanding. \$1,610,000
 407.19 in fiscal year 2023 is for onetime stipends for
 407.20 individual providers covered by the SEIU
 407.21 collective bargaining agreement based on the
 407.22 memorandum of understanding related to the
 407.23 temporary rate increase in effect between
 407.24 December 1, 2020, and February 7, 2021.
 407.25 \$1,400,000 of the appropriation is for stipends
 407.26 and the remaining 15 percent is for
 407.27 administration of the stipends. This is a
 407.28 onetime appropriation.

407.29 (c) Service Employees International Union

407.30 Memorandums. The memorandums of
 407.31 understanding submitted by the commissioner
 407.32 of management and budget to the Legislative
 407.33 Coordinating Commission Subcommittee on

408.1 Employee Relations on March 17, 2022, are
408.2 ratified.

408.3 **(d) Direct Care Service Corps Pilot Project.**
408.4 \$500,000 in fiscal year 2023 is for a grant to
408.5 HealthForce Minnesota at Winona State
408.6 University for purposes of the direct care
408.7 service corps pilot project in this act. Up to
408.8 \$25,000 may be used by HealthForce
408.9 Minnesota for administrative costs. This is a
408.10 onetime appropriation.

408.11 **(e) Task Force on Disability Services**
408.12 **Accessibility.** \$250,000 in fiscal year 2023 is
408.13 for the Task Force on Disability Services
408.14 Accessibility. Of this amount, \$..... must be
408.15 used to provide pilot project grants. This is a
408.16 onetime appropriation and is available until
408.17 March 31, 2026.

408.18 **(f) Base Level Adjustment.** The general fund
408.19 base is increased \$805,000 in fiscal year 2024
408.20 and \$2,420,000 in fiscal year 2025.

408.21 **Subd. 22. Grant Programs; Adult Mental Health**
408.22 **Grants**

20,000,000

33,280,000

408.23 **(a) Inpatient Psychiatric and Psychiatric**
408.24 **Residential Treatment Facilities.**
408.25 \$10,000,000 in fiscal year 2023 is for
408.26 competitive grants to hospitals or mental
408.27 health providers to retain, build, or expand
408.28 children's inpatient psychiatric beds for
408.29 children in need of acute high-level psychiatric
408.30 care or psychiatric residential treatment facility
408.31 beds as described in Minnesota Statutes,
408.32 section 256B.0941. In order to be eligible for
408.33 a grant, a hospital or mental health provider
408.34 must serve individuals covered by medical

409.1 assistance under Minnesota Statutes, section
409.2 256B.0625.

409.3 **(b) Expanding Support for Psychiatric**
409.4 **Residential Treatment Facilities. \$800,000**
409.5 in fiscal year 2023 is for start-up grants to
409.6 psychiatric residential treatment facilities as
409.7 described in Minnesota Statutes, section
409.8 256B.0941. Grantees can use grant money for
409.9 emergency workforce shortage uses.
409.10 Allowable grant uses related to emergency
409.11 workforce shortages may include but are not
409.12 limited to hiring and retention bonuses,
409.13 recruitment of a culturally responsive
409.14 workforce, and allowing providers to increase
409.15 the hourly rate in order to be competitive in
409.16 the market.

409.17 **(c) Workforce Incentive Fund Grant**
409.18 **Program. \$20,000,000 in fiscal year 2022 is**
409.19 **to provide mental health public program**
409.20 **providers the ability to pay for incentive**
409.21 **benefits to current and new workers. This is**
409.22 **a onetime appropriation and is available until**
409.23 **June 30, 2025. Three percent of the total**
409.24 **amount of the appropriation may be used to**
409.25 **administer the program, which may include**
409.26 **contracting with a third-party administrator.**

409.27 **(d) Cultural and Ethnic Infrastructure**
409.28 **Grant Funding. \$10,000,000 in fiscal year**
409.29 **2023 is for increasing cultural and ethnic**
409.30 **infrastructure grant funding under Minnesota**
409.31 **Statutes, section 245.4903. The base for this**
409.32 **appropriation is \$5,000,000 in fiscal year 2024**
409.33 **and \$5,000,000 in fiscal year 2025.**

409.34 **(e) Mental Health Provider Grants to Rural**
409.35 **and Underserved Communities. \$5,000,000**

410.1 in fiscal year 2023 is for a grant program to
 410.2 recruit mental health providers in rural areas
 410.3 and underserved communities. This money
 410.4 may be used for reimbursement of supervision
 410.5 costs of interns and clinical trainees,
 410.6 reimbursing staff for master's degree tuition
 410.7 costs in mental health fields, and licensing and
 410.8 exam fees.

410.9 **(f) Culturally Specific Grants. \$2,000,000**
 410.10 in fiscal year 2023 is for grants for small to
 410.11 midsize nonprofit organizations who represent
 410.12 and support American Indian, Indigenous, and
 410.13 other communities disproportionately affected
 410.14 by the opiate crisis. These grants utilize
 410.15 traditional healing practices and other
 410.16 culturally congruent and relevant supports to
 410.17 prevent and curb opiate use disorders through
 410.18 housing, treatment, education, aftercare, and
 410.19 other activities as determined by the
 410.20 commissioner. The base for this appropriation
 410.21 is \$2,000,000 in fiscal year 2024 and \$0 in
 410.22 fiscal year 2025.

410.23 **(g) African American Community Mental**
 410.24 **Health Center Grant. \$1,000,000 in fiscal**
 410.25 year 2023 is for a grant to an African
 410.26 American mental health service provider that
 410.27 is a licensed community mental health center
 410.28 specializing in services for African American
 410.29 children and families. The center must offer
 410.30 culturally specific, comprehensive,
 410.31 trauma-informed, practice- and
 410.32 evidence-based, person- and family-centered
 410.33 mental health and substance use disorder
 410.34 services; supervision and training; and care
 410.35 coordination to all ages, regardless of ability

411.1 to pay or place of residence. Upon request, the
 411.2 commissioner shall make information
 411.3 regarding the use of this grant funding
 411.4 available to the chairs and ranking minority
 411.5 members of the committees with jurisdiction
 411.6 over human services. This is a onetime
 411.7 appropriation.

411.8 **(h) Behavioral Health Peer Training.**
 411.9 \$1,000,000 in fiscal year 2023 is for training
 411.10 and development for mental health certified
 411.11 peer specialists, mental health certified family
 411.12 peer specialists, and recovery peer specialists.
 411.13 Training and development may include but is
 411.14 not limited to initial training and certification.

411.15 **(i) Intensive Residential Treatment Services**
 411.16 **Locked Facilities.** \$2,796,000 in fiscal year
 411.17 2023 is for start-up funds to intensive
 411.18 residential treatment service providers to
 411.19 provide treatment in locked facilities for
 411.20 patients who have been transferred from a jail
 411.21 or who have been deemed incompetent to
 411.22 stand trial and a judge has determined that the
 411.23 patient needs to be in a secure facility. This is
 411.24 a onetime appropriation.

411.25 **(j) Base Level Adjustment.** The general fund
 411.26 base is increased \$32,092,000 in fiscal year
 411.27 2024 and \$39,216,000 in fiscal year 2025. The
 411.28 opiate epidemic response base is increased
 411.29 \$2,000,000 in fiscal year 2025.

411.30 **Subd. 23. Grant Programs; Child Mental Health**
 411.31 **Grants**

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16,396,000

411.32 **(a) First Episode of Psychosis Grants.**
 411.33 \$300,000 in fiscal year 2023 is for first
 411.34 episode of psychosis grants under Minnesota
 411.35 Statutes, section 245.4905.

