

ARTICLE 17

MENTAL HEALTH UNIFORM SERVICE STANDARDS

Section 1. [245I.01] PURPOSE AND CITATION.

Subdivision 1. Citation. This chapter may be cited as the "Mental Health Uniform Service Standards Act."

Subd. 2. Purpose. In accordance with sections 245.461 and 245.487, the purpose of this chapter is to create a system of mental health care that is unified, accountable, and comprehensive, and to promote the recovery and resiliency of Minnesotans who have mental illnesses. The state's public policy is to support Minnesotans' access to quality outpatient and residential mental health services. Further, the state's public policy is to protect the health and safety, rights, and well-being of Minnesotans receiving mental health services.

Sec. 2. [245I.011] APPLICABILITY.

Subdivision 1. License requirements. A license holder under this chapter must comply with the requirements in chapters 245A, 245C, and 260E; section 626.557; and Minnesota Rules, chapter 9544.

Subd. 2. Variances. (a) The commissioner may grant a variance to an applicant, license holder, or certification holder as long as the variance does not affect the staff qualifications or the health or safety of any person in a licensed or certified program and the applicant, license holder, or certification holder meets the following conditions:

(1) an applicant, license holder, or certification holder must request the variance on a form approved by the commissioner and in a manner prescribed by the commissioner;

(2) the request for a variance must include the:

(i) reasons that the applicant, license holder, or certification holder cannot comply with a requirement as stated in the law; and

(ii) alternative equivalent measures that the applicant, license holder, or certification holder will follow to comply with the intent of the law; and

(3) the request for a variance must state the period of time when the variance is requested.

(b) The commissioner may grant a permanent variance when the conditions under which the applicant, license holder, or certification holder requested the variance do not affect the health or safety of any person whom the licensed or certified program serves, and when the conditions of the variance do not compromise the qualifications of staff who provide services to clients. A permanent variance expires when the conditions that warranted the variance change in any way. Any applicant, license holder, or certification holder must inform the commissioner of any changes to the conditions that warranted the permanent variance. If an applicant, license holder, or certification holder fails to advise the commissioner of

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648.5 changes to the conditions that warranted the variance, the commissioner must revoke the
648.6 permanent variance and may impose other sanctions under sections 245A.06 and 245A.07.

648.7 (c) The commissioner's decision to grant or deny a variance request is final and not
648.8 subject to appeal under the provisions of chapter 14.

648.9 Subd. 3. **Certification required.** (a) An individual, organization, or government entity
648.10 that is exempt from licensure under section 245A.03, subdivision 2, paragraph (a), clause
648.11 (19), and chooses to be identified as a certified mental health clinic must:

648.12 (1) be a mental health clinic that is certified under section 245I.20;

648.13 (2) comply with all of the responsibilities assigned to a license holder by this chapter
648.14 except subdivision 1; and

648.15 (3) comply with all of the responsibilities assigned to a certification holder by chapter
648.16 245A.

648.17 (b) An individual, organization, or government entity described by this subdivision must
648.18 obtain a criminal background study for each staff person or volunteer who provides direct
648.19 contact services to clients.

648.20 Subd. 4. **License required.** An individual, organization, or government entity providing
648.21 intensive residential treatment services or residential crisis stabilization to adults must be
648.22 licensed under section 245I.23. An entity with an adult foster care license providing
648.23 residential crisis stabilization is exempt from licensure under section 245I.23.

648.24 Subd. 5. **Programs certified under chapter 256B.** (a) An individual, organization, or
648.25 government entity certified under the following sections must comply with all of the
648.26 responsibilities assigned to a license holder under this chapter except subdivision 1:

648.27 (1) an assertive community treatment provider under section 256B.0622, subdivision
648.28 3a;

648.29 (2) an adult rehabilitative mental health services provider under section 256B.0623;

648.30 (3) a mobile crisis team under section 256B.0624;

648.31 (4) a children's therapeutic services and supports provider under section 256B.0943;

648.32 (5) an intensive treatment in foster care provider under section 256B.0946; and

649.1 (6) an intensive nonresidential rehabilitative mental health services provider under section
649.2 256B.0947.

649.3 (b) An individual, organization, or government entity certified under the sections listed
649.4 in paragraph (a), clauses (1) to (6), must obtain a criminal background study for each staff
649.5 person and volunteer providing direct contact services to a client.

586.27 changes to the conditions that warranted the variance, the commissioner must revoke the
586.28 permanent variance and may impose other sanctions under sections 245A.06 and 245A.07.

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587.6 except subdivision 1; and

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587.8 245A.

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587.11 contact services to clients.

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587.26 256B.0947.

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587.28 in paragraph (a), clauses (1) to (6), must obtain a criminal background study of each staff
587.29 person and volunteer providing direct contact services to a client.

649.6 Sec. 3. [245I.02] DEFINITIONS.

649.7 Subdivision 1. Scope. For purposes of this chapter, the terms in this section have the
649.8 meanings given.

649.9 Subd. 2. Approval. "Approval" means the documented review of, opportunity to request
649.10 changes to, and agreement with a treatment document. An individual may demonstrate
649.11 approval with a written signature, secure electronic signature, or documented oral approval.

649.12 Subd. 3. Behavioral sciences or related fields. "Behavioral sciences or related fields"
649.13 means an education from an accredited college or university in social work, psychology,
649.14 sociology, community counseling, family social science, child development, child
649.15 psychology, community mental health, addiction counseling, counseling and guidance,
649.16 special education, nursing, and other similar fields approved by the commissioner.

649.17 Subd. 4. Business day. "Business day" means a weekday on which government offices
649.18 are open for business. Business day does not include state or federal holidays, Saturdays,
649.19 or Sundays.

649.20 Subd. 5. Case manager. "Case manager" means a client's case manager according to
649.21 section 256B.0596; 256B.0621; 256B.0625, subdivision 20; 256B.092, subdivision 1a;
649.22 256B.0924; 256B.093, subdivision 3a; 256B.094; or 256B.49.

649.23 Subd. 6. Certified rehabilitation specialist. "Certified rehabilitation specialist" means
649.24 a staff person who meets the qualifications of section 245I.04, subdivision 8.

649.25 Subd. 7. Child. "Child" means a client under the age of 18.

649.26 Subd. 8. Client. "Client" means a person who is seeking or receiving services regulated
649.27 by this chapter. For the purpose of a client's consent to services, client includes a parent,
649.28 guardian, or other individual legally authorized to consent on behalf of a client to services.

649.29 Subd. 9. Clinical trainee. "Clinical trainee" means a staff person who is qualified
649.30 according to section 245I.04, subdivision 6.

649.31 Subd. 10. Commissioner. "Commissioner" means the commissioner of human services
649.32 or the commissioner's designee.

650.1 Subd. 11. Co-occurring substance use disorder treatment. "Co-occurring substance
650.2 use disorder treatment" means the treatment of a person who has a co-occurring mental
650.3 illness and substance use disorder. Co-occurring substance use disorder treatment is
650.4 characterized by stage-wise comprehensive treatment, treatment goal setting, and flexibility
650.5 for clients at each stage of treatment. Co-occurring substance use disorder treatment includes
650.6 assessing and tracking each client's stage of change readiness and treatment using a treatment
650.7 approach based on a client's stage of change, such as motivational interviewing when working
650.8 with a client at an earlier stage of change readiness and a cognitive behavioral approach

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589.3 with a client at an earlier stage of change readiness and a cognitive behavioral approach

650.9 and relapse prevention to work with a client at a later stage of change; and facilitating a
650.10 client's access to community supports.

650.11 Subd. 12. **Crisis plan.** "Crisis plan" means a plan to prevent and de-escalate a client's
650.12 future crisis situation, with the goal of preventing future crises for the client and the client's
650.13 family and other natural supports. Crisis plan includes a crisis plan developed according to
650.14 section 245.4871, subdivision 9a.

650.15 Subd. 13. **Critical incident.** "Critical incident" means an occurrence involving a client
650.16 that requires a license holder to respond in a manner that is not part of the license holder's
650.17 ordinary daily routine. Critical incident includes a client's suicide, attempted suicide, or
650.18 homicide; a client's death; an injury to a client or other person that is life-threatening or
650.19 requires medical treatment; a fire that requires a fire department's response; alleged
650.20 maltreatment of a client; an assault of a client; an assault by a client; or other situation that
650.21 requires a response by law enforcement, the fire department, an ambulance, or another
650.22 emergency response provider.

650.23 Subd. 14. **Diagnostic assessment.** "Diagnostic assessment" means the evaluation and
650.24 report of a client's potential diagnoses that a mental health professional or clinical trainee
650.25 completes under section 245I.10, subdivisions 4 to 6.

650.26 Subd. 15. **Direct contact.** "Direct contact" has the meaning given in section 245C.02,
650.27 subdivision 11.

650.28 Subd. 16. **Family and other natural supports.** "Family and other natural supports"
650.29 means the people whom a client identifies as having a high degree of importance to the
650.30 client. Family and other natural supports also means people that the client identifies as being
650.31 important to the client's mental health treatment, regardless of whether the person is related
650.32 to the client or lives in the same household as the client.

650.33 Subd. 17. **Functional assessment.** "Functional assessment" means the assessment of a
650.34 client's current level of functioning relative to functioning that is appropriate for someone
651.1 the client's age. For a client five years of age or younger, a functional assessment is the
651.2 Early Childhood Service Intensity Instrument (ESCII). For a client six to 17 years of age,
651.3 a functional assessment is the Child and Adolescent Service Intensity Instrument (CASII).
651.4 For a client 18 years of age or older, a functional assessment is the functional assessment
651.5 described in section 245I.10, subdivision 9.

651.6 Subd. 18. **Individual abuse prevention plan.** "Individual abuse prevention plan" means
651.7 a plan according to section 245A.65, subdivision 2, paragraph (b), and section 626.557,
651.8 subdivision 14.

651.9 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care
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651.11 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For
651.12 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service

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651.13 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
651.14 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS).

651.15 Subd. 20. **License.** "License" has the meaning given in section 245A.02, subdivision 8.

651.16 Subd. 21. **License holder.** "License holder" has the meaning given in section 245A.02,
651.17 subdivision 9.

651.18 Subd. 22. **Licensed prescriber.** "Licensed prescriber" means an individual who is
651.19 authorized to prescribe legend drugs under section 151.37.

651.20 Subd. 23. **Mental health behavioral aide.** "Mental health behavioral aide" means a
651.21 staff person who is qualified under section 245I.04, subdivision 16.

651.22 Subd. 24. **Mental health certified family peer specialist.** "Mental health certified
651.23 family peer specialist" means a staff person who is qualified under section 245I.04,
651.24 subdivision 12.

651.25 Subd. 25. **Mental health certified peer specialist.** "Mental health certified peer
651.26 specialist" means a staff person who is qualified under section 245I.04, subdivision 10.

651.27 Subd. 26. **Mental health practitioner.** "Mental health practitioner" means a staff person
651.28 who is qualified under section 245I.04, subdivision 4.

651.29 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person
651.30 who is qualified under section 245I.04, subdivision 2.

651.31 Subd. 28. **Mental health rehabilitation worker.** "Mental health rehabilitation worker"
651.32 means a staff person who is qualified under section 245I.04, subdivision 14.

652.1 Subd. 29. **Mental illness.** "Mental illness" means any of the conditions included in the
652.2 most recent editions of the DC: 0-5 Diagnostic Classification of Mental Health and
652.3 Development Disorders of Infancy and Early Childhood published by Zero to Three or the
652.4 Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric
652.5 Association.

652.6 Subd. 30. **Organization.** "Organization" has the meaning given in section 245A.02,
652.7 subdivision 10c.

652.8 Subd. 31. **Personnel file.** "Personnel file" means a set of records under section 245I.07,
652.9 paragraph (a). Personnel files excludes information related to a person's employment that
652.10 is not included in section 245I.07.

652.11 Subd. 32. **Registered nurse.** "Registered nurse" means a staff person who is qualified
652.12 under section 148.171, subdivision 20.

652.13 Subd. 33. **Rehabilitative mental health services.** "Rehabilitative mental health services"
652.14 means mental health services provided to an adult client that enable the client to develop
652.15 and achieve psychiatric stability, social competencies, personal and emotional adjustment,

590.8 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
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652.16 independent living skills, family roles, and community skills when symptoms of mental
652.17 illness has impaired any of the client's abilities in these areas.

652.18 Subd. 34. **Residential program.** "Residential program" has the meaning given in section
652.19 245A.02, subdivision 14.

652.20 Subd. 35. **Signature.** "Signature" means a written signature or an electronic signature
652.21 defined in section 325L.02, paragraph (h).

652.22 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license
652.23 holder's direction or under a contract with a license holder. Staff person includes an intern,
652.24 consultant, contractor, individual who works part-time, and an individual who does not
652.25 provide direct contact services to clients. Staff person includes a volunteer who provides
652.26 treatment services to a client or a volunteer whom the license holder regards as a staff person
652.27 for the purpose of meeting staffing or service delivery requirements. A staff person must
652.28 be 18 years of age or older.

652.29 Subd. 37. **Strengths.** "Strengths" means a person's inner characteristics, virtues, external
652.30 relationships, activities, and connections to resources that contribute to a client's resilience
652.31 and core competencies. A person can build on strengths to support recovery.

652.32 Subd. 38. **Trauma.** "Trauma" means an event, series of events, or set of circumstances
652.33 that is experienced by an individual as physically or emotionally harmful or life-threatening
653.1 that has lasting adverse effects on the individual's functioning and mental, physical, social,
653.2 emotional, or spiritual well-being. Trauma includes group traumatic experiences. Group
653.3 traumatic experiences are emotional or psychological harm that a group experiences. Group
653.4 traumatic experiences can be transmitted across generations within a community and are
653.5 often associated with racial and ethnic population groups who suffer major intergenerational
653.6 losses.

653.7 Subd. 39. **Treatment plan.** "Treatment plan" means services that a license holder
653.8 formulates to respond to a client's needs and goals. A treatment plan includes individual
653.9 treatment plans under section 245I.10, subdivisions 7 and 8; initial treatment plans under
653.10 section 245I.23, subdivision 7; and crisis treatment plans under sections 245I.23, subdivision
653.11 8, and 256B.0624, subdivision 11.

653.12 Subd. 40. **Treatment supervision.** "Treatment supervision" means a mental health
653.13 professional's or certified rehabilitation specialist's oversight, direction, and evaluation of
653.14 a staff person providing services to a client according to section 245I.06.

653.15 Subd. 41. **Volunteer.** "Volunteer" means an individual who, under the direction of the
653.16 license holder, provides services to or facilitates an activity for a client without compensation.

653.17 Sec. 4. **[245I.03] REQUIRED POLICIES AND PROCEDURES.**

653.18 Subdivision 1. **Generally.** A license holder must establish, enforce, and maintain policies
653.19 and procedures to comply with the requirements of this chapter and chapters 245A, 245C,
653.20 and 260E; sections 626.557 and 626.5572; and Minnesota Rules, chapter 9544. The license

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591.22 for the purpose of meeting staffing or service delivery requirements. A staff person must
591.23 be 18 years of age or older.

591.24 Subd. 37. **Strengths.** "Strengths" means a person's inner characteristics, virtues, external
591.25 relationships, activities, and connections to resources that contribute to a client's resilience
591.26 and core competencies. A person can build on strengths to support recovery.

591.27 Subd. 38. **Trauma.** "Trauma" means an event, series of events, or set of circumstances
591.28 that is experienced by an individual as physically or emotionally harmful or life-threatening
591.29 that has lasting adverse effects on the individual's functioning and mental, physical, social,
591.30 emotional, or spiritual well-being. Trauma includes group traumatic experiences. Group
591.31 traumatic experiences are emotional or psychological harm that a group experiences. Group
591.32 traumatic experiences can be transmitted across generations within a community and are
592.1 often associated with racial and ethnic population groups who suffer major intergenerational
592.2 losses.

592.3 Subd. 39. **Treatment plan.** "Treatment plan" means services that a license holder
592.4 formulates to respond to a client's needs and goals. A treatment plan includes individual
592.5 treatment plans under section 245I.10, subdivisions 7 and 8; initial treatment plans under
592.6 section 245I.23, subdivision 7; and crisis treatment plans under sections 245I.23, subdivision
592.7 8, and 256B.0624, subdivision 11.

592.8 Subd. 40. **Treatment supervision.** "Treatment supervision" means a mental health
592.9 professional's or certified rehabilitation specialist's oversight, direction, and evaluation of
592.10 a staff person providing services to a client according to section 245I.06.

592.11 Subd. 41. **Volunteer.** "Volunteer" means an individual who, under the direction of the
592.12 license holder, provides services to or facilitates an activity for a client without compensation.

592.13 Sec. 4. **[245I.03] REQUIRED POLICIES AND PROCEDURES.**

592.14 Subdivision 1. **Generally.** A license holder must establish, enforce, and maintain policies
592.15 and procedures to comply with the requirements of this chapter and chapters 245A, 245C,
592.16 and 260E; sections 626.557 and 626.5572; and Minnesota Rules, chapter 9544. The license

653.21 holder must make all policies and procedures available in writing to each staff person. The
653.22 license holder must complete and document a review of policies and procedures every two
653.23 years and update policies and procedures as necessary. Each policy and procedure must
653.24 identify the date that it was initiated and the dates of all revisions. The license holder must
653.25 clearly communicate any policy and procedural change to each staff person and provide
653.26 necessary training to each staff person to implement any policy and procedural change.

653.27 Subd. 2. **Health and safety.** A license holder must have policies and procedures to
653.28 ensure the health and safety of each staff person and client during the provision of services,
653.29 including policies and procedures for services based in community settings.

653.30 Subd. 3. **Client rights.** A license holder must have policies and procedures to ensure
653.31 that each staff person complies with the client rights and protections requirements in section
653.32 245I.12.