412.1 **(b) Children's Residential Treatment**412.2 **Services Emergency Funding. \$2,500,000**412.3 in fiscal year 2023 is from the general fund to412.4 provide licensed children's residential412.5 treatment facilities with emergency funding412.6 for staff overtime, one-to-one staffing as412.7 needed, staff recruitment and retention, and412.8 training and related costs to maintain quality412.9 staff. Up to \$500,000 of this appropriation412.10 may be allocated to support group home412.11 organizations supporting children transitioning412.12 to lower levels of care. This is a onetime412.13 appropriation.412.14 **(c) Children's Residential Facility Crisis**412.15 **Stabilization. \$3,000,000 in fiscal year 2023**412.16 is for implementing children's residential412.17 facility crisis stabilization services licensing412.18 requirements and reimbursing county costs412.19 for children's residential crisis stabilization412.20 services as required under Minnesota Statutes,412.21 section 245.4882, subdivision 6.412.22 **(d) Base Level Adjustment. The general fund**412.23 base is increased \$16,100,000 in fiscal year412.24 2024 and \$1,100,000 in fiscal year 2025.412.25 **Subd. 24. Grant Programs; Chemical**412.26 **Dependency Treatment Support Grants**

-0-

2,000,000412.27 **(a) Emerging Mood Disorder Grant**412.28 **Program. \$1,000,000 in fiscal year 2023 is**412.29 for emerging mood disorder grants under412.30 Minnesota Statutes, section 245.4904.412.31 Grantees must use grant money as required in412.32 Minnesota Statutes, section 245.4904,412.33 subdivision 2.412.34 **(b) Substance Use Disorder Treatment and**412.35 **Prevention Grants. The base shall include**

413.1 \$4,000,000 in fiscal year 2024 and \$4,000,000
 413.2 in fiscal year 2025 for substance use disorder
 413.3 treatment and prevention grants recommended
 413.4 by the substance use disorder advisory council.

413.5 **(c) Traditional Healing Grants.** The base
 413.6 shall include \$2,000,000 in fiscal year 2025
 413.7 to extend the traditional healing grant funding
 413.8 appropriated in Laws 2019, chapter 63, article
 413.9 3, section 1, paragraph (h), from the opiate
 413.10 epidemic response account to the
 413.11 commissioner of human services. This funding
 413.12 is awarded to all Tribal nations and to five
 413.13 urban Indian communities for traditional
 413.14 healing practices to American Indians and to
 413.15 increase the capacity of culturally specific
 413.16 providers in the behavioral health workforce.

413.17 **(d) Base Level Adjustment.** The general fund
 413.18 base is increased \$2,000,000 in fiscal year
 413.19 2024 and \$2,000,000 in fiscal year 2025.

413.20 <u>Subd. 25. Direct Care and Treatment -</u>		
413.21 <u>Operations</u>	<u>-0-</u>	<u>6,501,000</u>

413.22 **Base Level Adjustment.** The general fund
 413.23 base is increased \$5,267,000 in fiscal year
 413.24 2024 and \$0 in fiscal year 2025.

413.25 <u>Subd. 26. Technical Activities</u>	<u>-0-</u>	<u>-0-</u>
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413.26 **(a) Transfers; Child Care and Development**
 413.27 **Fund.** For fiscal years 2024 and 2025, the base
 413.28 shall include a transfer of \$23,500,000 in fiscal
 413.29 year 2024 and \$23,500,000 in fiscal year 2025
 413.30 from the TANF fund to the child care and
 413.31 development fund. These are onetime
 413.32 transfers.

413.33 **(b) Base Level Adjustment.** The TANF base
 413.34 is increased \$23,500,000 in fiscal year 2024,

415.1 under Minnesota Statutes, section 145.9282.
415.2 Of this appropriation, \$462,000 is for
415.3 administration and \$1,000,000 is for grants.
415.4 The general fund base for this appropriation
415.5 is \$1,097,000 in fiscal year 2024, of which
415.6 \$337,000 is for administration and \$760,000
415.7 is for grants, and \$1,098,000 in fiscal year
415.8 2025, of which \$338,000 is for administration
415.9 and \$760,000 is for grants.

415.10 **(d) Community Solutions for Healthy Child**
415.11 **Development.** \$10,000,000 in fiscal year 2023
415.12 is from the general fund for the community
415.13 solutions for healthy child development grant
415.14 program under Minnesota Statutes, section
415.15 145.9271. Of this appropriation, \$1,250,000
415.16 is for administration and \$8,750,000 is for
415.17 grants. The general fund base appropriation
415.18 is \$10,000,000 in fiscal year 2024 and
415.19 \$10,000,000 in fiscal year 2025, of which
415.20 \$1,250,000 is for administration and
415.21 \$8,750,000 is for grants in each fiscal year.

415.22 **(e) Disability as a Health Equity Issue.**
415.23 \$1,575,000 in fiscal year 2023 is from the
415.24 general fund to reduce disability-related health
415.25 disparities through collaboration and
415.26 coordination between state and community
415.27 partners under Minnesota Statutes, section
415.28 145.9283. Of this appropriation, \$1,130,000
415.29 is for administration and \$445,000 is for
415.30 grants. The general fund base for this
415.31 appropriation is \$1,585,000 in fiscal year 2024
415.32 and \$1,585,000 in fiscal year 2025, of which
415.33 \$1,140,000 is for administration and \$445,000
415.34 is for grants.

416.1 **(f) Drug Overdose and Substance Abuse**
416.2 **Prevention.** \$5,042,000 in fiscal year 2023 is
416.3 from the general fund for a public health
416.4 prevention approach to drug overdose and
416.5 substance use disorder in Minnesota Statutes,
416.6 section 144.8611. Of this appropriation,
416.7 \$921,000 is for administration and \$4,121,000
416.8 is for grants.

416.9 **(g) Healthy Beginnings, Healthy Families.**
416.10 \$11,700,000 in fiscal year 2023 is from the
416.11 general fund for Healthy Beginnings, Healthy
416.12 Families services under Minnesota Statutes,
416.13 section 145.987. The general fund base for
416.14 this appropriation is \$11,818,000 in fiscal year
416.15 2024 and \$11,763,000 in fiscal year 2025. Of
416.16 this appropriation:

416.17 (1) \$7,510,000 in fiscal year 2023 is for the
416.18 Minnesota Collaborative to Prevent Infant
416.19 Mortality under Minnesota Statutes, section
416.20 145.987, subdivisions 2, 3, and 4, of which
416.21 \$1,535,000 is for administration and
416.22 \$5,975,000 is for grants. The general fund base
416.23 for this appropriation is \$7,501,000 in fiscal
416.24 year 2024, of which \$1,526,000 is for
416.25 administration and \$5,975,000 is for grants,
416.26 and \$7,501,000 in fiscal year 2025, of which
416.27 \$1,526,000 is for administration and
416.28 \$5,975,000 is for grants.

416.29 (2) \$340,000 in fiscal year 2023 is for Help
416.30 Me Connect under Minnesota Statutes, section
416.31 145.987, subdivisions 5 and 6. The general
416.32 fund base for this appropriation is \$663,000
416.33 in fiscal year 2024 and \$663,000 in fiscal year
416.34 2025.

417.1 (3) \$1,940,000 in fiscal year 2023 is for
417.2 voluntary developmental and social-emotional
417.3 screening and follow-up under Minnesota
417.4 Statutes, section 145.987, subdivisions 7 and
417.5 8, of which \$1,190,000 is for administration
417.6 and \$750,000 is for grants. The general fund
417.7 base for this appropriation is \$1,764,000 in
417.8 fiscal year 2024, of which \$1,014,000 is for
417.9 administration and \$750,000 is for grants, and
417.10 \$1,764,000 in fiscal year 2025, of which
417.11 \$1,014,000 is for administration and \$750,000
417.12 is for grants.

417.13 (4) \$1,910,000 in fiscal year 2023 is for model
417.14 jail practices for incarcerated parents under
417.15 Minnesota Statutes, section 145.987,
417.16 subdivisions 9, 10, and 11, of which \$485,000
417.17 is for administration and \$1,425,000 is for
417.18 grants. The general fund base for this
417.19 appropriation is \$1,890,000 in fiscal year
417.20 2024, of which \$465,000 is for administration
417.21 and \$1,425,000 is for grants, and \$1,835,000
417.22 in fiscal year 2025, of which \$410,000 is for
417.23 administration and \$1,425,000 is for grants.

417.24 (h) **Home Visiting.** \$62,386,000 in fiscal year
417.25 2023 is from the general fund for universal,
417.26 voluntary home visiting services under
417.27 Minnesota Statutes, section 145.871. Of this
417.28 appropriation, ten percent is for administration
417.29 and 90 percent is for implementation grants
417.30 of home visiting services to families. The
417.31 general fund base for this appropriation is
417.32 \$63,386,000 in fiscal year 2024 and
417.33 \$63,386,000 in fiscal year 2025.

417.34 (i) **Long COVID.** \$2,669,000 in fiscal year
417.35 2023 is from the general fund for a public

418.1 health approach to supporting long COVID
 418.2 survivors under Minnesota Statutes, section
 418.3 145.361. Of this appropriation, \$2,119,000 is
 418.4 for administration and \$550,000 is for grants.
 418.5 The base for this appropriation is \$3,706,000
 418.6 in fiscal year 2024 and \$3,706,000 in fiscal
 418.7 year 2025, of which \$3,156,000 is for
 418.8 administration and \$550,000 is for grants in
 418.9 each fiscal year.

418.10 **(j) Medical Education Research Cost**
 418.11 **(MERC).** Of the amount previously
 418.12 appropriated in the general fund by Laws
 418.13 2015, chapter 71, article 3, section 2, for the
 418.14 MERC program, \$150,000 in fiscal year 2023
 418.15 and each year thereafter is for the
 418.16 administration of grants under Minnesota
 418.17 Statutes, section 62J.692.

418.18 **(k) No Surprises Act Enforcement.** \$964,000
 418.19 in fiscal year 2023 is from the general fund
 418.20 for implementation of the federal No Surprises
 418.21 Act portion of the Consolidated
 418.22 Appropriations Act, 2021, under Minnesota
 418.23 Statutes, section 62Q.021, subdivision 3. The
 418.24 general fund base for this appropriation is
 418.25 \$763,000 in fiscal year 2024 and \$757,000 in
 418.26 fiscal year 2025.

418.27 **(l) Public Health System Transformation.**
 418.28 \$23,531,000 in fiscal year 2023 is from the
 418.29 general fund for public health system
 418.30 transformation. Of this appropriation:
 418.31 (1) \$20,000,000 is for grants to community
 418.32 health boards under Minnesota Statutes,
 418.33 section 145A.131, subdivision 1, paragraph
 418.34 (f).

- 419.1 (2) \$1,000,000 is for grants to Tribal
419.2 governments under Minnesota Statutes, section
419.3 145A.14, subdivision 2b.
- 419.4 (3) \$1,000,000 is for a public health
419.5 AmeriCorps program grant under Minnesota
419.6 Statutes, section 145.9292.
- 419.7 (4) \$1,531,000 is for the commissioner to
419.8 oversee and administer activities under this
419.9 paragraph.
- 419.10 **(m) Revitalize Health Care Workforce.**
419.11 \$21,575,000 in fiscal year 2023 is from the
419.12 health care access fund to address challenges
419.13 of Minnesota's health care workforce. Of this
419.14 appropriation:
- 419.15 (1) \$2,073,000 in fiscal year 2023 is for the
419.16 health professionals clinical training expansion
419.17 and rural and underserved clinical rotations
419.18 grant programs under Minnesota Statutes,
419.19 section 144.1505, of which \$423,000 is for
419.20 administration and \$1,650,000 is for grants.
419.21 Grant appropriations are available until
419.22 expended under Minnesota Statutes, section
419.23 144.1505, subdivision 2.
- 419.24 (2) \$4,507,000 in fiscal year 2023 is for the
419.25 primary care rural residency training grant
419.26 program under Minnesota Statutes, section
419.27 144.1507, of which \$207,000 is for
419.28 administration and \$4,300,000 is for grants.
419.29 Grant appropriations are available until
419.30 expended under Minnesota Statutes, section
419.31 144.1507, subdivision 2.
- 419.32 (3) \$430,000 in fiscal year 2023 is for the
419.33 international medical graduates assistance
419.34 program under Minnesota Statutes, section

420.1 144.1911, for international immigrant medical
420.2 graduates to fill a gap in their preparedness
420.3 for medical residencies or transition to a new
420.4 career making use of their medical degrees.
420.5 Of this appropriation, \$55,000 is for
420.6 administration and \$375,000 is for grants.

420.7 (4) \$12,565,000 in fiscal year 2023 is for a
420.8 grant program to health care systems,
420.9 hospitals, clinics, and other providers to ensure
420.10 the availability of clinical training for students,
420.11 residents, and graduate students to meet health
420.12 professions educational requirements, under
420.13 Minnesota Statutes, section 144.1511, of
420.14 which \$565,000 is for administration and
420.15 \$12,000,000 is for grants.

420.16 (5) \$2,000,000 in fiscal year 2023 is for the
420.17 mental health cultural community continuing
420.18 education grant program, of which \$460,000
420.19 is for administration and \$1,540,000 is for
420.20 grants.

420.21 (n) **School Health.** \$837,000 in fiscal year
420.22 2023 is from the general fund for the School
420.23 Health Initiative under Minnesota Statutes,
420.24 section 145.988. The general fund base for
420.25 this appropriation is \$3,462,000 in fiscal year
420.26 2024, of which \$1,212,000 is for
420.27 administration and \$2,250,000 is for grants
420.28 and \$3,287,000 in fiscal year 2025, of which
420.29 \$1,037,000 is for administration and
420.30 \$2,250,000 is for grants.

420.31 (o) **Trauma System.** \$61,000 in fiscal year
420.32 2023 is from the general fund to administer
420.33 the trauma care system throughout the state
420.34 under Minnesota Statutes, sections 144.602,
420.35 144.603, 144.604, 144.606, and 144.608.

421.1 \$430,000 in fiscal year 2023 is from the state
421.2 government special revenue fund for trauma
421.3 designations per Minnesota Statutes, sections
421.4 144.122, paragraph (g), 144.605, and
421.5 144.6071.

421.6 **(p) Mental Health Providers; Loan**
421.7 **Forgiveness, Grants, Information**
421.8 **Clearinghouse. \$3,275,000 in fiscal year 2023**
421.9 is from the general fund for activities to
421.10 increase the number of mental health
421.11 professionals in the state. Of this
421.12 appropriation:

421.13 (1) \$1,000,000 is for loan forgiveness under
421.14 the health professional education loan
421.15 forgiveness program under Minnesota Statutes,
421.16 section 144.1501, notwithstanding the
421.17 priorities and distribution requirements in that
421.18 section, for eligible mental health
421.19 professionals who provide clinical supervision
421.20 in their designated field;

421.21 (2) \$2,000,000 is for the mental health
421.22 provider supervision grant program under
421.23 Minnesota Statutes, section 144.1508;

421.24 (3) \$250,000 is for the mental health
421.25 professional scholarship grant program under
421.26 Minnesota Statutes, section 144.1509; and

421.27 (4) \$25,000 is for the commissioner to
421.28 establish and maintain a website to serve as
421.29 an information clearinghouse for mental health
421.30 professionals and individuals seeking to
421.31 qualify as a mental health professional. The
421.32 website must contain information on the
421.33 various master's level programs to become a
421.34 mental health professional, requirements for

- 422.1 supervision, where to find supervision, how
422.2 to access tools to study for the applicable
422.3 licensing examination, links to loan
422.4 forgiveness programs and tuition
422.5 reimbursement programs, and other topics of
422.6 use to individuals seeking to become a mental
422.7 health professional. This is a onetime
422.8 appropriation.
- 422.9 **(q) Palliative Care Advisory Council.**
422.10 \$44,000 in fiscal year 2023 is from the general
422.11 fund for the Palliative Care Advisory Council
422.12 under Minnesota Statutes, section 144.059.
- 422.13 **(r) Emmett Louis Till Victims Recovery**
422.14 **Program.** \$500,000 in fiscal year 2023 is from
422.15 the general fund for the Emmett Louis Till
422.16 Victims Recovery Program. This is a onetime
422.17 appropriation and is available until June 30,
422.18 2024.
- 422.19 **(s) Changes to Birth Certificates. \$75,000**
422.20 in fiscal year 2023 is from the state
422.21 government special revenue fund for
422.22 implementation of Minnesota Statutes, section
422.23 144.2182. The state government special
422.24 revenue fund base for this appropriation is
422.25 \$7,000 in fiscal year 2024 and \$7,000 in fiscal
422.26 year 2025.
- 422.27 **(t) Study; POLST Forms.** \$292,000 in fiscal
422.28 year 2023 is from the general fund for the
422.29 commissioner to study the creation of a
422.30 statewide registry of provider orders for
422.31 life-sustaining treatment and issue a report and
422.32 recommendations.
- 422.33 **(u) Benefit and Cost Analysis of Universal**
422.34 **Health Reform Proposal.** \$461,000 in fiscal

423.1 year 2023 is from the general fund for a
 423.2 contract for an analysis of the benefits and
 423.3 costs of a universal health care financing
 423.4 system and a similar analysis of the current
 423.5 health care financing system. The general fund
 423.6 base for this appropriation is \$288,000 in fiscal
 423.7 year 2024 and \$0 in 2025.