654.1 Subd. 4. **Behavioral emergencies.** (a) A license holder must have procedures that each
654.2 staff person follows when responding to a client who exhibits behavior that threatens the
654.3 immediate safety of the client or others. A license holder's behavioral emergency procedures
654.4 must incorporate person-centered planning and trauma-informed care.

654.5 (b) A license holder's behavioral emergency procedures must include:

654.6 (1) a plan designed to prevent the client from inflicting self-harm and harming others;

654.7 (2) contact information for emergency resources that a staff person must use when the
654.8 license holder's behavioral emergency procedures are unsuccessful in controlling a client's
654.9 behavior;

654.10 (3) the types of behavioral emergency procedures that a staff person may use;

654.11 (4) the specific circumstances under which the program may use behavioral emergency
654.12 procedures; and

654.13 (5) the staff persons whom the license holder authorizes to implement behavioral
654.14 emergency procedures.

654.15 (c) The license holder's behavioral emergency procedures must not include secluding
654.16 or restraining a client except as allowed under section 245.8261.

654.17 (d) Staff persons must not use behavioral emergency procedures to enforce program
654.18 rules or for the convenience of staff persons. Behavioral emergency procedures must not
654.19 be part of any client's treatment plan. A staff person may not use behavioral emergency
654.20 procedures except in response to a client's current behavior that threatens the immediate
654.21 safety of the client or others.

654.22 Subd. 5. **Health services and medications.** If a license holder is licensed as a residential
654.23 program, stores or administers client medications, or observes clients self-administer
654.24 medications, the license holder must ensure that a staff person who is a registered nurse or

592.17 holder must make all policies and procedures available in writing to each staff person. The
592.18 license holder must complete and document a review of policies and procedures every two
592.19 years and update policies and procedures as necessary. Each policy and procedure must
592.20 identify the date that it was initiated and the dates of all revisions. The license holder must
592.21 clearly communicate any policy and procedural change to each staff person and provide
592.22 necessary training to each staff person to implement any policy and procedural change.

592.23 Subd. 2. **Health and safety.** A license holder must have policies and procedures to
592.24 ensure the health and safety of each staff person and client during the provision of services,
592.25 including policies and procedures for services based in community settings.

592.26 Subd. 3. **Client rights.** A license holder must have policies and procedures to ensure
592.27 that each staff person complies with the client rights and protections requirements in section
592.28 245I.12.

592.29 Subd. 4. **Behavioral emergencies.** (a) A license holder must have procedures that each
592.30 staff person follows when responding to a client who exhibits behavior that threatens the
592.31 immediate safety of the client or others. A license holder's behavioral emergency procedures
592.32 must incorporate person-centered planning and trauma-informed care.

592.33 (b) A license holder's behavioral emergency procedures must include:

593.1 (1) a plan designed to prevent the client from inflicting self-harm and harming others;

593.2 (2) contact information for emergency resources that a staff person must use when the
593.3 license holder's behavioral emergency procedures are unsuccessful in controlling a client's
593.4 behavior;

593.5 (3) the types of behavioral emergency procedures that a staff person may use;

593.6 (4) the specific circumstances under which the program may use behavioral emergency
593.7 procedures; and

593.8 (5) the staff persons whom the license holder authorizes to implement behavioral
593.9 emergency procedures.

593.10 (c) The license holder's behavioral emergency procedures must not include secluding
593.11 or restraining a client except as allowed under section 245.8261.

593.12 (d) Staff persons must not use behavioral emergency procedures to enforce program
593.13 rules or for the convenience of staff persons. Behavioral emergency procedures must not
593.14 be part of any client's treatment plan. A staff person may not use behavioral emergency
593.15 procedures except in response to a client's current behavior that threatens the immediate
593.16 safety of the client or others.

593.17 Subd. 5. **Health services and medications.** If a license holder is licensed as a residential
593.18 program, stores or administers client medications, or observes clients self-administer
593.19 medications, the license holder must ensure that a staff person who is a registered nurse or

654.25 licensed prescriber reviews and approves of the license holder's policies and procedures to
654.26 comply with the health services and medications requirements in section 245I.11, the training
654.27 requirements in section 245I.05, subdivision 6, and the documentation requirements in
654.28 section 245I.08, subdivision 5.

654.29 Subd. 6. **Reporting maltreatment.** A license holder must have policies and procedures
654.30 for reporting a staff person's suspected maltreatment, abuse, or neglect of a client according
654.31 to chapter 260E and section 626.557.

655.1 Subd. 7. **Critical incidents.** If a license holder is licensed as a residential program, the
655.2 license holder must have policies and procedures for reporting and maintaining records of
655.3 critical incidents according to section 245I.13.

655.4 Subd. 8. **Personnel.** A license holder must have personnel policies and procedures that:

655.5 (1) include a chart or description of the organizational structure of the program that
655.6 indicates positions and lines of authority;

655.7 (2) ensure that it will not adversely affect a staff person's retention, promotion, job
655.8 assignment, or pay when a staff person communicates in good faith with the Department
655.9 of Human Services, the Office of Ombudsman for Mental Health and Developmental
655.10 Disabilities, the Department of Health, a health-related licensing board, a law enforcement
655.11 agency, or a local agency investigating a complaint regarding a client's rights, health, or
655.12 safety;

655.13 (3) prohibit a staff person from having sexual contact with a client in violation of chapter
655.14 604, sections 609.344 or 609.345;

655.15 (4) prohibit a staff person from neglecting, abusing, or mistreating a client as described
655.16 in chapter 260E and sections 626.557 and 626.5572;

655.17 (5) include the drug and alcohol policy described in section 245A.04, subdivision 1,
655.18 paragraph (c);

655.19 (6) describe the process for disciplinary action, suspension, or dismissal of a staff person
655.20 for violating a policy provision described in clauses (3) to (5);

655.21 (7) describe the license holder's response to a staff person who violates other program
655.22 policies or who has a behavioral problem that interferes with providing treatment services
655.23 to clients; and

655.24 (8) describe each staff person's position that includes the staff person's responsibilities,
655.25 authority to execute the responsibilities, and qualifications for the position.

655.26 Subd. 9. **Volunteers.** A license holder must have policies and procedures for using
655.27 volunteers, including when a license holder must submit a background study for a volunteer,
655.28 and the specific tasks that a volunteer may perform.

593.20 licensed prescriber reviews and approves of the license holder's policies and procedures to
593.21 comply with the health services and medications requirements in section 245I.11, the training
593.22 requirements in section 245I.05, subdivision 6, and the documentation requirements in
593.23 section 245I.08, subdivision 5.

593.24 Subd. 6. **Reporting maltreatment.** A license holder must have policies and procedures
593.25 for reporting a staff person's suspected maltreatment, abuse, or neglect of a client according
593.26 to chapter 260E and section 626.557.

593.27 Subd. 7. **Critical incidents.** If a license holder is licensed as a residential program, the
593.28 license holder must have policies and procedures for reporting and maintaining records of
593.29 critical incidents according to section 245I.13.

593.30 Subd. 8. **Personnel.** A license holder must have personnel policies and procedures that:

593.31 (1) include a chart or description of the organizational structure of the program that
593.32 indicates positions and lines of authority;

594.1 (2) ensure that it will not adversely affect a staff person's retention, promotion, job
594.2 assignment, or pay when a staff person communicates in good faith with the Department
594.3 of Human Services, the Office of Ombudsman for Mental Health and Developmental
594.4 Disabilities, the Department of Health, a health-related licensing board, a law enforcement
594.5 agency, or a local agency investigating a complaint regarding a client's rights, health, or
594.6 safety;

594.7 (3) prohibit a staff person from having sexual contact with a client in violation of chapter
594.8 604, sections 609.344 or 609.345;

594.9 (4) prohibit a staff person from neglecting, abusing, or mistreating a client as described
594.10 in chapter 260E and sections 626.557 and 626.5572;

594.11 (5) include the drug and alcohol policy described in section 245A.04, subdivision 1,
594.12 paragraph (c);

594.13 (6) describe the process for disciplinary action, suspension, or dismissal of a staff person
594.14 for violating a policy provision described in clauses (3) to (5);

594.15 (7) describe the license holder's response to a staff person who violates other program
594.16 policies or who has a behavioral problem that interferes with providing treatment services
594.17 to clients; and

594.18 (8) describe each staff person's position that includes the staff person's responsibilities,
594.19 authority to execute the responsibilities, and qualifications for the position.

594.20 Subd. 9. **Volunteers.** A license holder must have policies and procedures for using
594.21 volunteers, including when a license holder must submit a background study of a volunteer,
594.22 and the specific tasks that a volunteer may perform.

655.29 Subd. 10. **Data privacy.** (a) A license holder must have policies and procedures that
655.30 comply with all applicable state and federal law. A license holder's use of electronic record
655.31 keeping or electronic signatures does not alter a license holder's obligations to comply with
655.32 applicable state and federal law.

656.1 (b) A license holder must have policies and procedures for a staff person to promptly
656.2 document a client's revocation of consent to disclose the client's health record. The license
656.3 holder must verify that the license holder has permission to disclose a client's health record
656.4 before releasing any client data.

656.5 Sec. 5. **[2451.04] PROVIDER QUALIFICATIONS AND SCOPE OF PRACTICE.**

656.6 Subdivision 1. **Tribal providers.** For purposes of this section, a **tribal** entity may
656.7 credential an individual according to section 256B.02, subdivision 7, paragraphs (b) and
656.8 (c).

656.9 Subd. 2. **Mental health professional qualifications.** The following individuals may
656.10 provide services to a client as a mental health professional:

656.11 (1) a registered nurse who is licensed under sections 148.171 to 148.285 and is certified
656.12 as a: (i) clinical nurse specialist in child or adolescent, family, or adult psychiatric and
656.13 mental health nursing by a national certification organization; or (ii) nurse practitioner in
656.14 adult or family psychiatric and mental health nursing by a national nurse certification
656.15 organization;

656.16 (2) a licensed independent clinical social worker as defined in section 148E.050,
656.17 subdivision 5;

656.18 (3) a psychologist licensed by the Board of Psychology under sections 148.88 to 148.98;

656.19 (4) a physician licensed under chapter 147 if the physician is: (i) certified by the American
656.20 Board of Psychiatry and Neurology; (ii) certified by the American Osteopathic Board of
656.21 Neurology and Psychiatry; or (iii) eligible for board certification in psychiatry;

656.22 (5) a marriage and family therapist licensed under sections 148B.29 to 148B.392; or

656.23 (6) a licensed professional clinical counselor licensed under section 148B.5301.

656.24 Subd. 3. **Mental health professional scope of practice.** A mental health professional
656.25 must maintain a valid license with the mental health professional's governing health-related
656.26 licensing board and must only provide services to a client within the scope of practice
656.27 determined by the applicable health-related licensing board.

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

594.23 Subd. 10. **Data privacy.** (a) A license holder must have policies and procedures that
594.24 comply with all applicable state and federal law. A license holder's use of electronic record
594.25 keeping or electronic signatures does not alter a license holder's obligations to comply with
594.26 applicable state and federal law.

594.27 (b) A license holder must have policies and procedures for a staff person to promptly
594.28 document a client's revocation of consent to disclose the client's health record. The license
594.29 holder must verify that the license holder has permission to disclose a client's health record
594.30 before releasing any client data.

595.1 Sec. 5. **[2451.04] PROVIDER QUALIFICATIONS AND SCOPE OF PRACTICE.**

595.2 Subdivision 1. **Tribal providers.** For purposes of this section, a **Tribal** entity may
595.3 credential an individual according to section 256B.02, subdivision 7, paragraphs (b) and
595.4 (c).

595.5 Subd. 2. **Mental health professional qualifications.** The following individuals may
595.6 provide services to a client as a mental health professional:

595.7 (1) a registered nurse who is licensed under sections 148.171 to 148.285 and is certified
595.8 as a: (i) clinical nurse specialist in child or adolescent, family, or adult psychiatric and
595.9 mental health nursing by a national certification organization; or (ii) nurse practitioner in
595.10 adult or family psychiatric and mental health nursing by a national nurse certification
595.11 organization;

595.12 (2) a licensed independent clinical social worker as defined in section 148E.050,
595.13 subdivision 5;

595.14 (3) a psychologist licensed by the Board of Psychology under sections 148.88 to 148.98;

595.15 (4) a physician licensed under chapter 147 if the physician is: (i) certified by the American
595.16 Board of Psychiatry and Neurology; (ii) certified by the American Osteopathic Board of
595.17 Neurology and Psychiatry; or (iii) eligible for board certification in psychiatry;

595.18 (5) a marriage and family therapist licensed under sections 148B.29 to 148B.392; or

595.19 (6) a licensed professional clinical counselor licensed under section 148B.5301.

595.20 Subd. 3. **Mental health professional scope of practice.** A mental health professional
595.21 must maintain a valid license with the mental health professional's governing health-related
595.22 licensing board and must only provide services to a client within the scope of practice
595.23 determined by the applicable health-related licensing board.

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

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

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

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

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

657.9 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
657.10 of the individual's clients belong, and completes the additional training described in section
657.11 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

657.12 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
657.13 256B.0943; or

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

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

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

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

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

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

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

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

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

658.1 Subd. 5. **Mental health practitioner scope of practice.** (a) A mental health practitioner
658.2 under the treatment supervision of a mental health professional or certified rehabilitation
658.3 specialist may provide an adult client with client education, rehabilitative mental health
658.4 services, functional assessments, level of care assessments, and treatment plans. A mental

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

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

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

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

596.4 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
596.5 of the individual's clients belong, and completes the additional training described in section
596.6 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

596.7 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
596.8 256B.0943; or

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

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

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

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

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

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

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

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

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

596.27 Subd. 5. **Mental health practitioner scope of practice.** (a) A mental health practitioner
596.28 under the treatment supervision of a mental health professional or certified rehabilitation
596.29 specialist may provide an adult client with client education, rehabilitative mental health
596.30 services, functional assessments, level of care assessments, and treatment plans. A mental

658.5 health practitioner under the treatment supervision of a mental health professional may
658.6 provide skill-building services to a child client and complete treatment plans for a child
658.7 client.

658.8 (b) A mental health practitioner must not provide treatment supervision to other staff
658.9 persons. A mental health practitioner may provide direction to mental health rehabilitation
658.10 workers and mental health behavioral aides.

658.11 (c) A mental health practitioner who provides services to clients according to section
658.12 256B.0624 or 256B.0944 may perform crisis assessments and interventions for a client.

658.13 Subd. 6. **Clinical trainee qualifications.** (a) A clinical trainee is a staff person who: (1)
658.14 is enrolled in an accredited graduate program of study to prepare the staff person for
658.15 independent licensure as a mental health professional and who is participating in a practicum
658.16 or internship with the license holder through the individual's graduate program; or (2) has
658.17 completed an accredited graduate program of study to prepare the staff person for independent
658.18 licensure as a mental health professional and who is in compliance with the requirements
658.19 of the applicable health-related licensing board, including requirements for supervised
658.20 practice.

658.21 (b) A clinical trainee is responsible for notifying and applying to a health-related licensing
658.22 board to ensure that the trainee meets the requirements of the health-related licensing board.
658.23 As permitted by a health-related licensing board, treatment supervision under this chapter
658.24 may be integrated into a plan to meet the supervisory requirements of the health-related
658.25 licensing board but does not supersede those requirements.

658.26 Subd. 7. **Clinical trainee scope of practice.** (a) A clinical trainee under the treatment
658.27 supervision of a mental health professional may provide a client with psychotherapy, client
658.28 education, rehabilitative mental health services, diagnostic assessments, functional
658.29 assessments, level of care assessments, and treatment plans.

658.30 (b) A clinical trainee must not provide treatment supervision to other staff persons. A
658.31 clinical trainee may provide direction to mental health behavioral aides and mental health
658.32 rehabilitation workers.

658.33 (c) A psychological clinical trainee under the treatment supervision of a psychologist
658.34 may perform psychological testing of clients.

659.1 (d) A clinical trainee must not provide services to clients that violate any practice act of
659.2 a health-related licensing board, including failure to obtain licensure if licensure is required.

659.3 Subd. 8. **Certified rehabilitation specialist qualifications.** A certified rehabilitation
659.4 specialist must have:

659.5 (1) a master's degree from an accredited college or university in behavioral sciences or
659.6 related fields;

596.31 health practitioner under the treatment supervision of a mental health professional may
597.1 provide skill-building services to a child client and complete treatment plans for a child
597.2 client.

597.3 (b) A mental health practitioner must not provide treatment supervision to other staff
597.4 persons. A mental health practitioner may provide direction to mental health rehabilitation
597.5 workers and mental health behavioral aides.

597.6 (c) A mental health practitioner who provides services to clients according to section
597.7 256B.0624 or 256B.0944 may perform crisis assessments and interventions for a client.

597.8 Subd. 6. **Clinical trainee qualifications.** (a) A clinical trainee is a staff person who: (1)
597.9 is enrolled in an accredited graduate program of study to prepare the staff person for
597.10 independent licensure as a mental health professional and who is participating in a practicum
597.11 or internship with the license holder through the individual's graduate program; or (2) has
597.12 completed an accredited graduate program of study to prepare the staff person for independent
597.13 licensure as a mental health professional and who is in compliance with the requirements
597.14 of the applicable health-related licensing board, including requirements for supervised
597.15 practice.

597.16 (b) A clinical trainee is responsible for notifying and applying to a health-related licensing
597.17 board to ensure that the trainee meets the requirements of the health-related licensing board.
597.18 As permitted by a health-related licensing board, treatment supervision under this chapter
597.19 may be integrated into a plan to meet the supervisory requirements of the health-related
597.20 licensing board but does not supersede those requirements.

597.21 Subd. 7. **Clinical trainee scope of practice.** (a) A clinical trainee under the treatment
597.22 supervision of a mental health professional may provide a client with psychotherapy, client
597.23 education, rehabilitative mental health services, diagnostic assessments, functional
597.24 assessments, level of care assessments, and treatment plans.

597.25 (b) A clinical trainee must not provide treatment supervision to other staff persons. A
597.26 clinical trainee may provide direction to mental health behavioral aides and mental health
597.27 rehabilitation workers.

597.28 (c) A psychological clinical trainee under the treatment supervision of a psychologist
597.29 may perform psychological testing of clients.

597.30 (d) A clinical trainee must not provide services to clients that violate any practice act of
597.31 a health-related licensing board, including failure to obtain licensure if licensure is required.

597.32 Subd. 8. **Certified rehabilitation specialist qualifications.** A certified rehabilitation
597.33 specialist must have:

598.1 (1) a master's degree from an accredited college or university in behavioral sciences or
598.2 related fields;

659.7 (2) at least 4,000 hours of post-master's supervised experience providing mental health
659.8 services to clients; and

659.9 (3) a valid national certification as a certified rehabilitation counselor or certified
659.10 psychosocial rehabilitation practitioner.

659.11 Subd. 9. **Certified rehabilitation specialist scope of practice.** (a) A certified
659.12 rehabilitation specialist may provide an adult client with client education, rehabilitative
659.13 mental health services, functional assessments, level of care assessments, and treatment
659.14 plans.

659.15 (b) A certified rehabilitation specialist may provide treatment supervision to a mental
659.16 health certified peer specialist, mental health practitioner, and mental health rehabilitation
659.17 worker.

659.18 Subd. 10. **Mental health certified peer specialist qualifications.** A mental health
659.19 certified peer specialist must:

659.20 (1) have been diagnosed with a mental illness;

659.21 (2) be a current or former mental health services client; and

659.22 (3) have a valid certification as a mental health certified peer specialist under section
659.23 256B.0615.

659.24 Subd. 11. **Mental health certified peer specialist scope of practice.** A mental health
659.25 certified peer specialist under the treatment supervision of a mental health professional or
659.26 certified rehabilitation specialist must:

659.27 (1) provide individualized peer support to each client;

659.28 (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development
659.29 of natural supports; and

659.30 (3) support a client's maintenance of skills that the client has learned from other services.

660.1 Subd. 12. **Mental health certified family peer specialist qualifications.** A mental
660.2 health certified family peer specialist must:

660.3 (1) have raised or be currently raising a child with a mental illness;

660.4 (2) have experience navigating the children's mental health system; and

660.5 (3) have a valid certification as a mental health certified family peer specialist under
660.6 section 256B.0616.

660.7 Subd. 13. **Mental health certified family peer specialist scope of practice.** A mental
660.8 health certified family peer specialist under the treatment supervision of a mental health

598.3 (2) at least 4,000 hours of post-master's supervised experience providing mental health
598.4 services to clients; and

598.5 (3) a valid national certification as a certified rehabilitation counselor or certified
598.6 psychosocial rehabilitation practitioner.

598.7 Subd. 9. **Certified rehabilitation specialist scope of practice.** (a) A certified
598.8 rehabilitation specialist may provide an adult client with client education, rehabilitative
598.9 mental health services, functional assessments, level of care assessments, and treatment
598.10 plans.

598.11 (b) A certified rehabilitation specialist may provide treatment supervision to a mental
598.12 health certified peer specialist, mental health practitioner, and mental health rehabilitation
598.13 worker.

598.14 Subd. 10. **Mental health certified peer specialist qualifications.** A mental health
598.15 certified peer specialist must:

598.16 (1) have been diagnosed with a mental illness;

598.17 (2) be a current or former mental health services client; and

598.18 (3) have a valid certification as a mental health certified peer specialist under section
598.19 256B.0615.

598.20 Subd. 11. **Mental health certified peer specialist scope of practice.** A mental health
598.21 certified peer specialist under the treatment supervision of a mental health professional or
598.22 certified rehabilitation specialist must:

598.23 (1) provide individualized peer support to each client;

598.24 (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development
598.25 of natural supports; and

598.26 (3) support a client's maintenance of skills that the client has learned from other services.

598.27 Subd. 12. **Mental health certified family peer specialist qualifications.** A mental
598.28 health certified family peer specialist must:

598.29 (1) have raised or be currently raising a child with a mental illness;

598.30 (2) have experience navigating the children's mental health system; and

599.1 (3) have a valid certification as a mental health certified family peer specialist under
599.2 section 256B.0616.

599.3 Subd. 13. **Mental health certified family peer specialist scope of practice.** A mental
599.4 health certified family peer specialist under the treatment supervision of a mental health

660.9 professional must provide services to increase the child's ability to function in the child's
660.10 home, school, and community. The mental health certified family peer specialist must:

660.11 (1) provide family peer support to build on a client's family's strengths and help the
660.12 family achieve desired outcomes;

660.13 (2) provide nonadversarial advocacy to a child client and the child's family that
660.14 encourages partnership and promotes the child's positive change and growth;

660.15 (3) support families in advocating for culturally appropriate services for a child in each
660.16 treatment setting;

660.17 (4) promote resiliency, self-advocacy, and development of natural supports;

660.18 (5) support maintenance of skills learned from other services;

660.19 (6) establish and lead parent support groups;

660.20 (7) assist parents in developing coping and problem-solving skills; and

660.21 (8) educate parents about mental illnesses and community resources, including resources
660.22 that connect parents with similar experiences to one another.

660.23 Subd. 14. **Mental health rehabilitation worker qualifications.** (a) A mental health
660.24 rehabilitation worker must:

660.25 (1) have a high school diploma or equivalent; and

660.26 (2) meet one of the following qualification requirements:

660.27 (i) be fluent in the non-English language or competent in the culture of the ethnic group
660.28 to which at least 20 percent of the mental health rehabilitation worker's clients belong;

660.29 (ii) have an associate of arts degree;

661.1 (iii) have two years of full-time postsecondary education or a total of 15 semester hours
661.2 or 23 quarter hours in behavioral sciences or related fields;

661.3 (iv) be a registered nurse;

661.4 (v) have, within the previous ten years, three years of personal life experience with
661.5 mental illness;

661.6 (vi) have, within the previous ten years, three years of life experience as a primary
661.7 caregiver to an adult with a mental illness, traumatic brain injury, substance use disorder,
661.8 or developmental disability; or

661.9 (vii) have, within the previous ten years, 2,000 hours of work experience providing
661.10 health and human services to individuals.

599.5 professional must provide services to increase the child's ability to function in the child's
599.6 home, school, and community. The mental health certified family peer specialist must:

599.7 (1) provide family peer support to build on a client's family's strengths and help the
599.8 family achieve desired outcomes;

599.9 (2) provide nonadversarial advocacy to a child client and the child's family that
599.10 encourages partnership and promotes the child's positive change and growth;

599.11 (3) support families in advocating for culturally appropriate services for a child in each
599.12 treatment setting;

599.13 (4) promote resiliency, self-advocacy, and development of natural supports;

599.14 (5) support maintenance of skills learned from other services;

599.15 (6) establish and lead parent support groups;

599.16 (7) assist parents in developing coping and problem-solving skills; and

599.17 (8) educate parents about mental illnesses and community resources, including resources
599.18 that connect parents with similar experiences to one another.

599.19 Subd. 14. **Mental health rehabilitation worker qualifications.** (a) A mental health
599.20 rehabilitation worker must:

599.21 (1) have a high school diploma or equivalent; and

599.22 (2) meet one of the following qualification requirements:

599.23 (i) be fluent in the non-English language or competent in the culture of the ethnic group
599.24 to which at least 20 percent of the mental health rehabilitation worker's clients belong;

599.25 (ii) have an associate of arts degree;

599.26 (iii) have two years of full-time postsecondary education or a total of 15 semester hours
599.27 or 23 quarter hours in behavioral sciences or related fields;

599.28 (iv) be a registered nurse;

599.29 (v) have, within the previous ten years, three years of personal life experience with
599.30 mental illness;

600.1 (vi) have, within the previous ten years, three years of life experience as a primary
600.2 caregiver to an adult with a mental illness, traumatic brain injury, substance use disorder,
600.3 or developmental disability; or

600.4 (vii) have, within the previous ten years, 2,000 hours of work experience providing
600.5 health and human services to individuals.

661.11 (b) A mental health rehabilitation worker who is scheduled as an overnight staff person
661.12 and works alone is exempt from the additional qualification requirements in paragraph (a),
661.13 clause (2).

661.14 Subd. 15. **Mental health rehabilitation worker scope of practice.** A mental health
661.15 rehabilitation worker under the treatment supervision of a mental health professional or
661.16 certified rehabilitation specialist may provide rehabilitative mental health services to an
661.17 adult client according to the client's treatment plan.

661.18 Subd. 16. **Mental health behavioral aide qualifications.** (a) A level 1 mental health
661.19 behavioral aide must have: (1) a high school diploma or equivalent; or (2) two years of
661.20 experience as a primary caregiver to a child with mental illness within the previous ten
661.21 years.

661.22 (b) A level 2 mental health behavioral aide must: (1) have an associate or bachelor's
661.23 degree; or (2) be certified by a program under section 256B.0943, subdivision 8a.

661.24 Subd. 17. **Mental health behavioral aide scope of practice.** While under the treatment
661.25 supervision of a mental health professional, a mental health behavioral aide may practice
661.26 psychosocial skills with a child client according to the child's treatment plan and individual
661.27 behavior plan that a mental health professional, clinical trainee, or mental health practitioner
661.28 has previously taught to the child.

661.29 Sec. 6. **[245L.05] TRAINING REQUIRED.**

661.30 Subdivision 1. **Training plan.** A license holder must develop a training plan to ensure
661.31 that staff persons receive ongoing training according to this section. The training plan must
661.32 include:

662.1 (1) a formal process to evaluate the training needs of each staff person. An annual
662.2 performance evaluation of a staff person satisfies this requirement;

662.3 (2) a description of how the license holder conducts ongoing training of each staff person,
662.4 including whether ongoing training is based on a staff person's hire date or a specified annual
662.5 cycle determined by the program;

662.6 (3) a description of how the license holder verifies and documents each staff person's
662.7 previous training experience. A license holder may consider a staff person to have met a
662.8 training requirement in subdivision 3, paragraph (d) or (e), if the staff person has received
662.9 equivalent postsecondary education in the previous four years or training experience in the
662.10 previous two years; and

662.11 (4) a description of how the license holder determines when a staff person needs
662.12 additional training, including when the license holder will provide additional training.

662.13 Subd. 2. **Documentation of training.** (a) The license holder must provide training to
662.14 each staff person according to the training plan and must document that the license holder

600.6 (b) A mental health rehabilitation worker who is scheduled as an overnight staff person
600.7 and works alone is exempt from the additional qualification requirements in paragraph (a),
600.8 clause (2).

600.9 Subd. 15. **Mental health rehabilitation worker scope of practice.** A mental health
600.10 rehabilitation worker under the treatment supervision of a mental health professional or
600.11 certified rehabilitation specialist may provide rehabilitative mental health services to an
600.12 adult client according to the client's treatment plan.

600.13 Subd. 16. **Mental health behavioral aide qualifications.** (a) A level 1 mental health
600.14 behavioral aide must have: (1) a high school diploma or equivalent; or (2) two years of
600.15 experience as a primary caregiver to a child with mental illness within the previous ten
600.16 years.

600.17 (b) A level 2 mental health behavioral aide must: (1) have an associate or bachelor's
600.18 degree; or (2) be certified by a program under section 256B.0943, subdivision 8a.

600.19 Subd. 17. **Mental health behavioral aide scope of practice.** While under the treatment
600.20 supervision of a mental health professional, a mental health behavioral aide may practice
600.21 psychosocial skills with a child client according to the child's treatment plan and individual
600.22 behavior plan that a mental health professional, clinical trainee, or mental health practitioner
600.23 has previously taught to the child.

600.24 Sec. 6. **[245L.05] TRAINING REQUIRED.**

600.25 Subdivision 1. **Training plan.** A license holder must develop a training plan to ensure
600.26 that staff persons receive ongoing training according to this section. The training plan must
600.27 include:

600.28 (1) a formal process to evaluate the training needs of each staff person. An annual
600.29 performance evaluation of a staff person satisfies this requirement;

600.30 (2) a description of how the license holder conducts ongoing training of each staff person,
600.31 including whether ongoing training is based on a staff person's hire date or a specified annual
600.32 cycle determined by the program;

601.1 (3) a description of how the license holder verifies and documents each staff person's
601.2 previous training experience. A license holder may consider a staff person to have met a
601.3 training requirement in subdivision 3, paragraph (d) or (e), if the staff person has received
601.4 equivalent postsecondary education in the previous four years or training experience in the
601.5 previous two years; and

601.6 (4) a description of how the license holder determines when a staff person needs
601.7 additional training, including when the license holder will provide additional training.

601.8 Subd. 2. **Documentation of training.** (a) The license holder must provide training to
601.9 each staff person according to the training plan and must document that the license holder

662.15 provided the training to each staff person. The license holder must document the following
662.16 information for each staff person's training:

662.17 (1) the topics of the training;
662.18 (2) the name of the trainee;
662.19 (3) the name and credentials of the trainer;
662.20 (4) the license holder's method of evaluating the trainee's competency upon completion
662.21 of training;
662.22 (5) the date of the training; and
662.23 (6) the length of training in hours and minutes.

662.24 (b) Documentation of a staff person's continuing education credit accepted by the
662.25 governing health-related licensing board is sufficient to document training for purposes of
662.26 this subdivision.

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

662.28 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and
662.29 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
662.30 within 72 hours of first providing direct contact services to a client.

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

663.3 (1) client rights and protections under section 245I.12;
663.4 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
663.5 under section 144.294, and client privacy;
663.6 (3) emergency procedures that the staff person must follow when responding to a fire,
663.7 inclement weather, a report of a missing person, and a behavioral or medical emergency;
663.8 (4) specific activities and job functions for which the staff person is responsible, including
663.9 the license holder's program policies and procedures applicable to the staff person's position;
663.10 (5) professional boundaries that the staff person must maintain; and
663.11 (6) specific needs of each client to whom the staff person will be providing direct contact
663.12 services, including each client's developmental status, cognitive functioning, physical and
663.13 mental abilities.

663.14 (c) Before providing direct contact services to a client, a mental health rehabilitation
663.15 worker, mental health behavioral aide, or mental health practitioner qualified under section
663.16 245I.04, subdivision 4, must receive 30 hours of training about:

601.10 provided the training to each staff person. The license holder must document the following
601.11 information for each staff person's training:

601.12 (1) the topics of the training;
601.13 (2) the name of the trainee;
601.14 (3) the name and credentials of the trainer;
601.15 (4) the license holder's method of evaluating the trainee's competency upon completion
601.16 of training;
601.17 (5) the date of the training; and
601.18 (6) the length of training in hours and minutes.

601.19 (b) Documentation of a staff person's continuing education credit accepted by the
601.20 governing health-related licensing board is sufficient to document training for purposes of
601.21 this subdivision.

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

601.23 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and
601.24 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
601.25 within 72 hours of first providing direct contact services to a client.

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

601.28 (1) client rights and protections under section 245I.12;
601.29 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
601.30 under section 144.294, and client privacy;
602.1 (3) emergency procedures that the staff person must follow when responding to a fire,
602.2 inclement weather, a report of a missing person, and a behavioral or medical emergency;
602.3 (4) specific activities and job functions for which the staff person is responsible, including
602.4 the license holder's program policies and procedures applicable to the staff person's position;
602.5 (5) professional boundaries that the staff person must maintain; and
602.6 (6) specific needs of each client to whom the staff person will be providing direct contact
602.7 services, including each client's developmental status, cognitive functioning, physical and
602.8 mental abilities.

602.9 (c) Before providing direct contact services to a client, a mental health rehabilitation
602.10 worker, mental health behavioral aide, or mental health practitioner qualified under section
602.11 245I.04, subdivision 4, must receive 30 hours of training about:

663.17 (1) mental illnesses;
663.18 (2) client recovery and resiliency;
663.19 (3) mental health de-escalation techniques;
663.20 (4) co-occurring mental illness and substance use disorders; and
663.21 (5) psychotropic medications and medication side effects.
663.22 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
663.23 trainee, mental health practitioner, mental health certified peer specialist, or mental health
663.24 rehabilitation worker must receive training about:
663.25 (1) trauma-informed care and secondary trauma;
663.26 (2) person-centered individual treatment plans, including seeking partnerships with
663.27 family and other natural supports;
663.28 (3) co-occurring substance use disorders; and
663.29 (4) culturally responsive treatment practices.
664.1 (e) Within 90 days of first providing direct contact services to a child client, a clinical
664.2 trainee, mental health practitioner, mental health certified family peer specialist, mental
664.3 health certified peer specialist, or mental health behavioral aide must receive training about
664.4 the topics in clauses (1) to (5). This training must address the developmental characteristics
664.5 of each child served by the license holder and address the needs of each child in the context
664.6 of the child's family, support system, and culture. Training topics must include:
664.7 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
664.8 (ACEs);
664.9 (2) family-centered treatment plan development, including seeking partnership with a
664.10 child client's family and other natural supports;
664.11 (3) mental illness and co-occurring substance use disorders in family systems;
664.12 (4) culturally responsive treatment practices; and
664.13 (5) child development, including cognitive functioning, and physical and mental abilities.
664.14 (f) For a mental health behavioral aide, the training under paragraph (e) must include
664.15 parent team training using a curriculum approved by the commissioner.
664.16 Subd. 4. Ongoing training. (a) A license holder must ensure that staff persons who
664.17 provide direct contact services to clients receive annual training about the topics in
664.18 subdivision 3, paragraphs (a) and (b), clauses (1) to (3).
664.19 (b) A license holder must ensure that each staff person who is qualified under section
664.20 245I.04 who is not a mental health professional receives 30 hours of training every two

602.12 (1) mental illnesses;
602.13 (2) client recovery and resiliency;
602.14 (3) mental health de-escalation techniques;
602.15 (4) co-occurring mental illness and substance use disorders; and
602.16 (5) psychotropic medications and medication side effects.
602.17 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
602.18 trainee, mental health practitioner, mental health certified peer specialist, or mental health
602.19 rehabilitation worker must receive training about:
602.20 (1) trauma-informed care and secondary trauma;
602.21 (2) person-centered individual treatment plans, including seeking partnerships with
602.22 family and other natural supports;
602.23 (3) co-occurring substance use disorders; and
602.24 (4) culturally responsive treatment practices.
602.25 (e) Within 90 days of first providing direct contact services to a child client, a clinical
602.26 trainee, mental health practitioner, mental health certified family peer specialist, mental
602.27 health certified peer specialist, or mental health behavioral aide must receive training about
602.28 the topics in clauses (1) to (5). This training must address the developmental characteristics
602.29 of each child served by the license holder and address the needs of each child in the context
602.30 of the child's family, support system, and culture. Training topics must include:
603.1 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
603.2 (ACEs);
603.3 (2) family-centered treatment plan development, including seeking partnership with a
603.4 child client's family and other natural supports;
603.5 (3) mental illness and co-occurring substance use disorders in family systems;
603.6 (4) culturally responsive treatment practices; and
603.7 (5) child development, including cognitive functioning, and physical and mental abilities.
603.8 (f) For a mental health behavioral aide, the training under paragraph (e) must include
603.9 parent team training using a curriculum approved by the commissioner.
603.10 Subd. 4. Ongoing training. (a) A license holder must ensure that staff persons who
603.11 provide direct contact services to clients receive annual training about the topics in
603.12 subdivision 3, paragraphs (a) and (b), clauses (1) to (3).
603.13 (b) A license holder must ensure that each staff person who is qualified under section
603.14 245I.04 who is not a mental health professional receives 30 hours of training every two

664.21 years. The training topics must be based on the program's needs and the staff person's areas
664.22 of competency.