423.8 **(v) Technical Assistance; Health Care**
 423.9 **Trends and Costs.** \$5,000,000 in fiscal year
 423.10 2023 is from the general fund for technical
 423.11 assistance to the Health Care Affordability
 423.12 Board in analyzing health care trends and costs
 423.13 and setting health care spending growth
 423.14 targets.

423.15 **(w) Base Level Adjustments.** The general
 423.16 fund base is increased \$181,679,000 in fiscal
 423.17 year 2024 and \$181,156,000 in fiscal year
 423.18 2025. The health care access fund base is
 423.19 increased \$21,575,000 in fiscal year 2024 and
 423.20 \$21,575,000 in fiscal year 2025. The state
 423.21 government special revenue fund base is
 423.22 increased \$437,000 in fiscal year 2024 and
 423.23 \$437,000 in fiscal year 2025.

423.24 **Subd. 3. Health Protection**

<u>Appropriations by Fund</u>			
423.26	<u>General</u>	<u>-0-</u>	<u>77,150,000</u>
423.27	<u>State Government</u>		
423.28	<u>Special Revenue</u>	<u>-0-</u>	<u>4,386,000</u>

423.29 **(a) Climate Resiliency.** \$1,977,000 in fiscal
 423.30 year 2023 is from the general fund for climate
 423.31 resiliency actions under Minnesota Statutes,
 423.32 section 144.9981. Of this appropriation,
 423.33 \$977,000 is for administration and \$1,000,000
 423.34 is for grants. The general fund base for this
 423.35 appropriation is \$988,000 in fiscal year 2024,

424.1 of which \$888,000 is for administration and
424.2 \$100,000 is for grants, and \$989,000 in fiscal
424.3 year 2025, of which \$889,000 is for
424.4 administration and \$100,000 is for grants.

424.5 **(b) Lead Remediation in Schools and Child**
424.6 **Care Settings.** \$2,054,000 in fiscal year 2023
424.7 is from the general fund for a lead in drinking
424.8 water remediation in schools and child care
424.9 settings grant program under Minnesota
424.10 Statutes, section 145.9272. Of this
424.11 appropriation, \$454,000 is for administration
424.12 and \$1,600,000 is for grants. The general fund
424.13 base for this appropriation is \$1,540,000 in
424.14 fiscal year 2024, of which \$370,000 is for
424.15 administration and \$1,170,000 is for grants,
424.16 and \$1,541,000 in fiscal year 2025, of which
424.17 \$371,000 is for administration and \$1,170,000
424.18 is for grants.

424.19 **(c) Lead Service Line Inventory.** \$4,029,000
424.20 in fiscal year 2023 is from the general fund
424.21 for grants to public water suppliers to complete
424.22 a lead service line inventory of their
424.23 distribution systems under Minnesota Statutes,
424.24 section 144.383, clause (6). Of this
424.25 appropriation, \$279,000 is for administration
424.26 and \$3,750,000 is for grants. The general fund
424.27 base for this appropriation is \$4,029,000 in
424.28 fiscal year 2024, of which \$279,000 is for
424.29 administration and \$3,750,000 is for grants,
424.30 and \$140,000 in fiscal year 2025, which is for
424.31 administration.

424.32 **(d) Lead Service Line Replacement.**
424.33 \$5,000,000 in fiscal year 2023 is from the
424.34 general fund for administrative costs related

425.1 to the replacement of lead service lines in the
425.2 state.

425.3 **(e) Mercury in Skin-Lightening Products**
425.4 **Grants.** \$100,000 in fiscal year 2023 is from
425.5 the general fund for a skin-lightening products
425.6 public awareness and education grant program
425.7 under Minnesota Statutes, section 145.9275.

425.8 **(f) HIV Prevention for People Experiencing**
425.9 **Homelessness.** \$1,129,000 in fiscal year 2023
425.10 is from the general fund for expanding access
425.11 to harm reduction services and improving
425.12 linkages to care to prevent HIV/AIDS,
425.13 hepatitis, and other infectious diseases for
425.14 those experiencing homelessness or housing
425.15 instability under Minnesota Statutes, section
425.16 145.924, paragraph (d). Of this appropriation,
425.17 \$169,000 is for administration and \$960,000
425.18 is for grants.

425.19 **(g) Safety Improvements for State-Licensed**
425.20 **Long-Term Care Facilities.** \$5,500,000 in
425.21 fiscal year 2023 is from the general fund for
425.22 a temporary grant program for safety
425.23 improvements for state-licensed long-term
425.24 care facilities. Of this appropriation, \$500,000
425.25 is for administration and \$5,000,000 is for
425.26 grants. The general fund base for this
425.27 appropriation is \$8,200,000 in fiscal year 2024
425.28 and \$0 in fiscal year 2025. Of this
425.29 appropriation in fiscal year 2024, \$700,000 is
425.30 for administration and \$7,500,000 is for
425.31 grants. This appropriation is available until
425.32 June 30, 2025.

425.33 **(h) Sexual Exploitation and Trafficking**
425.34 **Study.** \$300,000 in fiscal year 2023 is to fund
425.35 a prevalence study on youth and adult victim

426.1 survivors of sexual exploitation and
426.2 trafficking. This is a onetime appropriation
426.3 and is available until June 30, 2024.

426.4 (i) **Mortuary Science.** \$219,000 in fiscal year
426.5 2023 is from the state government special
426.6 revenue fund for regulation of transfer care
426.7 specialists under Minnesota Statutes, chapter
426.8 149A, and for additional reporting
426.9 requirements under Minnesota Statutes,
426.10 section 149A.94. The state government special
426.11 revenue fund base for this appropriation is
426.12 \$132,000 in fiscal year 2024 and \$61,000 in
426.13 fiscal year 2025.

426.14 (j) **Drinking Water Lead Testing and**
426.15 **Remediation; Day Care Facilities.**
426.16 \$1,000,000 in fiscal year 2023 is from the
426.17 general fund for statewide testing of day care
426.18 facilities for the presence of lead in drinking
426.19 water and for remediation of contamination
426.20 where found.

426.21 (k) **Local and Tribal Public Health**
426.22 **Emergency Preparedness and Response.**
426.23 \$9,000,000 in fiscal year 2023 is from the
426.24 general fund for distribution to local and Tribal
426.25 public health organizations for emergency
426.26 preparedness and response capabilities. At
426.27 least 90 percent of this appropriation must be
426.28 distributed to local and Tribal public health
426.29 organizations, and up to ten percent of this
426.30 appropriation may be used by the
426.31 commissioner for administrative costs. Use of
426.32 this appropriation must align with the Centers
426.33 for Disease Control and Prevention's issued
426.34 report, Public Health Emergency Preparedness
426.35 and Response Capabilities: National Standards

427.1 for State, Local, Tribal, and Territorial Public
427.2 Health.

427.3 **(l) Grants to Local Public Health**

427.4 **Departments.** \$16,172,000 in fiscal year 2023
427.5 is from the general fund for grants to local
427.6 public health departments for public health
427.7 response related to defining elevated blood
427.8 lead level as 3.5 micrograms of lead or greater
427.9 per deciliter of whole blood. Of this amount,
427.10 \$172,000 is available to the commissioner for
427.11 administrative costs. This appropriation is
427.12 available until June 30, 2025. The general fund
427.13 base for this appropriation is \$5,000,000 in
427.14 fiscal year 2024 and \$5,000,000 in fiscal year
427.15 2025.

427.16 **(m) Loan Forgiveness for Nursing**

427.17 **Instructors.** Notwithstanding the priorities
427.18 and distribution requirements in Minnesota
427.19 Statutes, section 144.1501, \$50,000 in fiscal
427.20 year 2023 is from the general fund for loan
427.21 forgiveness under the health professional
427.22 education loan forgiveness program under
427.23 Minnesota Statutes, section 144.1501, for
427.24 eligible nurses who agree to teach.

427.25 **(n) Mental Health of Health Care Workers.**

427.26 \$1,000,000 in fiscal year 2023 is from the
427.27 general fund for competitive grants to
427.28 hospitals, community health centers, rural
427.29 health clinics, and medical professional
427.30 associations to establish or enhance
427.31 evidence-based or evidence-informed
427.32 programs dedicated to improving the mental
427.33 health of health care professionals.