664.23 Subd. 5. **Additional training for medication administration.** (a) Prior to administering
664.24 medications to a client under delegated authority or observing a client self-administer
664.25 medications, a staff person who is not a licensed prescriber, registered nurse, or licensed
664.26 practical nurse qualified under section 148.171, subdivision 8, must receive training about
664.27 psychotropic medications, side effects, and medication management.

664.28 (b) Prior to administering medications to a client under delegated authority, a staff person
664.29 must successfully complete a:

664.30 (1) medication administration training program for unlicensed personnel through an
664.31 accredited Minnesota postsecondary educational institution with completion of the course
664.32 documented in writing and placed in the staff person's personnel file; or

665.1 (2) formalized training program taught by a registered nurse or licensed prescriber that
665.2 is offered by the license holder. A staff person's successful completion of the formalized
665.3 training program must include direct observation of the staff person to determine the staff
665.4 person's areas of competency.

665.5 Sec. 7. **[2451.06] TREATMENT SUPERVISION.**

665.6 Subdivision 1. **Generally.** (a) A license holder must ensure that a mental health
665.7 professional or certified rehabilitation specialist provides treatment supervision to each staff
665.8 person who provides services to a client and who is not a mental health professional or
665.9 certified rehabilitation specialist. When providing treatment supervision, a treatment
665.10 supervisor must follow a staff person's written treatment supervision plan.

665.11 (b) Treatment supervision must focus on each client's treatment needs and the ability of
665.12 the staff person under treatment supervision to provide services to each client, including
665.13 the following topics related to the staff person's current caseload:

665.14 (1) a review and evaluation of the interventions that the staff person delivers to each
665.15 client;

665.16 (2) instruction on alternative strategies if a client is not achieving treatment goals;

665.17 (3) a review and evaluation of each client's assessments, treatment plans, and progress
665.18 notes for accuracy and appropriateness;

665.19 (4) instruction on the cultural norms or values of the clients and communities that the
665.20 license holder serves and the impact that a client's culture has on providing treatment;

665.21 (5) evaluation of and feedback regarding a direct service staff person's areas of
665.22 competency; and

665.23 (6) coaching, teaching, and practicing skills with a staff person.

603.15 years. The training topics must be based on the program's needs and the staff person's areas
603.16 of competency.

603.17 Subd. 5. **Additional training for medication administration.** (a) Prior to administering
603.18 medications to a client under delegated authority or observing a client self-administer
603.19 medications, a staff person who is not a licensed prescriber, registered nurse, or licensed
603.20 practical nurse qualified under section 148.171, subdivision 8, must receive training about
603.21 psychotropic medications, side effects, and medication management.

603.22 (b) Prior to administering medications to a client under delegated authority, a staff person
603.23 must successfully complete a:

603.24 (1) medication administration training program for unlicensed personnel through an
603.25 accredited Minnesota postsecondary educational institution with completion of the course
603.26 documented in writing and placed in the staff person's personnel file; or

603.27 (2) formalized training program taught by a registered nurse or licensed prescriber that
603.28 is offered by the license holder. A staff person's successful completion of the formalized
603.29 training program must include direct observation of the staff person to determine the staff
603.30 person's areas of competency.

604.1 Sec. 7. **[2451.06] TREATMENT SUPERVISION.**

604.2 Subdivision 1. **Generally.** (a) A license holder must ensure that a mental health
604.3 professional or certified rehabilitation specialist provides treatment supervision to each staff
604.4 person who provides services to a client and who is not a mental health professional or
604.5 certified rehabilitation specialist. When providing treatment supervision, a treatment
604.6 supervisor must follow a staff person's written treatment supervision plan.

604.7 (b) Treatment supervision must focus on each client's treatment needs and the ability of
604.8 the staff person under treatment supervision to provide services to each client, including
604.9 the following topics related to the staff person's current caseload:

604.10 (1) a review and evaluation of the interventions that the staff person delivers to each
604.11 client;

604.12 (2) instruction on alternative strategies if a client is not achieving treatment goals;

604.13 (3) a review and evaluation of each client's assessments, treatment plans, and progress
604.14 notes for accuracy and appropriateness;

604.15 (4) instruction on the cultural norms or values of the clients and communities that the
604.16 license holder serves and the impact that a client's culture has on providing treatment;

604.17 (5) evaluation of and feedback regarding a direct service staff person's areas of
604.18 competency; and

604.19 (6) coaching, teaching, and practicing skills with a staff person.

665.24 (c) A treatment supervisor must provide treatment supervision to a staff person using
665.25 methods that allow for immediate feedback, including in-person, telephone, and interactive
665.26 video supervision.

665.27 (d) A treatment supervisor's responsibility for a staff person receiving treatment
665.28 supervision is limited to the services provided by the associated license holder. If a staff
665.29 person receiving treatment supervision is employed by multiple license holders, each license
665.30 holder is responsible for providing treatment supervision related to the treatment of the
665.31 license holder's clients.

666.1 Subd. 2. **Treatment supervision planning.** (a) A treatment supervisor and the staff
666.2 person supervised by the treatment supervisor must develop a written treatment supervision
666.3 plan. The license holder must ensure that a new staff person's treatment supervision plan is
666.4 completed and implemented by a treatment supervisor and the new staff person within 30
666.5 days of the new staff person's first day of employment. The license holder must review and
666.6 update each staff person's treatment supervision plan annually.

666.7 (b) Each staff person's treatment supervision plan must include:

666.8 (1) the name and qualifications of the staff person receiving treatment supervision;

666.9 (2) the names and licensures of the treatment supervisors who are supervising the staff
666.10 person;

666.11 (3) how frequently the treatment supervisors must provide treatment supervision to the
666.12 staff person; and

666.13 (4) the staff person's authorized scope of practice, including a description of the client
666.14 population that the staff person serves, and a description of the treatment methods and
666.15 modalities that the staff person may use to provide services to clients.

666.16 Subd. 3. **Treatment supervision and direct observation of mental health**
666.17 **rehabilitation workers and mental health behavioral aides.** (a) A mental health behavioral
666.18 aide or a mental health rehabilitation worker must receive direct observation from a mental
666.19 health professional, clinical trainee, certified rehabilitation specialist, or mental health
666.20 practitioner while the mental health behavioral aide or mental health rehabilitation worker
666.21 provides treatment services to clients, no less than twice per month for the first six months
666.22 of employment and once per month thereafter. The staff person performing the direct
666.23 observation must approve of the progress note for the observed treatment service.

666.24 (b) For a mental health rehabilitation worker qualified under section 2451.04, subdivision
666.25 14, paragraph (a), clause (2), item (i), treatment supervision in the first 2,000 hours of work
666.26 must at a minimum consist of:

666.27 (1) monthly individual supervision; and

666.28 (2) direct observation twice per month.

604.20 (c) A treatment supervisor must provide treatment supervision to a staff person using
604.21 methods that allow for immediate feedback, including in-person, telephone, and interactive
604.22 video supervision.

604.23 (d) A treatment supervisor's responsibility for a staff person receiving treatment
604.24 supervision is limited to the services provided by the associated license holder. If a staff
604.25 person receiving treatment supervision is employed by multiple license holders, each license
604.26 holder is responsible for providing treatment supervision related to the treatment of the
604.27 license holder's clients.

604.28 Subd. 2. **Treatment supervision planning.** (a) A treatment supervisor and the staff
604.29 person supervised by the treatment supervisor must develop a written treatment supervision
604.30 plan. The license holder must ensure that a new staff person's treatment supervision plan is
604.31 completed and implemented by a treatment supervisor and the new staff person within 30
605.1 days of the new staff person's first day of employment. The license holder must review and
605.2 update each staff person's treatment supervision plan annually.

605.3 (b) Each staff person's treatment supervision plan must include:

605.4 (1) the name and qualifications of the staff person receiving treatment supervision;

605.5 (2) the names and licensures of the treatment supervisors who are supervising the staff
605.6 person;

605.7 (3) how frequently the treatment supervisors must provide treatment supervision to the
605.8 staff person; and

605.9 (4) the staff person's authorized scope of practice, including a description of the client
605.10 population that the staff person serves, and a description of the treatment methods and
605.11 modalities that the staff person may use to provide services to clients.

605.12 Subd. 3. **Treatment supervision and direct observation of mental health**
605.13 **rehabilitation workers and mental health behavioral aides.** (a) A mental health behavioral
605.14 aide or a mental health rehabilitation worker must receive direct observation from a mental
605.15 health professional, clinical trainee, certified rehabilitation specialist, or mental health
605.16 practitioner while the mental health behavioral aide or mental health rehabilitation worker
605.17 provides treatment services to clients, no less than twice per month for the first six months
605.18 of employment and once per month thereafter. The staff person performing the direct
605.19 observation must approve of the progress note for the observed treatment service.

605.20 (b) For a mental health rehabilitation worker qualified under section 2451.04, subdivision
605.21 14, paragraph (a), clause (2), item (i), treatment supervision in the first 2,000 hours of work
605.22 must at a minimum consist of:

605.23 (1) monthly individual supervision; and

605.24 (2) direct observation twice per month.

666.29 Sec. 8. [245I.07] PERSONNEL FILES.

666.30 (a) For each staff person, a license holder must maintain a personnel file that includes:

667.1 (1) verification of the staff person's qualifications required for the position including
667.2 training, education, practicum or internship agreement, licensure, and any other required
667.3 qualifications;

667.4 (2) documentation related to the staff person's background study;

667.5 (3) the hiring date of the staff person;

667.6 (4) a description of the staff person's job responsibilities with the license holder;

667.7 (5) the date that the staff person's specific duties and responsibilities became effective,
667.8 including the date that the staff person began having direct contact with clients;

667.9 (6) documentation of the staff person's training as required by section 245I.05, subdivision
667.10 2;

667.11 (7) a verification copy of license renewals that the staff person completed during the
667.12 staff person's employment;

667.13 (8) annual job performance evaluations; and

667.14 (9) if applicable, the staff person's alleged and substantiated violations of the license
667.15 holder's policies under section 245I.03, subdivision 8, clauses (3) to (7), and the license
667.16 holder's response.

667.17 (b) The license holder must ensure that all personnel files are readily accessible for the
667.18 commissioner's review. The license holder is not required to keep personnel files in a single
667.19 location.

667.20 Sec. 9. [245I.08] DOCUMENTATION STANDARDS.

667.21 Subdivision 1. Generally, A license holder must ensure that all documentation required
667.22 by this chapter complies with this section.

667.23 Subd. 2. Documentation standards. A license holder must ensure that all documentation
667.24 required by this chapter:

667.25 (1) is legible;

667.26 (2) identifies the applicable client and staff person on each page; and

667.27 (3) is signed and dated by the staff persons who provided services to the client or
667.28 completed the documentation, including the staff persons' credentials.

667.29 Subd. 3. Documenting approval. A license holder must ensure that all diagnostic
667.30 assessments, functional assessments, level of care assessments, and treatment plans completed
668.1 by a clinical trainee or mental health practitioner contain documentation of approval by a

605.25 Sec. 8. [245I.07] PERSONNEL FILES.

605.26 (a) For each staff person, a license holder must maintain a personnel file that includes:

605.27 (1) verification of the staff person's qualifications required for the position including
605.28 training, education, practicum or internship agreement, licensure, and any other required
605.29 qualifications;

605.30 (2) documentation related to the staff person's background study;

605.31 (3) the hiring date of the staff person;

606.1 (4) a description of the staff person's job responsibilities with the license holder;

606.2 (5) the date that the staff person's specific duties and responsibilities became effective,
606.3 including the date that the staff person began having direct contact with clients;

606.4 (6) documentation of the staff person's training as required by section 245I.05, subdivision
606.5 2;

606.6 (7) a verification copy of license renewals that the staff person completed during the
606.7 staff person's employment;

606.8 (8) annual job performance evaluations; and

606.9 (9) if applicable, the staff person's alleged and substantiated violations of the license
606.10 holder's policies under section 245I.03, subdivision 8, clauses (3) to (7), and the license
606.11 holder's response.

606.12 (b) The license holder must ensure that all personnel files are readily accessible for the
606.13 commissioner's review. The license holder is not required to keep personnel files in a single
606.14 location.

606.15 Sec. 9. [245I.08] DOCUMENTATION STANDARDS.

606.16 Subdivision 1. Generally, A license holder must ensure that all documentation required
606.17 by this chapter complies with this section.

606.18 Subd. 2. Documentation standards. A license holder must ensure that all documentation
606.19 required by this chapter:

606.20 (1) is legible;

606.21 (2) identifies the applicable client and staff person on each page; and

606.22 (3) is signed and dated by the staff persons who provided services to the client or
606.23 completed the documentation, including the staff persons' credentials.

606.24 Subd. 3. Documenting approval. A license holder must ensure that all diagnostic
606.25 assessments, functional assessments, level of care assessments, and treatment plans completed
606.26 by a clinical trainee or mental health practitioner contain documentation of approval by a

668.2 treatment supervisor within five business days of initial completion by the staff person under
668.3 treatment supervision.

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

668.7 (1) the type of service;

668.8 (2) the date of service;

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

668.11 (4) the location of the service;

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

668.17 (6) the signature, printed name, and credentials of the staff person who provided the
668.18 service to the client;

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

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

668.25 Subd. 5. **Medication administration record.** If a license holder administers or observes
668.26 a client self-administer medications, the license holder must maintain a medication
668.27 administration record for each client that contains the following, as applicable:

668.28 (1) the client's date of birth;

668.29 (2) the client's allergies;

668.30 (3) all medication orders for the client, including client-specific orders for
668.31 over-the-counter medications and approved condition-specific protocols;

669.1 (4) the name of each ordered medication, date of each medication's expiration, each
669.2 medication's dosage frequency, method of administration, and time;

669.3 (5) the licensed prescriber's name and telephone number;

606.27 treatment supervisor within five business days of initial completion by the staff person under
606.28 treatment supervision.

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

607.1 (1) the type of service;

607.2 (2) the date of service;

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

607.5 (4) the location of the service;

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

607.11 (6) the signature, printed name, and credentials of the staff person who provided the
607.12 service to the client;

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

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

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607.20 a client self-administer medications, the license holder must maintain a medication
607.21 administration record for each client that contains the following, as applicable:

607.22 (1) the client's date of birth;

607.23 (2) the client's allergies;

607.24 (3) all medication orders for the client, including client-specific orders for
607.25 over-the-counter medications and approved condition-specific protocols;

607.26 (4) the name of each ordered medication, date of each medication's expiration, each
607.27 medication's dosage frequency, method of administration, and time;

607.28 (5) the licensed prescriber's name and telephone number;

669.4 (6) the date of initiation;

669.5 (7) the signature, printed name, and credentials of the staff person who administered the
669.6 medication or observed the client self-administer the medication; and

669.7 (8) the reason that the license holder did not administer the client's prescribed medication
669.8 or observe the client self-administer the client's prescribed medication.

669.9 **Sec. 10. [2451.09] CLIENT FILES.**

669.10 Subdivision 1. **Generally.** (a) A license holder must maintain a file for each client that
669.11 contains the client's current and accurate records. The license holder must store each client
669.12 file on the premises where the license holder provides or coordinates services for the client.
669.13 The license holder must ensure that all client files are readily accessible for the
669.14 commissioner's review. The license holder is not required to keep client files in a single
669.15 location.

669.16 (b) The license holder must protect client records against loss, tampering, or unauthorized
669.17 disclosure of confidential client data according to the Minnesota Government Data Practices
669.18 Act, chapter 13; the privacy provisions of the Minnesota health care programs provider
669.19 agreement; the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
669.20 Public Law 104-191; and the Minnesota Health Records Act, sections 144.291 to 144.298.

669.21 Subd. 2. **Record retention.** A license holder must retain client records of a discharged
669.22 client for a minimum of five years from the date of the client's discharge. A license holder
669.23 who ceases to provide treatment services to a client must retain the client's records for a
669.24 minimum of five years from the date that the license holder stopped providing services to
669.25 the client and must notify the commissioner of the location of the client records and the
669.26 name of the individual responsible for storing and maintaining the client records.