427.34 **(o) Prevention of Violence in Health Care.**

427.35 \$50,000 in fiscal year 2023 is from the general

428.1 fund to continue the prevention of violence in
428.2 health care programs and to create violence
428.3 prevention resources for hospitals and other
428.4 health care providers to use to train their staff
428.5 on violence prevention.

428.6 **(p) Hospital Nursing Loan Forgiveness.**
428.7 \$5,000,000 in fiscal year 2023 is from the
428.8 general fund for the hospital nursing loan
428.9 forgiveness program under Minnesota Statutes,
428.10 section 144.1504.

428.11 **(q) Program to Distribute COVID-19 Tests,**
428.12 **Masks, and Respirators. \$15,000,000 in**
428.13 fiscal year 2023 is from the general fund for
428.14 a program to distribute COVID-19 tests,
428.15 masks, and respirators to individuals in the
428.16 state. This is a onetime appropriation.

428.17 **(r) Safe Harbor Grants. \$1,000,000 in fiscal**
428.18 year 2023 is for grants to fund supportive
428.19 services including but not limited to legal
428.20 services, mental health therapy, substance use
428.21 disorder counseling, and case management for
428.22 sexually exploited youth or youth at risk of
428.23 sexual exploitation under Minnesota Statutes,
428.24 section 145.4716.

428.25 **(s) Safe Harbor Regional Navigators.**
428.26 \$700,000 in fiscal year 2023 is for safe harbor
428.27 regional navigators under Minnesota Statutes,
428.28 section 145.4717.

428.29 **(t) Public Health Response Contingency**
428.30 **Account. \$20,000,000 in fiscal year 2023 is**
428.31 from the general fund for transfer to the public
428.32 health response contingency account under
428.33 Minnesota Statutes, section 144.4199.

429.1 (u) Base Level Adjustments. The general
 429.2 fund base is increased \$32,206,000 in fiscal
 429.3 year 2024 and \$20,021,000 in fiscal year 2025.
 429.4 The state government special revenue fund
 429.5 base is increased \$4,299,000 in fiscal year
 429.6 2024 and \$4,288,000 in fiscal year 2025.

429.7 **Sec. 4. HEALTH-RELATED BOARDS**

429.8	<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>-0-</u>	<u>\$</u>	<u>203,000</u>
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429.9 Appropriations by Fund

429.10	<u>General Fund</u>	<u>-0-</u>	<u>175,000</u>
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429.11 State Government

429.12	<u>Special Revenue</u>	<u>-0-</u>	<u>28,000</u>
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429.13 This appropriation is from the state
 429.14 government special revenue fund unless
 429.15 specified otherwise. The amounts that may be
 429.16 spent for each purpose are specified in the
 429.17 following subdivisions.

429.18	<u>Subd. 2. Board of Dentistry</u>	<u>-0-</u>	<u>3,000</u>
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429.19 **Subd. 3. Board of Dietetics and Nutrition**

429.20	<u>Practice</u>	<u>-0-</u>	<u>25,000</u>
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429.21 **Subd. 4. Board of Pharmacy**

<u>-0-</u>	<u>175,000</u>
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429.22 This appropriation is from the general fund.

429.23 **Medication repository program.** \$175,000

429.24 in fiscal year 2023 is from the general fund
 429.25 for transfer by the Board of Pharmacy to the
 429.26 central repository to be used to administer the
 429.27 medication repository program according to
 429.28 the contract between the central repository and
 429.29 the Board of Pharmacy.

429.30	<u>Sec. 5. COUNCIL ON DISABILITY</u>	<u>\$</u>	<u>-0-</u>	<u>\$</u>	<u>375,000</u>
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429.31 **Sec. 6. EMERGENCY MEDICAL SERVICES**

429.32	<u>REGULATORY BOARD</u>	<u>\$</u>	<u>-0-</u>	<u>\$</u>	<u>200,000</u>
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429.33 This is a onetime appropriation.

430.1	Sec. 7. <u>BOARD OF DIRECTORS OF MNSURE</u>	\$	<u>-0-</u>	<u>\$</u>	<u>7,775,000</u>
430.2	<u>This appropriation may be transferred to the</u>				
430.3	<u>MNsure account established in Minnesota</u>				
430.4	<u>Statutes, section 62V.07.</u>				
430.5	<u>Base Adjustment.</u> <u>The general fund base for</u>				
430.6	<u>this appropriation is \$10,982,000 in fiscal year</u>				
430.7	<u>2024, \$6,450,000 in fiscal year 2025, and \$0</u>				
430.8	<u>in fiscal year 2026.</u>				
430.9	Sec. 8. <u>HEALTH CARE AFFORDABILITY</u>				
430.10	<u>BOARD.</u>	<u>\$</u>	<u>-0-</u>	<u>\$</u>	<u>1,000,000</u>
430.11	<u>(a) Health Care Affordability Board.</u>				
430.12	<u>\$1,000,000 in fiscal year 2023 is from the</u>				
430.13	<u>general fund for the Health Care Affordability</u>				
430.14	<u>Board to implement Minnesota Statutes,</u>				
430.15	<u>sections 62J.86 to 62J.72.</u>				
430.16	<u>(b) Base Level Adjustment.</u> <u>The general fund</u>				
430.17	<u>base is increased \$500,000 in fiscal year 2024</u>				
430.18	<u>and \$1,000,000 in fiscal year 2025.</u>				
430.19	Sec. 9. <u>COMMISSIONER OF COMMERCE</u>	<u>\$</u>	<u>-0-</u>	<u>\$</u>	<u>251,000</u>
430.20	<u>(a) Prescription Drug Affordability Board.</u>				
430.21	<u>\$197,000 in fiscal year 2023 is from the</u>				
430.22	<u>general fund for the commissioner of</u>				
430.23	<u>commerce to establish the Prescription Drug</u>				
430.24	<u>Affordability Board under Minnesota Statutes,</u>				
430.25	<u>section 62J.87, and for the Prescription Drug</u>				
430.26	<u>Affordability Board to implement the</u>				
430.27	<u>Prescription Drug Affordability Act.</u>				
430.28	<u>Following the first meeting of the board and</u>				
430.29	<u>prior to June 30, 2023, the commissioner of</u>				
430.30	<u>commerce shall transfer any funds remaining</u>				
430.31	<u>from this appropriation to the board. The</u>				
430.32	<u>general fund base for this appropriation is</u>				
430.33	<u>\$357,000 in fiscal year 2024 and \$357,000 in</u>				
430.34	<u>fiscal year 2025.</u>				

431.1 (b) Ectodermal Dysplasias. \$54,000 in fiscal
 431.2 year 2023 is from the general fund for costs
 431.3 related to insurance coverage of ectodermal
 431.4 dysplasias. The general fund base for this
 431.5 appropriation is \$58,000 in fiscal year 2024
 431.6 and \$62,000 in fiscal year 2025.

431.7 **Sec. 10. COMMISSIONER OF LABOR AND**
 431.8 **INDUSTRY** \$ -0- \$ 641,000

431.9 **Nursing Home Workforce Standards**
 431.10 **Board. \$641,000 in fiscal year 2023 is for**
 431.11 **establishment and operation of the Nursing**
 431.12 **Home Workforce Standards Board in**
 431.13 **Minnesota Statutes, sections 181.211 to**
 431.14 **181.217. The general fund base for this**
 431.15 **appropriation is \$322,000 in fiscal year 2024**
 431.16 **and \$368,000 in fiscal year 2025.**

431.17 **Sec. 11. ATTORNEY GENERAL** \$ -0- \$ 456,000

431.18 **(a) Expert Witnesses. \$200,000 in fiscal year**
 431.19 **2023 is for expert witnesses and investigations**
 431.20 **under Minnesota Statutes, section 62J.844.**
 431.21 **This is a onetime appropriation.**

431.22 **(b) Prescription Drug Enforcement.**
 431.23 **\$256,000 in fiscal year 2023 is for prescription**
 431.24 **drug enforcement. This is a onetime**
 431.25 **appropriation.**

431.26 Sec. 12. Laws 2021, First Special Session chapter 2, article 1, section 4, subdivision 2, is
 431.27 amended to read:

431.28 **Subd. 2. Operations and Maintenance** 621,968,000 621,968,000

431.29 (a) \$15,000,000 in fiscal year 2022 and
 431.30 \$15,000,000 in fiscal year 2023 are to: (1)
 431.31 increase the medical school's research
 431.32 capacity; (2) improve the medical school's
 431.33 ranking in National Institutes of Health

432.1 funding; (3) ensure the medical school's
432.2 national prominence by attracting and
432.3 retaining world-class faculty, staff, and
432.4 students; (4) invest in physician training
432.5 programs in rural and underserved
432.6 communities; and (5) translate the medical
432.7 school's research discoveries into new
432.8 treatments and cures to improve the health of
432.9 Minnesotans.