669.27 Subd. 3. **Contents.** A license holder must retain a clear and complete record of the
669.28 information that the license holder receives regarding a client, and of the services that the
669.29 license holder provides to the client. If applicable, each client's file must include the following
669.30 information:

669.31 (1) the client's screenings, assessments, and testing;

669.32 (2) the client's treatment plans and reviews of the client's treatment plan;

670.1 (3) the client's individual abuse prevention plans;

670.2 (4) the client's health care directive under section 145C.01, subdivision 5a, and the
670.3 client's emergency contacts;

670.4 (5) the client's crisis plans;

670.5 (6) the client's consents for releases of information and documentation of the client's
670.6 releases of information;

607.29 (6) the date of initiation;

607.30 (7) the signature, printed name, and credentials of the staff person who administered the
607.31 medication or observed the client self-administer the medication; and

608.1 (8) the reason that the license holder did not administer the client's prescribed medication
608.2 or observe the client self-administer the client's prescribed medication.

608.3 **Sec. 10. [2451.09] CLIENT FILES.**

608.4 Subdivision 1. **Generally.** (a) A license holder must maintain a file for each client that
608.5 contains the client's current and accurate records. The license holder must store each client
608.6 file on the premises where the license holder provides or coordinates services for the client.
608.7 The license holder must ensure that all client files are readily accessible for the
608.8 commissioner's review. The license holder is not required to keep client files in a single
608.9 location.

608.10 (b) The license holder must protect client records against loss, tampering, or unauthorized
608.11 disclosure of confidential client data according to the Minnesota Government Data Practices
608.12 Act, chapter 13; the privacy provisions of the Minnesota health care programs provider
608.13 agreement; the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
608.14 Public Law 104-191; and the Minnesota Health Records Act, sections 144.291 to 144.298.

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608.16 client for a minimum of five years from the date of the client's discharge. A license holder
608.17 who ceases to provide treatment services to a client must retain the client's records for a
608.18 minimum of five years from the date that the license holder stopped providing services to
608.19 the client and must notify the commissioner of the location of the client records and the
608.20 name of the individual responsible for storing and maintaining the client records.

608.21 Subd. 3. **Contents.** A license holder must retain a clear and complete record of the
608.22 information that the license holder receives regarding a client, and of the services that the
608.23 license holder provides to the client. If applicable, each client's file must include the following
608.24 information:

608.25 (1) the client's screenings, assessments, and testing;

608.26 (2) the client's treatment plans and reviews of the client's treatment plan;

608.27 (3) the client's individual abuse prevention plans;

608.28 (4) the client's health care directive under section 145C.01, subdivision 5a, and the
608.29 client's emergency contacts;

608.30 (5) the client's crisis plans;

608.31 (6) the client's consents for releases of information and documentation of the client's
608.32 releases of information;

670.7 (7) the client's significant medical and health-related information;
670.8 (8) a record of each communication that a staff person has with the client's other mental
670.9 health providers and persons interested in the client, including the client's case manager,
670.10 family members, primary caregiver, legal representatives, court representatives,
670.11 representatives from the correctional system, or school administration;
670.12 (9) written information by the client that the client requests to include in the client's file;
670.13 and
670.14 (10) the date of the client's discharge from the license holder's program, the reason that
670.15 the license holder discontinued services for the client, and the client's discharge summaries.
670.16 **Sec. 11. [245I.10] ASSESSMENT AND TREATMENT PLANNING.**
670.17 **Subdivision 1. Definitions.** (a) "Diagnostic formulation" means a written analysis and
670.18 explanation of a client's clinical assessment to develop a hypothesis about the cause and
670.19 nature of a client's presenting problems and to identify the most suitable approach for treating
670.20 the client.
670.21 (b) "Responsivity factors" means the factors other than the diagnostic formulation that
670.22 may modify a client's treatment needs. This includes a client's learning style, abilities,
670.23 cognitive functioning, cultural background, and personal circumstances. When documenting
670.24 a client's responsivity factors a mental health professional or clinical trainee must include
670.25 an analysis of how a client's strengths are reflected in the license holder's plan to deliver
670.26 services to the client.
670.27 **Subd. 2. Generally.** (a) A license holder must use a client's diagnostic assessment or
670.28 crisis assessment to determine a client's eligibility for mental health services, except as
670.29 provided in this section.
670.30 (b) Prior to completing a client's initial diagnostic assessment, a license holder may
670.31 provide a client with the following services:
671.1 (1) an explanation of findings;
671.2 (2) neuropsychological testing, neuropsychological assessment, and psychological
671.3 testing;
671.4 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and
671.5 family psychoeducation sessions not to exceed three sessions;
671.6 (4) crisis assessment services according to section 256B.0624; and
671.7 (5) ten days of intensive residential treatment services according to the assessment and
671.8 treatment planning standards in section 245.23, subdivision 7.

609.1 (7) the client's significant medical and health-related information;
609.2 (8) a record of each communication that a staff person has with the client's other mental
609.3 health providers and persons interested in the client, including the client's case manager,
609.4 family members, primary caregiver, legal representatives, court representatives,
609.5 representatives from the correctional system, or school administration;
609.6 (9) written information by the client that the client requests to include in the client's file;
609.7 and
609.8 (10) the date of the client's discharge from the license holder's program, the reason that
609.9 the license holder discontinued services for the client, and the client's discharge summaries.
609.10 **Sec. 11. [245I.10] ASSESSMENT AND TREATMENT PLANNING.**
609.11 **Subdivision 1. Definitions.** (a) "Diagnostic formulation" means a written analysis and
609.12 explanation of a client's clinical assessment to develop a hypothesis about the cause and
609.13 nature of a client's presenting problems and to identify the most suitable approach for treating
609.14 the client.
609.15 (b) "Responsivity factors" means the factors other than the diagnostic formulation that
609.16 may modify a client's treatment needs. This includes a client's learning style, abilities,
609.17 cognitive functioning, cultural background, and personal circumstances. When documenting
609.18 a client's responsivity factors a mental health professional or clinical trainee must include
609.19 an analysis of how a client's strengths are reflected in the license holder's plan to deliver
609.20 services to the client.
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609.23 provided in this section.
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609.25 provide a client with the following services:
609.26 (1) an explanation of findings;
609.27 (2) neuropsychological testing, neuropsychological assessment, and psychological
609.28 testing;
609.29 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and
609.30 family psychoeducation sessions not to exceed three sessions;
609.31 (4) crisis assessment services according to section 256B.0624; and
610.1 (5) ten days of intensive residential treatment services according to the assessment and
610.2 treatment planning standards in section 245.23, subdivision 7.

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

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

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

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

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

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

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

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

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

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

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

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

672.8 (g) For an existing client, the license holder must ensure that a new standard diagnostic
672.9 assessment includes a written update containing all significant new or changed information
672.10 about the client, and an update regarding what information has not significantly changed,
672.11 including a discussion with the client about changes in the client's life situation, functioning,

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

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

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

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

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

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

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

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

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

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

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

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

611.3 (g) For an existing client, the license holder must ensure that a new standard diagnostic
611.4 assessment includes a written update containing all significant new or changed information
611.5 about the client, and an update regarding what information has not significantly changed,
611.6 including a discussion with the client about changes in the client's life situation, functioning,

672.12 presenting problems, and progress with achieving treatment goals since the client's last
672.13 diagnostic assessment was completed.

672.14 Subd. 3. **Continuity of services.** (a) For any client with a diagnostic assessment
672.15 completed under Minnesota Rules, parts 9505.0370 to 9505.0372, before the effective date
672.16 of this section, the diagnostic assessment is valid for authorizing the client's treatment and
672.17 billing for one calendar year after the date that the assessment was completed.

672.18 (b) For any client with an individual treatment plan completed under section 256B.0622,
672.19 256B.0623, 256B.0943, 256B.0946, or 256B.0947 or Minnesota Rules, parts 9505.0370 to
672.20 9505.0372, the client's treatment plan is valid for authorizing treatment and billing until the
672.21 treatment plan's expiration date.

672.22 (c) This subdivision expires July 1, 2023.

672.23 Subd. 4. **Diagnostic assessment.** A client's diagnostic assessment must: (1) identify at
672.24 least one mental health diagnosis for which the client meets the diagnostic criteria and
672.25 recommend mental health services to develop the client's mental health services and treatment
672.26 plan; or (2) include a finding that the client does not meet the criteria for a mental health
672.27 disorder.

672.28 Subd. 5. **Brief diagnostic assessment; required elements.** (a) Only a mental health
672.29 professional or clinical trainee may complete a brief diagnostic assessment of a client. A
672.30 license holder may only use a brief diagnostic assessment for a client who is six years of
672.31 age or older.

672.32 (b) When conducting a brief diagnostic assessment of a client, the assessor must complete
672.33 a face-to-face interview with the client and a written evaluation of the client. The assessor
673.1 must gather and document initial components of the client's standard diagnostic assessment,
673.2 including the client's:

673.3 (1) age;

673.4 (2) description of symptoms, including the reason for the client's referral;

673.5 (3) history of mental health treatment;

673.6 (4) cultural influences on the client; and

673.7 (5) mental status examination.

673.8 (c) Based on the initial components of the assessment, the assessor must develop a
673.9 provisional diagnostic formulation about the client. The assessor may use the client's
673.10 provisional diagnostic formulation to address the client's immediate needs and presenting
673.11 problems.

673.12 (d) A mental health professional or clinical trainee may use treatment sessions with the
673.13 client authorized by a brief diagnostic assessment to gather additional information about

611.7 presenting problems, and progress with achieving treatment goals since the client's last
611.8 diagnostic assessment was completed.

611.9 Subd. 3. **Continuity of services.** (a) For any client with a diagnostic assessment
611.10 completed under Minnesota Rules, parts 9505.0370 to 9505.0372, before the effective date
611.11 of this section, the diagnostic assessment is valid for authorizing the client's treatment and
611.12 billing for one calendar year after the date that the assessment was completed.

611.13 (b) For any client with an individual treatment plan completed under section 256B.0622,
611.14 256B.0623, 256B.0943, 256B.0946, or 256B.0947 or Minnesota Rules, parts 9505.0370 to
611.15 9505.0372, the client's treatment plan is valid for authorizing treatment and billing until the
611.16 treatment plan's expiration date.

611.17 (c) This subdivision expires July 1, 2023.

611.18 Subd. 4. **Diagnostic assessment.** A client's diagnostic assessment must: (1) identify at
611.19 least one mental health diagnosis for which the client meets the diagnostic criteria and
611.20 recommend mental health services to develop the client's mental health services and treatment
611.21 plan; or (2) include a finding that the client does not meet the criteria for a mental health
611.22 disorder.

611.23 Subd. 5. **Brief diagnostic assessment; required elements.** (a) Only a mental health
611.24 professional or clinical trainee may complete a brief diagnostic assessment of a client. A
611.25 license holder may only use a brief diagnostic assessment for a client who is six years of
611.26 age or older.

611.27 (b) When conducting a brief diagnostic assessment of a client, the assessor must complete
611.28 a face-to-face interview with the client and a written evaluation of the client. The assessor
611.29 must gather and document initial components of the client's standard diagnostic assessment,
611.30 including the client's:

611.31 (1) age;

611.32 (2) description of symptoms, including the reason for the client's referral;

611.33 (3) history of mental health treatment;

612.1 (4) cultural influences on the client; and

612.2 (5) mental status examination.

612.3 (c) Based on the initial components of the assessment, the assessor must develop a
612.4 provisional diagnostic formulation about the client. The assessor may use the client's
612.5 provisional diagnostic formulation to address the client's immediate needs and presenting
612.6 problems.

612.7 (d) A mental health professional or clinical trainee may use treatment sessions with the
612.8 client authorized by a brief diagnostic assessment to gather additional information about

673.14 the client to complete the client's standard diagnostic assessment if the number of sessions
673.15 will exceed the coverage limits in subdivision 2.

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

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

673.24 (1) the client's age;

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

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

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

673.29 (5) the client's current medications;

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

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

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

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

674.4 (10) cultural influences on the client.

674.5 (c) If the assessor cannot obtain the information that this subdivision requires without
674.6 retraumatizing the client or harming the client's willingness to engage in treatment, the
674.7 assessor must identify which topics will require further assessment during the course of the
674.8 client's treatment. The assessor must gather and document information related to the following
674.9 topics:

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

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

674.14 (3) important developmental incidents in the client's life;

674.15 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

612.9 the client to complete the client's standard diagnostic assessment if the number of sessions
612.10 will exceed the coverage limits in subdivision 2.

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

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

612.19 (1) the client's age;

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

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

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

612.24 (5) the client's current medications;

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

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

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

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

612.30 (10) cultural influences on the client.

613.1 (c) If the assessor cannot obtain the information that this subdivision requires without
613.2 retraumatizing the client or harming the client's willingness to engage in treatment, the
613.3 assessor must identify which topics will require further assessment during the course of the
613.4 client's treatment. The assessor must gather and document information related to the following
613.5 topics:

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

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

613.10 (3) important developmental incidents in the client's life;

613.11 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

674.16 (5) the client's history of or exposure to alcohol and drug usage and treatment; and
674.17 (6) the client's health history and the client's family health history, including the client's
674.18 physical, chemical, and mental health history.
674.19 (d) When completing a standard diagnostic assessment of a client, an assessor must use
674.20 a recognized diagnostic framework.
674.21 (1) When completing a standard diagnostic assessment of a client who is five years of
674.22 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
674.23 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
674.24 published by Zero to Three.
674.25 (2) When completing a standard diagnostic assessment of a client who is six years of
674.26 age or older, the assessor must use the current edition of the Diagnostic and Statistical
674.27 Manual of Mental Disorders published by the American Psychiatric Association.
674.28 (3) When completing a standard diagnostic assessment of a client who is five years of
674.29 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
674.30 (ECSII) to the client and include the results in the client's assessment.
675.1 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
675.2 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
675.3 (CASII) to the client and include the results in the client's assessment.
675.4 (5) When completing a standard diagnostic assessment of a client who is 18 years of
675.5 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
675.6 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
675.7 published by the American Psychiatric Association to screen and assess the client for a
675.8 substance use disorder.
675.9 (e) When completing a standard diagnostic assessment of a client, the assessor must
675.10 include and document the following components of the assessment:
675.11 (1) the client's mental status examination;
675.12 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
675.13 vulnerabilities; safety needs, including client information that supports the assessor's findings
675.14 after applying a recognized diagnostic framework from paragraph (d); and any differential
675.15 diagnosis of the client;
675.16 (3) an explanation of: (i) how the assessor diagnosed the client using the information
675.17 from the client's interview, assessment, psychological testing, and collateral information
675.18 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
675.19 and (v) the client's responsivity factors.
675.20 (f) When completing a standard diagnostic assessment of a client, the assessor must
675.21 consult the client and the client's family about which services that the client and the family

613.12 (5) the client's history of or exposure to alcohol and drug usage and treatment; and
613.13 (6) the client's health history and the client's family health history, including the client's
613.14 physical, chemical, and mental health history.
613.15 (d) When completing a standard diagnostic assessment of a client, an assessor must use
613.16 a recognized diagnostic framework.
613.17 (1) When completing a standard diagnostic assessment of a client who is five years of
613.18 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
613.19 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
613.20 published by Zero to Three.
613.21 (2) When completing a standard diagnostic assessment of a client who is six years of
613.22 age or older, the assessor must use the current edition of the Diagnostic and Statistical
613.23 Manual of Mental Disorders published by the American Psychiatric Association.
613.24 (3) When completing a standard diagnostic assessment of a client who is five years of
613.25 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
613.26 (ECSII) to the client and include the results in the client's assessment.
613.27 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
613.28 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
613.29 (CASII) to the client and include the results in the client's assessment.
613.30 (5) When completing a standard diagnostic assessment of a client who is 18 years of
613.31 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
613.32 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
614.1 published by the American Psychiatric Association to screen and assess the client for a
614.2 substance use disorder.
614.3 (e) When completing a standard diagnostic assessment of a client, the assessor must
614.4 include and document the following components of the assessment:
614.5 (1) the client's mental status examination;
614.6 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
614.7 vulnerabilities; safety needs, including client information that supports the assessor's findings
614.8 after applying a recognized diagnostic framework from paragraph (d); and any differential
614.9 diagnosis of the client;
614.10 (3) an explanation of: (i) how the assessor diagnosed the client using the information
614.11 from the client's interview, assessment, psychological testing, and collateral information
614.12 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
614.13 and (v) the client's responsivity factors.
614.14 (f) When completing a standard diagnostic assessment of a client, the assessor must
614.15 consult the client and the client's family about which services that the client and the family

675.22 prefer to treat the client. The assessor must make referrals for the client as to services required
675.23 by law.

675.24 Subd. 7. **Individual treatment plan.** A license holder must follow each client's written
675.25 individual treatment plan when providing services to the client with the following exceptions:

675.26 (1) services that do not require that a license holder completes a standard diagnostic
675.27 assessment of a client before providing services to the client;

675.28 (2) when developing a service plan; and

675.29 (3) when a client re-engages in services under subdivision 8, paragraph (b).