432.10 (b) \$7,800,000 in fiscal year 2022 and
432.11 \$7,800,000 in fiscal year 2023 are for health
432.12 training restoration. This appropriation must
432.13 be used to support all of the following: (1)
432.14 faculty physicians who teach at eight residency
432.15 program sites, including medical resident and
432.16 student training programs in the Department
432.17 of Family Medicine; (2) the Mobile Dental
432.18 Clinic; and (3) expansion of geriatric
432.19 education and family programs.

432.20 (c) \$4,000,000 in fiscal year 2022 and
432.21 \$4,000,000 in fiscal year 2023 are for the
432.22 Minnesota Discovery, Research, and
432.23 InnoVation Economy funding program for
432.24 cancer care research.

432.25 (d) \$500,000 in fiscal year 2022 and \$500,000
432.26 in fiscal year 2023 are for the University of
432.27 Minnesota, Morris branch, to cover the costs
432.28 of tuition waivers under Minnesota Statutes,
432.29 section 137.16.

432.30 (e) \$150,000 in fiscal year 2022 and \$150,000
432.31 in fiscal year 2023 are for the Chloe Barnes
432.32 Advisory Council on Rare Diseases under
432.33 Minnesota Statutes, section 137.68. The fiscal
432.34 year 2023 appropriation shall be transferred
432.35 to the Council on Disability. The base for this

433.1 appropriation is \$0 in fiscal year 2024 and
433.2 later.

433.3 (f) The total operations and maintenance base
433.4 for fiscal year 2024 and later is \$620,818,000.

433.5 Sec. 13. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29,
433.6 is amended to read:

433.7 Subd. 29. **Grant Programs; Disabilities Grants** 31,398,000 31,010,000

433.8 (a) **Training Stipends for Direct Support**
433.9 **Services Providers.** \$1,000,000 in fiscal year
433.10 2022 is from the general fund for stipends for
433.11 individual providers of direct support services
433.12 as defined in Minnesota Statutes, section
433.13 256B.0711, subdivision 1. These stipends are
433.14 available to individual providers who have
433.15 completed designated voluntary trainings
433.16 made available through the State-Provider
433.17 Cooperation Committee formed by the State
433.18 of Minnesota and the Service Employees
433.19 International Union Healthcare Minnesota.
433.20 Any unspent appropriation in fiscal year 2022
433.21 is available in fiscal year 2023. This is a
433.22 onetime appropriation. This appropriation is
433.23 available only if the labor agreement between
433.24 the state of Minnesota and the Service
433.25 Employees International Union Healthcare
433.26 Minnesota under Minnesota Statutes, section
433.27 179A.54, is approved under Minnesota
433.28 Statutes, section 3.855.

433.29 (b) **Parent-to-Parent Peer Support.** \$125,000
433.30 in fiscal year 2022 and \$125,000 in fiscal year
433.31 2023 are from the general fund for a grant to
433.32 an alliance member of Parent to Parent USA
433.33 to support the alliance member's
433.34 parent-to-parent peer support program for

434.1 families of children with a disability or special
434.2 health care need.

434.3 **(c) Self-Advocacy Grants.** (1) \$143,000 in
434.4 fiscal year 2022 and \$143,000 in fiscal year
434.5 2023 are from the general fund for a grant
434.6 under Minnesota Statutes, section 256.477,
434.7 subdivision 1.

434.8 (2) \$105,000 in fiscal year 2022 and \$105,000
434.9 in fiscal year 2023 are from the general fund
434.10 for subgrants under Minnesota Statutes,
434.11 section 256.477, subdivision 2.

434.12 **(d) Minnesota Inclusion Initiative Grants.**
434.13 \$150,000 in fiscal year 2022 and \$150,000 in
434.14 fiscal year 2023 are from the general fund for
434.15 grants under Minnesota Statutes, section
434.16 256.4772.

434.17 **(e) Grants to Expand Access to Child Care**
434.18 **for Children with Disabilities.** \$250,000 in
434.19 fiscal year 2022 and \$250,000 in fiscal year
434.20 2023 are from the general fund for grants to
434.21 expand access to child care for children with
434.22 disabilities. Any unspent amount in fiscal year
434.23 2022 is available through June 30, 2023. This
434.24 is a onetime appropriation.

434.25 **(f) Parenting with a Disability Pilot Project.**
434.26 The general fund base includes \$1,000,000 in
434.27 fiscal year 2024 and \$0 in fiscal year 2025 to
434.28 implement the parenting with a disability pilot
434.29 project.

434.30 **(g) Base Level Adjustment.** The general fund
434.31 base is \$29,260,000 in fiscal year 2024 and
434.32 \$22,260,000 in fiscal year 2025.

435.1 Sec. 14. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 31,
435.2 is amended to read:

435.3 **Subd. 31. Grant Programs; Adult Mental Health**
435.4 **Grants**

435.5 Appropriations by Fund			
435.6	General	98,772,000	98,703,000
435.7	Opiate Epidemic		
435.8	Response	2,000,000	2,000,000

435.9 **(a) Culturally and Linguistically**

435.10 **Appropriate Services Implementation**

435.11 **Grants.** \$2,275,000 in fiscal year 2022 and
435.12 \$2,206,000 in fiscal year 2023 are from the
435.13 general fund for grants to disability services,
435.14 mental health, and substance use disorder
435.15 treatment providers to implement culturally
435.16 and linguistically appropriate services
435.17 standards, according to the implementation
435.18 and transition plan developed by the
435.19 commissioner. Any unspent amount in fiscal
435.20 year 2022 is available through June 30, 2023.
435.21 The general fund base for this appropriation
435.22 is \$1,655,000 in fiscal year 2024 and \$0 in
435.23 fiscal year 2025.

435.24 **(b) Base Level Adjustment.** The general fund
435.25 base is \$93,295,000 in fiscal year 2024 and
435.26 \$83,324,000 in fiscal year 2025. The opiate
435.27 epidemic response fund base is \$2,000,000 in
435.28 fiscal year 2024 and \$0 in fiscal year 2025.

435.29 Sec. 15. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,
435.30 is amended to read:

435.31 **Subd. 33. Grant Programs; Chemical**
435.32 **Dependency Treatment Support Grants**

435.33 Appropriations by Fund			
435.34	General	4,273,000	4,274,000

436.1	Lottery Prize	1,733,000	1,733,000
436.2	Opiate Epidemic		
436.3	Response	500,000	500,000

436.4 **(a) Problem Gambling.** \$225,000 in fiscal
 436.5 year 2022 and \$225,000 in fiscal year 2023
 436.6 are from the lottery prize fund for a grant to
 436.7 the state affiliate recognized by the National
 436.8 Council on Problem Gambling. The affiliate
 436.9 must provide services to increase public
 436.10 awareness of problem gambling, education,
 436.11 training for individuals and organizations
 436.12 providing effective treatment services to
 436.13 problem gamblers and their families, and
 436.14 research related to problem gambling.

436.15 **(b) Recovery Community Organization**
 436.16 **Grants.** \$2,000,000 in fiscal year 2022 and
 436.17 \$2,000,000 in fiscal year 2023 are from the
 436.18 general fund for grants to recovery community
 436.19 organizations, as defined in Minnesota
 436.20 Statutes, section 254B.01, subdivision 8, to
 436.21 provide for costs and community-based peer
 436.22 recovery support services that are not
 436.23 otherwise eligible for reimbursement under
 436.24 Minnesota Statutes, section 254B.05, as part
 436.25 of the continuum of care for substance use
 436.26 disorders. Any unspent amount in fiscal year
 436.27 2022 is available through June 30, 2023. The
 436.28 general fund base for this appropriation is
 436.29 \$2,000,000 in fiscal year 2024 and \$0 in fiscal
 436.30 year 2025

436.31 **(c) Base Level Adjustment.** The general fund
 436.32 base is \$4,636,000 in fiscal year 2024 and
 436.33 \$2,636,000 in fiscal year 2025. The opiate
 436.34 epidemic response fund base is \$500,000 in
 436.35 fiscal year 2024 and \$0 in fiscal year 2025.