675.30 Subd. 8. **Individual treatment plan; required elements.** (a) After completing a client's
675.31 diagnostic assessment and before providing services to the client, the license holder must
675.32 complete the client's individual treatment plan. The license holder must:

676.1 (1) base the client's individual treatment plan on the client's diagnostic assessment and
676.2 baseline measurements;

676.3 (2) for a child client, use a child-centered, family-driven, and culturally appropriate
676.4 planning process that allows the child's parents and guardians to observe and participate in
676.5 the child's individual and family treatment services, assessments, and treatment planning;

676.6 (3) for an adult client, use a person-centered, culturally appropriate planning process
676.7 that allows the client's family and other natural supports to observe and participate in the
676.8 client's treatment services, assessments, and treatment planning;

676.9 (4) identify the client's treatment goals, measureable treatment objectives, a schedule
676.10 for accomplishing the client's treatment goals and objectives, a treatment strategy, and the
676.11 individuals responsible for providing treatment services and supports to the client. The
676.12 license holder must have a treatment strategy to engage the client in treatment if the client:

676.13 (i) has a history of not engaging in treatment; and

676.14 (ii) is ordered by a court to participate in treatment services or to take neuroleptic
676.15 medications;

676.16 (5) identify the participants involved in the client's treatment planning. The client must
676.17 be a participant in the client's treatment planning. If applicable, the license holder must
676.18 document the reasons that the license holder did not involve the client's family or other
676.19 natural supports in the client's treatment planning;

676.20 (6) review the client's individual treatment plan every 180 days and update the client's
676.21 individual treatment plan with the client's treatment progress, new treatment objectives and
676.22 goals or, if the client has not made treatment progress, changes in the license holder's
676.23 approach to treatment; and

614.16 prefer to treat the client. The assessor must make referrals for the client as to services required
614.17 by law.

614.18 Subd. 7. **Individual treatment plan.** A license holder must follow each client's written
614.19 individual treatment plan when providing services to the client with the following exceptions:

614.20 (1) services that do not require that a license holder completes a standard diagnostic
614.21 assessment of a client before providing services to the client;

614.22 (2) when developing a service plan; and

614.23 (3) when a client re-engages in services under subdivision 8, paragraph (b).

614.24 Subd. 8. **Individual treatment plan; required elements.** (a) After completing a client's
614.25 diagnostic assessment and before providing services to the client, the license holder must
614.26 complete the client's individual treatment plan. The license holder must:

614.27 (1) base the client's individual treatment plan on the client's diagnostic assessment and
614.28 baseline measurements;

614.29 (2) for a child client, use a child-centered, family-driven, and culturally appropriate
614.30 planning process that allows the child's parents and guardians to observe and participate in
614.31 the child's individual and family treatment services, assessments, and treatment planning;

615.1 (3) for an adult client, use a person-centered, culturally appropriate planning process
615.2 that allows the client's family and other natural supports to observe and participate in the
615.3 client's treatment services, assessments, and treatment planning;

615.4 (4) identify the client's treatment goals, measureable treatment objectives, a schedule
615.5 for accomplishing the client's treatment goals and objectives, a treatment strategy, and the
615.6 individuals responsible for providing treatment services and supports to the client. The
615.7 license holder must have a treatment strategy to engage the client in treatment if the client:

615.8 (i) has a history of not engaging in treatment; and

615.9 (ii) is ordered by a court to participate in treatment services or to take neuroleptic
615.10 medications;

615.11 (5) identify the participants involved in the client's treatment planning. The client must
615.12 be a participant in the client's treatment planning. If applicable, the license holder must
615.13 document the reasons that the license holder did not involve the client's family or other
615.14 natural supports in the client's treatment planning;

615.15 (6) review the client's individual treatment plan every 180 days and update the client's
615.16 individual treatment plan with the client's treatment progress, new treatment objectives and
615.17 goals or, if the client has not made treatment progress, changes in the license holder's
615.18 approach to treatment; and

676.24 (7) ensure that the client approves of the client's individual treatment plan unless a court
676.25 orders the client's treatment plan under chapter 253B.

676.26 (b) If the client disagrees with the client's treatment plan, the license holder must
676.27 document in the client file the reasons why the client does not agree with the treatment plan.
676.28 If the license holder cannot obtain the client's approval of the treatment plan, a mental health
676.29 professional must make efforts to obtain approval from a person who is authorized to consent
676.30 on the client's behalf within 30 days after the client's previous individual treatment plan
676.31 expired. A license holder may not deny a client service during this time period solely because
676.32 the license holder could not obtain the client's approval of the client's individual treatment
677.1 plan. A license holder may continue to bill for the client's otherwise eligible services when
677.2 the client re-engages in services.

677.3 Subd. 9. **Functional assessment; required elements.** When a license holder is
677.4 completing a functional assessment for an adult client, the license holder must:

677.5 (1) complete a functional assessment of the client after completing the client's diagnostic
677.6 assessment;

677.7 (2) use a collaborative process that allows the client and the client's family and other
677.8 natural supports, the client's referral sources, and the client's providers to provide information
677.9 about how the client's symptoms of mental illness impact the client's functioning;

677.10 (3) if applicable, document the reasons that the license holder did not contact the client's
677.11 family and other natural supports;

677.12 (4) assess and document how the client's symptoms of mental illness impact the client's
677.13 functioning in the following areas:

677.14 (i) the client's mental health symptoms;

677.15 (ii) the client's mental health service needs;

677.16 (iii) the client's substance use;

677.17 (iv) the client's vocational and educational functioning;

677.18 (v) the client's social functioning, including the use of leisure time;

677.19 (vi) the client's interpersonal functioning, including relationships with the client's family
677.20 and other natural supports;

677.21 (vii) the client's ability to provide self-care and live independently;

677.22 (viii) the client's medical and dental health;

677.23 (ix) the client's financial assistance needs; and

677.24 (x) the client's housing and transportation needs;

615.19 (7) ensure that the client approves of the client's individual treatment plan unless a court
615.20 orders the client's treatment plan under chapter 253B.

615.21 (b) If the client disagrees with the client's treatment plan, the license holder must
615.22 document in the client file the reasons why the client does not agree with the treatment plan.
615.23 If the license holder cannot obtain the client's approval of the treatment plan, a mental health
615.24 professional must make efforts to obtain approval from a person who is authorized to consent
615.25 on the client's behalf within 30 days after the client's previous individual treatment plan
615.26 expired. A license holder may not deny a client service during this time period solely because
615.27 the license holder could not obtain the client's approval of the client's individual treatment
615.28 plan. A license holder may continue to bill for the client's otherwise eligible services when
615.29 the client re-engages in services.

615.30 Subd. 9. **Functional assessment; required elements.** When a license holder is
615.31 completing a functional assessment for an adult client, the license holder must:

615.32 (1) complete a functional assessment of the client after completing the client's diagnostic
615.33 assessment;

616.1 (2) use a collaborative process that allows the client and the client's family and other
616.2 natural supports, the client's referral sources, and the client's providers to provide information
616.3 about how the client's symptoms of mental illness impact the client's functioning;

616.4 (3) if applicable, document the reasons that the license holder did not contact the client's
616.5 family and other natural supports;

616.6 (4) assess and document how the client's symptoms of mental illness impact the client's
616.7 functioning in the following areas:

616.8 (i) the client's mental health symptoms;

616.9 (ii) the client's mental health service needs;

616.10 (iii) the client's substance use;

616.11 (iv) the client's vocational and educational functioning;

616.12 (v) the client's social functioning, including the use of leisure time;

616.13 (vi) the client's interpersonal functioning, including relationships with the client's family
616.14 and other natural supports;

616.15 (vii) the client's ability to provide self-care and live independently;

616.16 (viii) the client's medical and dental health;

616.17 (ix) the client's financial assistance needs; and

616.18 (x) the client's housing and transportation needs;

677.25 (5) include a narrative summarizing the client's strengths, resources, and all areas of
677.26 functional impairment;

677.27 (6) complete the client's functional assessment before the client's initial individual
677.28 treatment plan unless a service specifies otherwise; and

678.1 (7) update the client's functional assessment with the client's current functioning whenever
678.2 there is a significant change in the client's functioning or at least every 180 days, unless a
678.3 service specifies otherwise.

678.4 Sec. 12. **[245I.11] HEALTH SERVICES AND MEDICATIONS.**

678.5 Subdivision 1. **Generally.** If a license holder is licensed as a residential program, stores
678.6 or administers client medications, or observes clients self-administer medications, the license
678.7 holder must ensure that a staff person who is a registered nurse or licensed prescriber is
678.8 responsible for overseeing storage and administration of client medications and observing
678.9 as a client self-administers medications, including training according to section 245I.05,
678.10 subdivision 6, and documenting the occurrence according to section 245I.08, subdivision
678.11 5.

678.12 Subd. 2. **Health services.** If a license holder is licensed as a residential program, the
678.13 license holder must:

678.14 (1) ensure that a client is screened for health issues within 72 hours of the client's
678.15 admission;

678.16 (2) monitor the physical health needs of each client on an ongoing basis;

678.17 (3) offer referrals to clients and coordinate each client's care with psychiatric and medical
678.18 services;

678.19 (4) identify circumstances in which a staff person must notify a registered nurse or
678.20 licensed prescriber of any of a client's health concerns and the process for providing
678.21 notification of client health concerns; and

678.22 (5) identify the circumstances in which the license holder must obtain medical care for
678.23 a client and the process for obtaining medical care for a client.

678.24 Subd. 3. **Storing and accounting for medications.** (a) If a license holder stores client
678.25 medications, the license holder must:

678.26 (1) store client medications in original containers in a locked location;

678.27 (2) store refrigerated client medications in special trays or containers that are separate
678.28 from food;

678.29 (3) store client medications marked "for external use only" in a compartment that is
678.30 separate from other client medications;

616.19 (5) include a narrative summarizing the client's strengths, resources, and all areas of
616.20 functional impairment;

616.21 (6) complete the client's functional assessment before the client's initial individual
616.22 treatment plan unless a service specifies otherwise; and

616.23 (7) update the client's functional assessment with the client's current functioning whenever
616.24 there is a significant change in the client's functioning or at least every 180 days, unless a
616.25 service specifies otherwise.

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616.30 responsible for overseeing storage and administration of client medications and observing
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617.2 subdivision 6, and documenting the occurrence according to section 245I.08, subdivision
617.3 5.

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617.7 admission;

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617.9 (3) offer referrals to clients and coordinate each client's care with psychiatric and medical
617.10 services;

617.11 (4) identify circumstances in which a staff person must notify a registered nurse or
617.12 licensed prescriber of any of a client's health concerns and the process for providing
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617.15 a client and the process for obtaining medical care for a client.

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617.18 (1) store client medications in original containers in a locked location;

617.19 (2) store refrigerated client medications in special trays or containers that are separate
617.20 from food;

617.21 (3) store client medications marked "for external use only" in a compartment that is
617.22 separate from other client medications;

679.1 (4) store Schedule II to IV drugs listed in section 152.02, subdivisions 3 to 5, in a
679.2 compartment that is locked separately from other medications;

679.3 (5) ensure that only authorized staff persons have access to stored client medications;

679.4 (6) follow a documentation procedure on each shift to account for all scheduled drugs;
679.5 and

679.6 (7) record each incident when a staff person accepts a supply of client medications and
679.7 destroy discontinued, outdated, or deteriorated client medications.

679.8 (b) If a license holder is licensed as a residential program, the license holder must allow
679.9 clients who self-administer medications to keep a private medication supply. The license
679.10 holder must ensure that the client stores all private medication in a locked container in the
679.11 client's private living area, unless the private medication supply poses a health and safety
679.12 risk to any clients. A client must not maintain a private medication supply of a prescription
679.13 medication without a written medication order from a licensed prescriber and a prescription
679.14 label that includes the client's name.

679.15 Subd. 4. Medication orders. (a) If a license holder stores, prescribes, or administers
679.16 medications or observes a client self-administer medications, the license holder must:

679.17 (1) ensure that a licensed prescriber writes all orders to accept, administer, or discontinue
679.18 client medications;

679.19 (2) accept nonwritten orders to administer client medications in emergency circumstances
679.20 only;

679.21 (3) establish a timeline and process for obtaining a written order with the licensed
679.22 prescriber's signature when the license holder accepts a nonwritten order to administer client
679.23 medications;

679.24 (4) obtain prescription medication renewals from a licensed prescriber for each client
679.25 every 90 days for psychotropic medications and annually for all other medications; and

679.26 (5) maintain the client's right to privacy and dignity.

679.27 (b) If a license holder employs a licensed prescriber, the license holder must inform the
679.28 client about potential medication effects and side effects and obtain and document the client's
679.29 informed consent before the licensed prescriber prescribes a medication.

679.30 Subd. 5. Medication administration. If a license holder is licensed as a residential
679.31 program, the license holder must:

680.1 (1) assess and document each client's ability to self-administer medication. In the
680.2 assessment, the license holder must evaluate the client's ability to: (i) comply with prescribed
680.3 medication regimens; and (ii) store the client's medications safely and in a manner that

617.23 (4) store Schedule II to IV drugs listed in section 152.02, subdivisions 3 to 5, in a
617.24 compartment that is locked separately from other medications;

617.25 (5) ensure that only authorized staff persons have access to stored client medications;

617.26 (6) follow a documentation procedure on each shift to account for all scheduled drugs;
617.27 and

617.28 (7) record each incident when a staff person accepts a supply of client medications and
617.29 destroy discontinued, outdated, or deteriorated client medications.

617.30 (b) If a license holder is licensed as a residential program, the license holder must allow
617.31 clients who self-administer medications to keep a private medication supply. The license
618.1 holder must ensure that the client stores all private medication in a locked container in the
618.2 client's private living area, unless the private medication supply poses a health and safety
618.3 risk to any clients. A client must not maintain a private medication supply of a prescription
618.4 medication without a written medication order from a licensed prescriber and a prescription
618.5 label that includes the client's name.

618.6 Subd. 4. Medication orders. (a) If a license holder stores, prescribes, or administers
618.7 medications or observes a client self-administer medications, the license holder must:

618.8 (1) ensure that a licensed prescriber writes all orders to accept, administer, or discontinue
618.9 client medications;

618.10 (2) accept nonwritten orders to administer client medications in emergency circumstances
618.11 only;

618.12 (3) establish a timeline and process for obtaining a written order with the licensed
618.13 prescriber's signature when the license holder accepts a nonwritten order to administer client
618.14 medications;

618.15 (4) obtain prescription medication renewals from a licensed prescriber for each client
618.16 every 90 days for psychotropic medications and annually for all other medications; and

618.17 (5) maintain the client's right to privacy and dignity.

618.18 (b) If a license holder employs a licensed prescriber, the license holder must inform the
618.19 client about potential medication effects and side effects and obtain and document the client's
618.20 informed consent before the licensed prescriber prescribes a medication.

618.21 Subd. 5. Medication administration. If a license holder is licensed as a residential
618.22 program, the license holder must:

618.23 (1) assess and document each client's ability to self-administer medication. In the
618.24 assessment, the license holder must evaluate the client's ability to: (i) comply with prescribed
618.25 medication regimens; and (ii) store the client's medications safely and in a manner that

680.4 protects other individuals in the facility. Through the assessment process, the license holder
680.5 must assist the client in developing the skills necessary to safely self-administer medication;

680.6 (2) monitor the effectiveness of medications, side effects of medications, and adverse
680.7 reactions to medications for each client. The license holder must address and document any
680.8 concerns about a client's medications;

680.9 (3) ensure that no staff person or client gives a legend drug supply for one client to
680.10 another client;

680.11 (4) have policies and procedures for: (i) keeping a record of each client's medication
680.12 orders; (ii) keeping a record of any incident of deferring a client's medications; (iii)
680.13 documenting any incident when a client's medication is omitted; and (iv) documenting when
680.14 a client refuses to take medications as prescribed; and

680.15 (5) document and track medication errors, document whether the license holder notified
680.16 anyone about the medication error, determine if the license holder must take any follow-up
680.17 actions, and identify the staff persons who are responsible for taking follow-up actions.

680.18 Sec. 13. [2451.12] CLIENT RIGHTS AND PROTECTIONS.

680.19 Subdivision 1. **Client rights.** A license holder must ensure that all clients have the
680.20 following rights:

680.21 (1) the rights listed in the health care bill of rights in section 144.651;

680.22 (2) the right to be free from discrimination based on age, race, color, creed, religion,
680.23 national origin, gender, marital status, disability, sexual orientation, and status with regard
680.24 to public assistance. The license holder must follow all applicable state and federal laws
680.25 including the Minnesota Human Rights Act, chapter 363A; and

680.26 (3) the right to be informed prior to a photograph or audio or video recording being made
680.27 of the client. The client has the right to refuse to allow any recording or photograph of the
680.28 client that is not for the purposes of identification or supervision by the license holder.

680.29 Subd. 2. **Restrictions to client rights.** If the license holder restricts a client's right, the
680.30 license holder must document in the client file a mental health professional's approval of
680.31 the restriction and the reasons for the restriction.

681.1 Subd. 3. **Notice of rights.** The license holder must give a copy of the client's rights
681.2 according to this section to each client on the day of the client's admission. The license
681.3 holder must document that the license holder gave a copy of the client's rights to each client
681.4 on the day of the client's admission according to this section. The license holder must post
681.5 a copy of the client rights in an area visible or accessible to all clients. The license holder
681.6 must include the client rights in Minnesota Rules, chapter 9544, for applicable clients.

618.26 protects other individuals in the facility. Through the assessment process, the license holder
618.27 must assist the client in developing the skills necessary to safely self-administer medication;

618.28 (2) monitor the effectiveness of medications, side effects of medications, and adverse
618.29 reactions to medications for each client. The license holder must address and document any
618.30 concerns about a client's medications;

618.31 (3) ensure that no staff person or client gives a legend drug supply for one client to
618.32 another client;

619.1 (4) have policies and procedures for: (i) keeping a record of each client's medication
619.2 orders; (ii) keeping a record of any incident of deferring a client's medications; (iii)
619.3 documenting any incident when a client's medication is omitted; and (iv) documenting when
619.4 a client refuses to take medications as prescribed; and

619.5 (5) document and track medication errors, document whether the license holder notified
619.6 anyone about the medication error, determine if the license holder must take any follow-up
619.7 actions, and identify the staff persons who are responsible for taking follow-up actions.