437.1 Sec. 16. Laws 2021, First Special Session chapter 7, article 17, section 3, is amended to
437.2 read:

437.3 **Sec. 3. GRANTS FOR TECHNOLOGY FOR HCBS RECIPIENTS.**

437.4 (a) This act includes \$500,000 in fiscal year 2022 and \$2,000,000 in fiscal year 2023
437.5 for the commissioner of human services to issue competitive grants to home and
437.6 community-based service providers. Grants must be used to provide technology assistance,
437.7 including but not limited to Internet services, to older adults and people with disabilities
437.8 who do not have access to technology resources necessary to use remote service delivery
437.9 and telehealth. Any unspent amount in fiscal year 2022 is available through June 30, 2023.
437.10 The general fund base included in this act for this purpose is \$1,500,000 in fiscal year 2024
437.11 and \$0 in fiscal year 2025.

437.12 (b) All grant activities must be completed by March 31, 2024.

437.13 (c) This section expires June 30, 2024.

437.14 Sec. 17. Laws 2021, First Special Session chapter 7, article 17, section 6, is amended to
437.15 read:

437.16 **Sec. 6. TRANSITION TO COMMUNITY INITIATIVE.**

437.17 (a) This act includes \$5,500,000 in fiscal year 2022 and \$5,500,000 in fiscal year 2023
437.18 for additional funding for grants awarded under the transition to community initiative
437.19 described in Minnesota Statutes, section 256.478. Any unspent amount in fiscal year 2022
437.20 is available through June 30, 2023. The general fund base in this act for this purpose is
437.21 \$4,125,000 in fiscal year 2024 and \$0 in fiscal year 2025.

437.22 (b) All grant activities must be completed by March 31, 2024.

437.23 (c) This section expires June 30, 2024.

437.24 Sec. 18. Laws 2021, First Special Session chapter 7, article 17, section 10, is amended to
437.25 read:

437.26 **Sec. 10. PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED**
437.27 **COMMUNITIES.**

437.28 (a) This act includes \$6,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
437.29 for the commissioner to establish a grant program for small provider organizations that
437.30 provide services to rural or underserved communities with limited home and

438.1 community-based services provider capacity. The grants are available to build organizational
438.2 capacity to provide home and community-based services in Minnesota and to build new or
438.3 expanded infrastructure to access medical assistance reimbursement. Any unspent amount
438.4 in fiscal year 2022 is available through June 30, 2023. The general fund base in this act for
438.5 this purpose is \$8,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

438.6 (b) The commissioner shall conduct community engagement, provide technical assistance,
438.7 and establish a collaborative learning community related to the grants available under this
438.8 section and work with the commissioner of management and budget and the commissioner
438.9 of the Department of Administration to mitigate barriers in accessing grant funds. Funding
438.10 awarded for the community engagement activities described in this paragraph is exempt
438.11 from state solicitation requirements under Minnesota Statutes, section 16B.97, for activities
438.12 that occur in fiscal year 2022.

438.13 (c) All grant activities must be completed by March 31, 2024.

438.14 (d) This section expires June 30, 2024.

438.15 Sec. 19. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to
438.16 read:

438.17 Sec. 11. **EXPAND MOBILE CRISIS.**

438.18 (a) This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
438.19 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,
438.20 section 245.4661, subdivision 9, paragraph (b), clause (15). Any unspent amount in fiscal
438.21 year 2022 is available through June 30, 2023. The general fund base in this act for this
438.22 purpose is \$4,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

438.23 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
438.24 funded under this section.

438.25 (c) All grant activities must be completed by March 31, 2024.

438.26 (d) This section expires June 30, 2024.

439.1 Sec. 20. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to
439.2 read:

439.3 **Sec. 12. PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD**
439.4 **AND ADOLESCENT MOBILE TRANSITION UNIT.**

439.5 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023
439.6 for the commissioner of human services to create children's mental health transition and
439.7 support teams to facilitate transition back to the community of children from psychiatric
439.8 residential treatment facilities, and child and adolescent behavioral health hospitals. Any
439.9 unspent amount in fiscal year 2022 is available through June 30, 2023. The general fund
439.10 base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in fiscal
439.11 year 2025.

439.12 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
439.13 funded under this section.

439.14 (c) This section expires March 31, 2024.

439.15 Sec. 21. Laws 2021, First Special Session chapter 7, article 17, section 17, subdivision 3,
439.16 is amended to read:

439.17 **Subd. 3. Respite services for older adults grants.** (a) This act includes \$2,000,000 in
439.18 fiscal year 2022 and \$2,000,000 in fiscal year 2023 for the commissioner of human services
439.19 to establish a grant program for respite services for older adults. The commissioner must
439.20 award grants on a competitive basis to respite service providers. Any unspent amount in
439.21 fiscal year 2022 is available through June 30, 2023. The general fund base included in this
439.22 act for this purpose is \$2,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

439.23 (b) All grant activities must be completed by March 31, 2024.

439.24 (c) This subdivision expires June 30, 2024.

439.25 **Sec. 22. APPROPRIATIONS FOR ADVISORY COUNCIL ON RARE DISEASES.**

439.26 In accordance with Minnesota Statutes, section 15.039, subdivision 6, the unexpended
439.27 balance of money appropriated from the general fund to the Board of Regents of the
439.28 University of Minnesota for purposes of the advisory council on rare diseases under
439.29 Minnesota Statutes, section 137.68, shall be under control of the Minnesota Rare Disease
439.30 Advisory Council and the Council on Disability.

440.1 Sec. 23. APPROPRIATION ENACTED MORE THAN ONCE.

440.2 If an appropriation is enacted more than once in the 2022 legislative session, the
 440.3 appropriation must be given effect only once.

440.4 Sec. 24. SUNSET OF UNCODIFIED LANGUAGE.

440.5 All uncodified language contained in this article expires on June 30, 2023, unless a
 440.6 different effective date is explicit.

440.7 Sec. 25. EFFECTIVE DATE.

440.8 This article is effective the day following final enactment."

440.9 Delete the title and insert:

440.10 "A bill for an act

440.11 relating to state government; modifying provisions governing community supports,
 440.12 behavioral health, continuing care for older adults, child and vulnerable adult
 440.13 protection, economic assistance, direct care and treatment, preventing homelessness,
 440.14 human services licensing and operations, and opioid litigation settlements; making
 440.15 forecast adjustments; requiring reports; appropriating money; amending Minnesota
 440.16 Statutes 2020, sections 62N.25, subdivision 5; 62Q.1055; 62Q.47; 119B.011,
 440.17 subdivision 15; 119B.025, subdivision 4; 145.4716, by adding a subdivision;
 440.18 169A.70, subdivisions 3, 4; 177.27, subdivisions 4, 7; 242.19, subdivision 2;
 440.19 245.4882, by adding subdivisions; 245.4889, by adding a subdivision; 245.713,
 440.20 subdivision 2; 245A.07, subdivisions 2a, 3; 245A.14, subdivision 14; 245D.10,
 440.21 subdivision 3a; 245D.12; 245F.03; 245F.15, subdivision 1; 245F.16, subdivision
 440.22 1; 245G.01, subdivisions 4, 17; 245G.05, subdivision 2; 245G.06, subdivision 3,
 440.23 by adding subdivisions; 245G.08, subdivision 5; 245G.09, subdivision 3; 245G.11,
 440.24 subdivisions 1, 10; 245G.13, subdivision 1; 245G.20; 245G.22, subdivisions 2, 7,
 440.25 15; 246.131; 253B.18, subdivision 6; 254A.19, subdivisions 1, 3, by adding
 440.26 subdivisions; 254B.01, subdivision 5, by adding subdivisions; 254B.03,
 440.27 subdivisions 1, 4, 5; 254B.04, subdivision 2a, by adding subdivisions; 256.01, by
 440.28 adding a subdivision; 256.042, subdivisions 1, 2, 5; 256.043, subdivision 1, by
 440.29 adding a subdivision; 256.045, subdivision 3; 256B.0651, subdivisions 1, 2;
 440.30 256B.0652, subdivision 11; 256B.0653, subdivision 6; 256B.0659, subdivisions
 440.31 1, 12, 19, 24; 256B.0757, subdivision 5; 256B.0913, subdivisions 4, 5; 256B.0941,
 440.32 subdivision 3, by adding subdivisions; 256B.0946, subdivision 7; 256B.0949,
 440.33 subdivision 15; 256B.4911, by adding a subdivision; 256B.4914, subdivisions 5,
 440.34 as amended, 8, as amended, 9, as amended; 256B.85, by adding a subdivision;
 440.35 256D.03, by adding a subdivision; 256D.0515; 256D.0516, subdivision 2; 256D.06,
 440.36 subdivisions 1, 2, 5; 256D.09, subdivision 2a; 256E.33, subdivisions 1, 2; 256E.36,
 440.37 subdivision 1; 256I.03, subdivisions 7, 13; 256I.04, subdivision 3; 256I.06,
 440.38 subdivision 6; 256I.09; 256J.08, subdivisions 71, 79; 256J.21, subdivision 4;
 440.39 256J.33, subdivision 2; 256J.37, subdivisions 3, 3a; 256J.95, subdivision 19;
 440.40 256K.26, subdivisions 2, 6, 7; 256K.45, subdivision 3, by adding a subdivision;
 440.41 256L.12, subdivision 8; 256N.26, subdivision 14; 256P.01, by adding a subdivision;
 440.42 256P.04, subdivision 11; 256P.07, subdivisions 1, 2, 3, 4, 6, 7, by adding
 440.43 subdivisions; 256Q.06, by adding a subdivision; 256R.02, subdivisions 4, 17, 18,
 440.44 19, 22, 29, 42a, 48a, by adding subdivisions; 256R.07, subdivisions 1, 2, 3;
 440.45 256R.08, subdivision 1; 256R.09, subdivisions 2, 5; 256R.13, subdivision 4;
 440.46 256R.16, subdivision 1; 256R.17, subdivision 3; 256R.26, subdivision 1; 256R.261,
 440.47 subdivision 13; 256R.37; 256R.39; 256S.15, subdivision 2; 256S.16; 256S.18, by

441.1 adding a subdivision; 256S.19, subdivision 3; 256S.211, by adding subdivisions;
 441.2 256S.212; 256S.213; 256S.214; 256S.215; 260.012; 260.761, subdivision 2;
 441.3 260B.157, subdivisions 1, 3; 260B.331, subdivision 1; 260C.007, subdivision 27;
 441.4 260C.151, subdivision 6; 260C.152, subdivision 5; 260C.175, subdivision 2;
 441.5 260C.176, subdivision 2; 260C.178, subdivision 1; 260C.181, subdivision 2;
 441.6 260C.193, subdivision 3; 260C.201, subdivisions 1, 2; 260C.202; 260C.203;
 441.7 260C.204; 260C.221; 260C.331, subdivision 1; 260C.451, subdivision 8, by adding
 441.8 subdivisions; 260C.607, subdivisions 2, 5; 260C.613, subdivisions 1, 5; 260E.01;
 441.9 260E.02, subdivision 1; 260E.03, by adding subdivisions; 260E.14, subdivisions
 441.10 2, 5; 260E.17, subdivision 1; 260E.18; 260E.20, subdivision 1; 260E.22, subdivision
 441.11 2; 260E.24, subdivisions 2, 7; 260E.33, subdivision 1; 260E.34; 260E.35,
 441.12 subdivision 6; 268.19, subdivision 1; 299A.299, subdivision 1; 626.557,
 441.13 subdivisions 4, 9, 9b, 9c, 9d, 10, 10b, 12b; 626.5571, subdivisions 1, 2; 626.5572,
 441.14 subdivisions 2, 4, 17; Minnesota Statutes 2021 Supplement, sections 16A.151,
 441.15 subdivision 2; 62A.673, subdivision 2; 148F.11, subdivision 1; 151.066, subdivision
 441.16 3; 245.467, subdivisions 2, 3; 245.4871, subdivision 21; 245.4876, subdivisions
 441.17 2, 3; 245.4885, subdivision 1; 245.4889, subdivision 1; 245.735, subdivision 3;
 441.18 245A.03, subdivision 7; 245I.02, subdivisions 19, 36; 245I.03, subdivision 9;
 441.19 245I.04, subdivision 4; 245I.05, subdivision 3; 245I.08, subdivision 4; 245I.09,
 441.20 subdivision 2; 245I.10, subdivisions 2, 6; 245I.20, subdivision 5; 245I.23,
 441.21 subdivision 22, by adding a subdivision; 254A.03, subdivision 3; 254A.19,
 441.22 subdivision 4; 254B.03, subdivision 2; 254B.04, subdivision 1; 254B.05,
 441.23 subdivisions 1a, 4, 5; 256.042, subdivision 4; 256.043, subdivisions 3, 4;
 441.24 256B.0622, subdivision 2; 256B.0625, subdivision 3b; 256B.0671, subdivision 6;
 441.25 256B.0759, subdivision 4; 256B.0911, subdivision 3a; 256B.0946, subdivisions
 441.26 1, 1a, 2, 3, 4, 6; 256B.0947, subdivisions 2, 3, 5, 6; 256B.0949, subdivisions 2,
 441.27 13; 256B.85, subdivision 7; 256B.851, subdivision 5; 256I.06, subdivision 8;
 441.28 256J.21, subdivision 3; 256J.33, subdivision 1; 256L.03, subdivision 2; 256N.26,
 441.29 subdivision 11; 256P.01, subdivision 6a; 256P.04, subdivisions 4, 8; 256P.06,
 441.30 subdivision 3; 256S.21; 256S.2101, subdivision 2, by adding a subdivision;
 441.31 260C.007, subdivision 14; 260C.157, subdivision 3; 260C.212, subdivisions 1, 2;
 441.32 260C.605, subdivision 1; 260C.607, subdivision 6; 260E.03, subdivision 22;
 441.33 260E.20, subdivision 2; Laws 2009, chapter 79, article 13, section 3, subdivision
 441.34 10, as amended; Laws 2019, chapter 63, article 3, section 1, as amended; Laws
 441.35 2020, First Special Session chapter 7, section 1, subdivision 1, as amended; Laws
 441.36 2021, First Special Session chapter 2, article 1, section 4, subdivision 2; Laws
 441.37 2021, First Special Session chapter 7, article 16, sections 2, subdivisions 29, 31,
 441.38 33; 12; article 17, sections 1, subdivision 2; 3; 6; 10; 11; 12; 17, subdivision 3;
 441.39 Laws 2021, First Special Session chapter 8, article 6, section 1, subdivision 7;
 441.40 Laws 2022, chapter 33, section 1, subdivisions 5a, 5b, 5c, 5d, 5f, 5g, 6a, 6b, 6c,
 441.41 7a, 7b, 7c, 9a, 10c; by adding subdivisions; proposing coding for new law in
 441.42 Minnesota Statutes, chapters 3; 181; 245; 245A; 256E; 256P; repealing Minnesota
 441.43 Statutes 2020, sections 169A.70, subdivision 6; 245A.03, subdivision 5; 245F.15,
 441.44 subdivision 2; 245G.11, subdivision 2; 245G.22, subdivision 19; 246.0136; 252.025,
 441.45 subdivision 7; 252.035; 254A.02, subdivision 8a; 254A.04; 254A.16, subdivision
 441.46 6; 254A.19, subdivisions 1a, 2; 254B.04, subdivisions 2b, 2c; 254B.041, subdivision
 441.47 2; 254B.14, subdivisions 1, 2, 3, 4, 6; 256D.055; 256J.08, subdivisions 10, 61, 62,
 441.48 81, 83; 256J.30, subdivisions 5, 7; 256J.33, subdivisions 3, 5; 256J.34, subdivisions
 441.49 1, 2, 3, 4; 256J.37, subdivision 10; 256R.08, subdivision 2; 256R.49; 256S.19,
 441.50 subdivision 4; Minnesota Statutes 2021 Supplement, sections 254A.19, subdivision
 441.51 5; 254B.14, subdivision 5; 256J.08, subdivision 53; 256J.30, subdivision 8; 256J.33,
 441.52 subdivision 4; Minnesota Rules, parts 2960.0460, subpart 2; 9530.6565, subpart
 441.53 2; 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a, 19, 20, 21;
 441.54 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, 6; 9530.7020,
 441.55 subparts 1, 1a, 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; 9530.7030, subpart
 441.56 1; 9555.6255."