619.8 Sec. 13. [2451.12] CLIENT RIGHTS AND PROTECTIONS.

619.9 Subdivision 1. **Client rights.** A license holder must ensure that all clients have the
619.10 following rights:

619.11 (1) the rights listed in the health care bill of rights in section 144.651;

619.12 (2) the right to be free from discrimination based on age, race, color, creed, religion,
619.13 national origin, gender, marital status, disability, sexual orientation, and status with regard
619.14 to public assistance. The license holder must follow all applicable state and federal laws
619.15 including the Minnesota Human Rights Act, chapter 363A; and

619.16 (3) the right to be informed prior to a photograph or audio or video recording being made
619.17 of the client. The client has the right to refuse to allow any recording or photograph of the
619.18 client that is not for the purposes of identification or supervision by the license holder.

619.19 Subd. 2. **Restrictions to client rights.** If the license holder restricts a client's right, the
619.20 license holder must document in the client file a mental health professional's approval of
619.21 the restriction and the reasons for the restriction.

619.22 Subd. 3. **Notice of rights.** The license holder must give a copy of the client's rights
619.23 according to this section to each client on the day of the client's admission. The license
619.24 holder must document that the license holder gave a copy of the client's rights to each client
619.25 on the day of the client's admission according to this section. The license holder must post
619.26 a copy of the client rights in an area visible or accessible to all clients. The license holder
619.27 must include the client rights in Minnesota Rules, chapter 9544, for applicable clients.

681.7 Subd. 4. **Client property.** (a) The license holder must meet the requirements of section
681.8 245A.04, subdivision 13.

681.9 (b) If the license holder is unable to obtain a client's signature acknowledging the receipt
681.10 or disbursement of the client's funds or property required by section 245A.04, subdivision
681.11 13, paragraph (c), clause (1), two staff persons must sign documentation acknowledging
681.12 that the staff persons witnessed the client's receipt or disbursement of the client's funds or
681.13 property.

681.14 (c) The license holder must return all of the client's funds and other property to the client
681.15 except for the following items:

681.16 (1) illicit drugs, drug paraphernalia, and drug containers that are subject to forfeiture
681.17 under section 609.5316. The license holder must give illicit drugs, drug paraphernalia, and
681.18 drug containers to a local law enforcement agency or destroy the items; and

681.19 (2) weapons, explosives, and other property that may cause serious harm to the client
681.20 or others. The license holder may give a client's weapons and explosives to a local law
681.21 enforcement agency. The license holder must notify the client that a local law enforcement
681.22 agency has the client's property and that the client has the right to reclaim the property if
681.23 the client has a legal right to possess the item.

681.24 (d) If a client leaves the license holder's program but abandons the client's funds or
681.25 property, the license holder must retain and store the client's funds or property, including
681.26 medications, for a minimum of 30 days after the client's discharge from the program.

681.27 Subd. 5. **Client grievances.** (a) The license holder must have a grievance procedure
681.28 that:

681.29 (1) describes to clients how the license holder will meet the requirements in this
681.30 subdivision; and

681.31 (2) contains the current public contact information of the Department of Human Services,
681.32 Licensing Division; the Office of Ombudsman for Mental Health and Developmental
682.1 Disabilities; the Department of Health, Office of Health Facilities Complaints; and all
682.2 applicable health-related licensing boards.

682.3 (b) On the day of each client's admission, the license holder must explain the grievance
682.4 procedure to the client.

682.5 (c) The license holder must:

682.6 (1) post the grievance procedure in a place visible to clients and provide a copy of the
682.7 grievance procedure upon request;

682.8 (2) allow clients, former clients, and their authorized representatives to submit a grievance
682.9 to the license holder;

619.28 Subd. 4. **Client property.** (a) The license holder must meet the requirements of section
619.29 245A.04, subdivision 13.

619.30 (b) If the license holder is unable to obtain a client's signature acknowledging the receipt
619.31 or disbursement of the client's funds or property required by section 245A.04, subdivision
619.32 13, paragraph (c), clause (1), two staff persons must sign documentation acknowledging
620.1 that the staff persons witnessed the client's receipt or disbursement of the client's funds or
620.2 property.

620.3 (c) The license holder must return all of the client's funds and other property to the client
620.4 except for the following items:

620.5 (1) illicit drugs, drug paraphernalia, and drug containers that are subject to forfeiture
620.6 under section 609.5316. The license holder must give illicit drugs, drug paraphernalia, and
620.7 drug containers to a local law enforcement agency or destroy the items; and

620.8 (2) weapons, explosives, and other property that may cause serious harm to the client
620.9 or others. The license holder may give a client's weapons and explosives to a local law
620.10 enforcement agency. The license holder must notify the client that a local law enforcement
620.11 agency has the client's property and that the client has the right to reclaim the property if
620.12 the client has a legal right to possess the item.

620.13 (d) If a client leaves the license holder's program but abandons the client's funds or
620.14 property, the license holder must retain and store the client's funds or property, including
620.15 medications, for a minimum of 30 days after the client's discharge from the program.

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620.21 Licensing Division; the Office of Ombudsman for Mental Health and Developmental
620.22 Disabilities; the Department of Health, Office of Health Facilities Complaints; and all
620.23 applicable health-related licensing boards.

620.24 (b) On the day of each client's admission, the license holder must explain the grievance
620.25 procedure to the client.

620.26 (c) The license holder must:

620.27 (1) post the grievance procedure in a place visible to clients and provide a copy of the
620.28 grievance procedure upon request;

620.29 (2) allow clients, former clients, and their authorized representatives to submit a grievance
620.30 to the license holder;

682.10 (3) within three business days of receiving a client's grievance, acknowledge in writing
682.11 that the license holder received the client's grievance. If applicable, the license holder must
682.12 include a notice of the client's separate appeal rights for a managed care organization's
682.13 reduction, termination, or denial of a covered service;

682.14 (4) within 15 business days of receiving a client's grievance, provide a written final
682.15 response to the client's grievance containing the license holder's official response to the
682.16 grievance; and

682.17 (5) allow the client to bring a grievance to the person with the highest level of authority
682.18 in the program.

682.19 Sec. 14. [245I.13] CRITICAL INCIDENTS.

682.20 If a license holder is licensed as a residential program, the license holder must report all
682.21 critical incidents to the commissioner within ten days of learning of the incident on a form
682.22 approved by the commissioner. The license holder must keep a record of critical incidents
682.23 in a central location that is readily accessible to the commissioner for review upon the
682.24 commissioner's request for a minimum of two licensing periods.

682.25 Sec. 15. [245I.20] MENTAL HEALTH CLINIC.

682.26 Subdivision 1. Purpose. Certified mental health clinics provide clinical services for the
682.27 treatment of mental illnesses with a treatment team that reflects multiple disciplines and
682.28 areas of expertise.

682.29 Subd. 2. Definitions. (a) "Clinical services" means services provided to a client to
682.30 diagnose, describe, predict, and explain the client's status relative to a condition or problem
682.31 as described in the: (1) current edition of the Diagnostic and Statistical Manual of Mental
683.1 Disorders published by the American Psychiatric Association; or (2) current edition of the
683.2 DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy
683.3 and Early Childhood published by Zero to Three. Where necessary, clinical services includes
683.4 services to treat a client to reduce the client's impairment due to the client's condition.
683.5 Clinical services also includes individual treatment planning, case review, record-keeping
683.6 required for a client's treatment, and treatment supervision. For the purposes of this section,
683.7 clinical services excludes services delivered to a client under a separate license and services
683.8 listed under section 245I.011, subdivision 5.

683.9 (b) "Competent" means having professional education, training, continuing education,
683.10 consultation, supervision, experience, or a combination thereof necessary to demonstrate
683.11 sufficient knowledge of and proficiency in a specific clinical service.

683.12 (c) "Discipline" means a branch of professional knowledge or skill acquired through a
683.13 specific course of study, training, and supervised practice. Discipline is usually documented
683.14 by a specific educational degree, licensure, or certification of proficiency. Examples of the

620.31 (3) within three business days of receiving a client's grievance, acknowledge in writing
620.32 that the license holder received the client's grievance. If applicable, the license holder must
621.1 include a notice of the client's separate appeal rights for a managed care organization's
621.2 reduction, termination, or denial of a covered service;

621.3 (4) within 15 business days of receiving a client's grievance, provide a written final
621.4 response to the client's grievance containing the license holder's official response to the
621.5 grievance; and

621.6 (5) allow the client to bring a grievance to the person with the highest level of authority
621.7 in the program.

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621.9 If a license holder is licensed as a residential program, the license holder must report all
621.10 critical incidents to the commissioner within ten days of learning of the incident on a form
621.11 approved by the commissioner. The license holder must keep a record of critical incidents
621.12 in a central location that is readily accessible to the commissioner for review upon the
621.13 commissioner's request for a minimum of two licensing periods.

621.14 Sec. 15. [245I.20] MENTAL HEALTH CLINIC.

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621.16 treatment of mental illnesses with a treatment team that reflects multiple disciplines and
621.17 areas of expertise.

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621.19 diagnose, describe, predict, and explain the client's status relative to a condition or problem
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621.21 Disorders published by the American Psychiatric Association; or (2) current edition of the
621.22 DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy
621.23 and Early Childhood published by Zero to Three. Where necessary, clinical services includes
621.24 services to treat a client to reduce the client's impairment due to the client's condition.
621.25 Clinical services also includes individual treatment planning, case review, record-keeping
621.26 required for a client's treatment, and treatment supervision. For the purposes of this section,
621.27 clinical services excludes services delivered to a client under a separate license and services
621.28 listed under section 245I.011, subdivision 5.

621.29 (b) "Competent" means having professional education, training, continuing education,
621.30 consultation, supervision, experience, or a combination thereof necessary to demonstrate
621.31 sufficient knowledge of and proficiency in a specific clinical service.

622.1 (c) "Discipline" means a branch of professional knowledge or skill acquired through a
622.2 specific course of study, training, and supervised practice. Discipline is usually documented
622.3 by a specific educational degree, licensure, or certification of proficiency. Examples of the

683.15 mental health disciplines include but are not limited to psychiatry, psychology, clinical
683.16 social work, marriage and family therapy, clinical counseling, and psychiatric nursing.

683.17 (d) "Treatment team" means the mental health professionals, mental health practitioners,
683.18 and clinical trainees who provide clinical services to clients.

683.19 Subd. 3. **Organizational structure.** (a) A mental health clinic location must be an entire
683.20 facility or a clearly identified unit within a facility that is administratively and clinically
683.21 separate from the rest of the facility. The mental health clinic location may provide services
683.22 other than clinical services to clients, including medical services, substance use disorder
683.23 services, social services, training, and education.

683.24 (b) The certification holder must notify the commissioner of all mental health clinic
683.25 locations. If there is more than one mental health clinic location, the certification holder
683.26 must designate one location as the main location and all of the other locations as satellite
683.27 locations. The main location as a unit and the clinic as a whole must comply with the
683.28 minimum staffing standards in subdivision 4.

683.29 (c) The certification holder must ensure that each satellite location:

683.30 (1) adheres to the same policies and procedures as the main location;

683.31 (2) provides treatment team members with face-to-face or telephone access to a mental
683.32 health professional for the purposes of supervision whenever the satellite location is open.
683.33 The certification holder must maintain a schedule of the mental health professionals who
684.1 will be available and the contact information for each available mental health professional.
684.2 The schedule must be current and readily available to treatment team members; and

684.3 (3) enables clients to access all of the mental health clinic's clinical services and treatment
684.4 team members, as needed.

684.5 Subd. 4. **Minimum staffing standards.** (a) A certification holder's treatment team must
684.6 consist of at least four mental health professionals. At least two of the mental health
684.7 professionals must be employed by or under contract with the mental health clinic for a
684.8 minimum of 35 hours per week each. Each of the two mental health professionals must
684.9 specialize in a different mental health discipline.

684.10 (b) The treatment team must include:

684.11 (1) a physician qualified as a mental health professional according to section 245I.04,
684.12 subdivision 2, clause (4), or a nurse qualified as a mental health professional according to
684.13 section 245I.04, subdivision 2, clause (1); and

684.14 (2) a psychologist qualified as a mental health professional according to section 245I.04,
684.15 subdivision 2, clause (3).

622.4 mental health disciplines include but are not limited to psychiatry, psychology, clinical
622.5 social work, marriage and family therapy, clinical counseling, and psychiatric nursing.

622.6 (d) "Treatment team" means the mental health professionals, mental health practitioners,
622.7 and clinical trainees who provide clinical services to clients.

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622.11 other than clinical services to clients, including medical services, substance use disorder
622.12 services, social services, training, and education.

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622.14 locations. If there is more than one mental health clinic location, the certification holder
622.15 must designate one location as the main location and all of the other locations as satellite
622.16 locations. The main location as a unit and the clinic as a whole must comply with the
622.17 minimum staffing standards in subdivision 4.

622.18 (c) The certification holder must ensure that each satellite location:

622.19 (1) adheres to the same policies and procedures as the main location;

622.20 (2) provides treatment team members with face-to-face or telephone access to a mental
622.21 health professional for the purposes of supervision whenever the satellite location is open.
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622.23 will be available and the contact information for each available mental health professional.
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622.25 (3) enables clients to access all of the mental health clinic's clinical services and treatment
622.26 team members, as needed.

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622.28 consist of at least four mental health professionals. At least two of the mental health
622.29 professionals must be employed by or under contract with the mental health clinic for a
622.30 minimum of 35 hours per week each. Each of the two mental health professionals must
622.31 specialize in a different mental health discipline.

622.32 (b) The treatment team must include:

623.1 (1) a physician qualified as a mental health professional according to section 245I.04,
623.2 subdivision 2, clause (4), or a nurse qualified as a mental health professional according to
623.3 section 245I.04, subdivision 2, clause (1); and

623.4 (2) a psychologist qualified as a mental health professional according to section 245I.04,
623.5 subdivision 2, clause (3).

684.16 (c) The staff persons fulfilling the requirement in paragraph (b) must provide clinical
684.17 services at least:

684.18 (1) eight hours every two weeks if the mental health clinic has over 25.0 full-time
684.19 equivalent treatment team members;

684.20 (2) eight hours each month if the mental health clinic has 15.1 to 25.0 full-time equivalent
684.21 treatment team members;

684.22 (3) four hours each month if the mental health clinic has 5.1 to 15.0 full-time equivalent
684.23 treatment team members; or

684.24 (4) two hours each month if the mental health clinic has 2.0 to 5.0 full-time equivalent
684.25 treatment team members or only provides in-home services to clients.

684.26 (d) The certification holder must maintain a record that demonstrates compliance with
684.27 this subdivision.

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

685.3 (b) Treatment supervision of mental health practitioners and clinical trainees required
685.4 by section 2451.06 must include case reviews as described in this paragraph. Every two
685.5 months, a mental health professional must complete a case review of each client assigned
685.6 to the mental health professional when the client is receiving clinical services from a mental
685.7 health practitioner or clinical trainee. The case review must include a consultation process
685.8 that thoroughly examines the client's condition and treatment, including: (1) a review of the
685.9 client's reason for seeking treatment, diagnoses and assessments, and the individual treatment
685.10 plan; (2) a review of the appropriateness, duration, and outcome of treatment provided to
685.11 the client; and (3) treatment recommendations.

685.12 **Subd. 6. Additional policy and procedure requirements.** (a) In addition to the policies
685.13 and procedures required by section 2451.03, the certification holder must establish, enforce,
685.14 and maintain the policies and procedures required by this subdivision.

685.15 (b) The certification holder must have a clinical evaluation procedure to identify and
685.16 document each treatment team member's areas of competence.

685.17 (c) The certification holder must have policies and procedures for client intake and case
685.18 assignment that:

685.19 (1) outline the client intake process;

623.6 (c) The staff persons fulfilling the requirement in paragraph (b) must provide clinical
623.7 services at least:

623.8 (1) eight hours every two weeks if the mental health clinic has over 25.0 full-time
623.9 equivalent treatment team members;

623.10 (2) eight hours each month if the mental health clinic has 15.1 to 25.0 full-time equivalent
623.11 treatment team members;

623.12 (3) four hours each month if the mental health clinic has 5.1 to 15.0 full-time equivalent
623.13 treatment team members; or

623.14 (4) two hours each month if the mental health clinic has 2.0 to 5.0 full-time equivalent
623.15 treatment team members or only provides in-home services to clients.

623.16 (d) The certification holder must maintain a record that demonstrates compliance with
623.17 this subdivision.

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623.19 responsible for each client's case. The certification holder must document the name of the
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623.21 professional is responsible for the client's case from beginning date to end date. The
623.22 certification holder must assign each client's case for assessment, diagnosis, and treatment
623.23 services to a treatment team member who is competent in the assigned clinical service, the
623.24 recommended treatment strategy, and in treating the client's characteristics.

623.25 (b) Treatment supervision of mental health practitioners and clinical trainees required
623.26 by section 2451.06 must include case reviews as described in this paragraph. Every two
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623.28 to the mental health professional when the client is receiving clinical services from a mental
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623.30 that thoroughly examines the client's condition and treatment, including: (1) a review of the
623.31 client's reason for seeking treatment, diagnoses and assessments, and the individual treatment
623.32 plan; (2) a review of the appropriateness, duration, and outcome of treatment provided to
623.33 the client; and (3) treatment recommendations.

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624.5 document each treatment team member's areas of competence.

624.6 (c) The certification holder must have policies and procedures for client intake and case
624.7 assignment that:

624.8 (1) outline the client intake process;

685.20 (2) describe how the mental health clinic determines the appropriateness of accepting a
685.21 client into treatment by reviewing the client's condition and need for treatment, the clinical
685.22 services that the mental health clinic offers to clients, and other available resources; and

685.23 (3) contain a process for assigning a client's case to a mental health professional who is
685.24 responsible for the client's case and other treatment team members.

685.25 Subd. 7. **Referrals.** If necessary treatment for a client or treatment desired by a client
685.26 is not available at the mental health clinic, the certification holder must facilitate appropriate
685.27 referrals for the client. When making a referral for a client, the treatment team member must
685.28 document a discussion with the client that includes: (1) the reason for the client's referral;
685.29 (2) potential treatment resources for the client; and (3) the client's response to receiving a
685.30 referral.

685.31 Subd. 8. **Emergency service.** For the certification holder's telephone numbers that clients
685.32 regularly access, the certification holder must include the contact information for the area's
686.1 mental health crisis services as part of the certification holder's message when a live operator
686.2 is not available to answer clients' calls.

686.3 Subd. 9. **Quality assurance and improvement plan.** (a) At a minimum, a certification
686.4 holder must develop a written quality assurance and improvement plan that includes a plan
686.5 for:

686.6 (1) encouraging ongoing consultation among members of the treatment team;

686.7 (2) obtaining and evaluating feedback about services from clients, family and other
686.8 natural supports, referral sources, and staff persons;

686.9 (3) measuring and evaluating client outcomes;

686.10 (4) reviewing client suicide deaths and suicide attempts;

686.11 (5) examining the quality of clinical service delivery to clients; and

686.12 (6) self-monitoring of compliance with this chapter.

686.13 (b) At least annually, the certification holder must review, evaluate, and update the
686.14 quality assurance and improvement plan. The review must: (1) include documentation of
686.15 the actions that the certification holder will take as a result of information obtained from
686.16 monitoring activities in the plan; and (2) establish goals for improved service delivery to
686.17 clients for the next year.

686.18 Subd. 10. **Application procedures.** (a) The applicant for certification must submit any
686.19 documents that the commissioner requires on forms approved by the commissioner.

686.20 (b) Upon submitting an application for certification, an applicant must pay the application
686.21 fee required by section 245A.10, subdivision 3.

624.9 (2) describe how the mental health clinic determines the appropriateness of accepting a
624.10 client into treatment by reviewing the client's condition and need for treatment, the clinical
624.11 services that the mental health clinic offers to clients, and other available resources; and

624.12 (3) contain a process for assigning a client's case to a mental health professional who is
624.13 responsible for the client's case and other treatment team members.

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624.19 referral.

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625.3 quality assurance and improvement plan. The review must: (1) include documentation of
625.4 the actions that the certification holder will take as a result of information obtained from
625.5 monitoring activities in the plan; and (2) establish goals for improved service delivery to
625.6 clients for the next year.

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625.8 documents that the commissioner requires on forms approved by the commissioner.

625.9 (b) Upon submitting an application for certification, an applicant must pay the application
625.10 fee required by section 245A.10, subdivision 3.

686.22 (c) The commissioner must act on an application within 90 working days of receiving
686.23 a completed application.

686.24 (d) When the commissioner receives an application for initial certification that is
686.25 incomplete because the applicant failed to submit required documents or is deficient because
686.26 the submitted documents do not meet certification requirements, the commissioner must
686.27 provide the applicant with written notice that the application is incomplete or deficient. In
686.28 the notice, the commissioner must identify the particular documents that are missing or
686.29 deficient and give the applicant 45 days to submit a second application that is complete. An
686.30 applicant's failure to submit a complete application within 45 days after receiving notice
686.31 from the commissioner is a basis for certification denial.

687.1 (e) The commissioner must give notice of a denial to an applicant when the commissioner
687.2 has made the decision to deny the certification application. In the notice of denial, the
687.3 commissioner must state the reasons for the denial in plain language. The commissioner
687.4 must send or deliver the notice of denial to an applicant by certified mail or personal service.
687.5 In the notice of denial, the commissioner must state the reasons that the commissioner denied
687.6 the application and must inform the applicant of the applicant's right to request a contested
687.7 case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The
687.8 applicant may appeal the denial by notifying the commissioner in writing by certified mail
687.9 or personal service. If mailed, the appeal must be postmarked and sent to the commissioner
687.10 within 20 calendar days after the applicant received the notice of denial. If an applicant
687.11 delivers an appeal by personal service, the commissioner must receive the appeal within 20
687.12 calendar days after the applicant received the notice of denial.

687.13 Subd. 11. Commissioner's right of access. (a) When the commissioner is exercising
687.14 the powers conferred to the commissioner by this chapter, if the mental health clinic is in
687.15 operation and the information is relevant to the commissioner's inspection or investigation,
687.16 the certification holder must provide the commissioner access to:

687.17 (1) the physical facility and grounds where the program is located;

687.18 (2) documentation and records, including electronically maintained records;

687.19 (3) clients served by the mental health clinic;

687.20 (4) staff persons of the mental health clinic; and

687.21 (5) personnel records of current and former staff of the mental health clinic.

687.22 (b) The certification holder must provide the commissioner with access to the facility
687.23 and grounds, documentation and records, clients, and staff without prior notice and as often
687.24 as the commissioner considers necessary if the commissioner is investigating alleged
687.25 maltreatment or a violation of a law or rule, or conducting an inspection. When conducting
687.26 an inspection, the commissioner may request and must receive assistance from other state,
687.27 county, and municipal governmental agencies and departments. The applicant or certification

625.11 (c) The commissioner must act on an application within 90 working days of receiving
625.12 a completed application.

625.13 (d) When the commissioner receives an application for initial certification that is
625.14 incomplete because the applicant failed to submit required documents or is deficient because
625.15 the submitted documents do not meet certification requirements, the commissioner must
625.16 provide the applicant with written notice that the application is incomplete or deficient. In
625.17 the notice, the commissioner must identify the particular documents that are missing or
625.18 deficient and give the applicant 45 days to submit a second application that is complete. An
625.19 applicant's failure to submit a complete application within 45 days after receiving notice
625.20 from the commissioner is a basis for certification denial.

625.21 (e) The commissioner must give notice of a denial to an applicant when the commissioner
625.22 has made the decision to deny the certification application. In the notice of denial, the
625.23 commissioner must state the reasons for the denial in plain language. The commissioner
625.24 must send or deliver the notice of denial to an applicant by certified mail or personal service.
625.25 In the notice of denial, the commissioner must state the reasons that the commissioner denied
625.26 the application and must inform the applicant of the applicant's right to request a contested
625.27 case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The
625.28 applicant may appeal the denial by notifying the commissioner in writing by certified mail
625.29 or personal service. If mailed, the appeal must be postmarked and sent to the commissioner
625.30 within 20 calendar days after the applicant received the notice of denial. If an applicant
625.31 delivers an appeal by personal service, the commissioner must receive the appeal within 20
625.32 calendar days after the applicant received the notice of denial.

625.33 Subd. 11. Commissioner's right of access. (a) When the commissioner is exercising
625.34 the powers conferred to the commissioner by this chapter, if the mental health clinic is in
626.1 operation and the information is relevant to the commissioner's inspection or investigation,
626.2 the certification holder must provide the commissioner access to:

626.3 (1) the physical facility and grounds where the program is located;

626.4 (2) documentation and records, including electronically maintained records;

626.5 (3) clients served by the mental health clinic;

626.6 (4) staff persons of the mental health clinic; and

626.7 (5) personnel records of current and former staff of the mental health clinic.

626.8 (b) The certification holder must provide the commissioner with access to the facility
626.9 and grounds, documentation and records, clients, and staff without prior notice and as often
626.10 as the commissioner considers necessary if the commissioner is investigating alleged
626.11 maltreatment or a violation of a law or rule, or conducting an inspection. When conducting
626.12 an inspection, the commissioner may request and must receive assistance from other state,
626.13 county, and municipal governmental agencies and departments. The applicant or certification

687.28 holder must allow the commissioner, at the commissioner's expense, to photocopy,
687.29 photograph, and make audio and video recordings during an inspection.

687.30 Subd. 12. **Monitoring and inspections.** (a) The commissioner may conduct a certification
687.31 review of the certified mental health clinic every two years to determine the certification
687.32 holder's compliance with applicable rules and statutes.

688.1 (b) The commissioner must offer the certification holder a choice of dates for an
688.2 announced certification review. A certification review must occur during the clinic's normal
688.3 working hours.

688.4 (c) The commissioner must make the results of certification reviews and investigations
688.5 publicly available on the department's website.

688.6 Subd. 13. **Correction orders.** (a) If the applicant or certification holder fails to comply
688.7 with a law or rule, the commissioner may issue a correction order. The correction order
688.8 must state:

688.9 (1) the condition that constitutes a violation of the law or rule;

688.10 (2) the specific law or rule that the applicant or certification holder has violated; and

688.11 (3) the time that the applicant or certification holder is allowed to correct each violation.

688.12 (b) If the applicant or certification holder believes that the commissioner's correction
688.13 order is erroneous, the applicant or certification holder may ask the commissioner to
688.14 reconsider the part of the correction order that is allegedly erroneous. An applicant or
688.15 certification holder must make a request for reconsideration in writing. The request must
688.16 be postmarked and sent to the commissioner within 20 calendar days after the applicant or
688.17 certification holder received the correction order; and the request must:

688.18 (1) specify the part of the correction order that is allegedly erroneous;

688.19 (2) explain why the specified part is erroneous; and

688.20 (3) include documentation to support the allegation of error.

688.21 (c) A request for reconsideration does not stay any provision or requirement of the
688.22 correction order. The commissioner's disposition of a request for reconsideration is final
688.23 and not subject to appeal.

688.24 (d) If the commissioner finds that the applicant or certification holder failed to correct
688.25 the violation specified in the correction order, the commissioner may decertify the certified
688.26 mental health clinic according to subdivision 14.

688.27 (e) Nothing in this subdivision prohibits the commissioner from decertifying a mental
688.28 health clinic according to subdivision 14.

626.14 holder must allow the commissioner, at the commissioner's expense, to photocopy,
626.15 photograph, and make audio and video recordings during an inspection.

626.16 Subd. 12. **Monitoring and inspections.** (a) The commissioner may conduct a certification
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626.28 (2) the specific law or rule that the applicant or certification holder has violated; and

626.29 (3) the time that the applicant or certification holder is allowed to correct each violation.

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626.31 order is erroneous, the applicant or certification holder may ask the commissioner to
627.1 reconsider the part of the correction order that is allegedly erroneous. An applicant or
627.2 certification holder must make a request for reconsideration in writing. The request must
627.3 be postmarked and sent to the commissioner within 20 calendar days after the applicant or
627.4 certification holder received the correction order; and the request must:

627.5 (1) specify the part of the correction order that is allegedly erroneous;

627.6 (2) explain why the specified part is erroneous; and

627.7 (3) include documentation to support the allegation of error.

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627.9 correction order. The commissioner's disposition of a request for reconsideration is final
627.10 and not subject to appeal.

627.11 (d) If the commissioner finds that the applicant or certification holder failed to correct
627.12 the violation specified in the correction order, the commissioner may decertify the certified
627.13 mental health clinic according to subdivision 14.

627.14 (e) Nothing in this subdivision prohibits the commissioner from decertifying a mental
627.15 health clinic according to subdivision 14.

688.29 Subd. 14. Decertification. (a) The commissioner may decertify a mental health clinic
688.30 if a certification holder:

688.31 (1) failed to comply with an applicable law or rule; or

689.1 (2) knowingly withheld relevant information from or gave false or misleading information
689.2 to the commissioner in connection with an application for certification, during an
689.3 investigation, or regarding compliance with applicable laws or rules.

689.4 (b) When considering decertification of a mental health clinic, the commissioner must
689.5 consider the nature, chronicity, or severity of the violation of law or rule and the effect of
689.6 the violation on the health, safety, or rights of clients.

689.7 (c) If the commissioner decertifies a mental health clinic, the order of decertification
689.8 must inform the certification holder of the right to have a contested case hearing under
689.9 chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The certification holder
689.10 may appeal the decertification. The certification holder must appeal a decertification in
689.11 writing and send or deliver the appeal to the commissioner by certified mail or personal
689.12 service. If the certification holder mails the appeal, the appeal must be postmarked and sent
689.13 to the commissioner within ten calendar days after the certification holder receives the order
689.14 of decertification. If the certification holder delivers an appeal by personal service, the
689.15 commissioner must receive the appeal within ten calendar days after the certification holder
689.16 received the order. If a certification holder submits a timely appeal of an order of
689.17 decertification, the certification holder may continue to operate the program until the
689.18 commissioner issues a final order on the decertification.

689.19 (d) If the commissioner decertifies a mental health clinic pursuant to paragraph (a),
689.20 clause (1), based on a determination that the mental health clinic was responsible for
689.21 maltreatment, and if the certification holder appeals the decertification according to paragraph
689.22 (c), and appeals the maltreatment determination under section 260E.33, the final
689.23 decertification determination is stayed until the commissioner issues a final decision regarding
689.24 the maltreatment appeal.

689.25 Subd. 15. Transfer prohibited. A certification issued under this section is only valid
689.26 for the premises and the individual, organization, or government entity identified by the
689.27 commissioner on the certification. A certification is not transferable or assignable.

689.28 Subd. 16. Notifications required and noncompliance. (a) A certification holder must
689.29 notify the commissioner, in a manner prescribed by the commissioner, and obtain the
689.30 commissioner's approval before making any change to the name of the certification holder
689.31 or the location of the mental health clinic.

689.32 (b) Changes in mental health clinic organization, staffing, treatment, or quality assurance
689.33 procedures that affect the ability of the certification holder to comply with the minimum
689.34 standards of this section must be reported in writing by the certification holder to the
690.1 commissioner within 15 days of the occurrence. Review of the change must be conducted
690.2 by the commissioner. A certification holder with changes resulting in noncompliance in

627.16 Subd. 14. Decertification. (a) The commissioner may decertify a mental health clinic
627.17 if a certification holder:

627.18 (1) failed to comply with an applicable law or rule; or

627.19 (2) knowingly withheld relevant information from or gave false or misleading information
627.20 to the commissioner in connection with an application for certification, during an
627.21 investigation, or regarding compliance with applicable laws or rules.

627.22 (b) When considering decertification of a mental health clinic, the commissioner must
627.23 consider the nature, chronicity, or severity of the violation of law or rule and the effect of
627.24 the violation on the health, safety, or rights of clients.

627.25 (c) If the commissioner decertifies a mental health clinic, the order of decertification
627.26 must inform the certification holder of the right to have a contested case hearing under
627.27 chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The certification holder
627.28 may appeal the decertification. The certification holder must appeal a decertification in
627.29 writing and send or deliver the appeal to the commissioner by certified mail or personal
627.30 service. If the certification holder mails the appeal, the appeal must be postmarked and sent
627.31 to the commissioner within ten calendar days after the certification holder receives the order
627.32 of decertification. If the certification holder delivers an appeal by personal service, the
628.1 commissioner must receive the appeal within ten calendar days after the certification holder
628.2 received the order. If a certification holder submits a timely appeal of an order of
628.3 decertification, the certification holder may continue to operate the program until the
628.4 commissioner issues a final order on the decertification.

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628.6 clause (1), based on a determination that the mental health clinic was responsible for
628.7 maltreatment, and if the certification holder appeals the decertification according to paragraph
628.8 (c), and appeals the maltreatment determination under section 260E.33, the final
628.9 decertification determination is stayed until the commissioner issues a final decision regarding
628.10 the maltreatment appeal.

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628.12 for the premises and the individual, organization, or government entity identified by the
628.13 commissioner on the certification. A certification is not transferable or assignable.

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628.15 notify the commissioner, in a manner prescribed by the commissioner, and obtain the
628.16 commissioner's approval before making any change to the name of the certification holder
628.17 or the location of the mental health clinic.

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628.19 procedures that affect the ability of the certification holder to comply with the minimum
628.20 standards of this section must be reported in writing by the certification holder to the
628.21 commissioner within 15 days of the occurrence. Review of the change must be conducted
628.22 by the commissioner. A certification holder with changes resulting in noncompliance in

690.3 minimum standards must receive written notice and may have up to 180 days to correct the
690.4 areas of noncompliance before being decertified. Interim procedures to resolve the
690.5 noncompliance on a temporary basis must be developed and submitted in writing to the
690.6 commissioner for approval within 30 days of the commissioner's determination of the
690.7 noncompliance. Not reporting an occurrence of a change that results in noncompliance
690.8 within 15 days, failure to develop an approved interim procedure within 30 days of the
690.9 determination of the noncompliance, or nonresolution of the noncompliance within 180
690.10 days will result in immediate decertification.

690.11 (c) The mental health clinic may be required to submit written information to the
690.12 department to document that the mental health clinic has maintained compliance with this
690.13 section and mental health clinic procedures.

690.14 **Sec. 16. [245I.23] INTENSIVE RESIDENTIAL TREATMENT SERVICES AND**
690.15 **RESIDENTIAL CRISIS STABILIZATION.**

690.16 Subdivision 1. Purpose. (a) Intensive residential treatment services is a community-based
690.17 medically monitored level of care for an adult client that uses established rehabilitative
690.18 principles to promote a client's recovery and to develop and achieve psychiatric stability,
690.19 personal and emotional adjustment, self-sufficiency, and other skills that help a client
690.20 transition to a more independent setting.

690.21 (b) Residential crisis stabilization provides structure and support to an adult client in a
690.22 community living environment when a client has experienced a mental health crisis and
690.23 needs short-term services to ensure that the client can safely return to the client's home or
690.24 precrisis living environment with additional services and supports identified in the client's
690.25 crisis assessment.

690.26 Subd. 2. Definitions. (a) "Program location" means a set of rooms that are each physically
690.27 self-contained and have defining walls extending from floor to ceiling. Program location
690.28 includes bedrooms, living rooms or lounge areas, bathrooms, and connecting areas.

690.29 (b) "Treatment team" means a group of staff persons who provide intensive residential
690.30 treatment services or residential crisis stabilization to clients. The treatment team includes
690.31 mental health professionals, mental health practitioners, clinical trainees, certified
690.32 rehabilitation specialists, mental health rehabilitation workers, and mental health certified
690.33 peer specialists.

691.1 Subd. 3. Treatment services description. The license holder must describe in writing
691.2 all treatment services that the license holder provides. The license holder must have the
691.3 description readily available for the commissioner upon the commissioner's request.

691.4 Subd. 4. Required intensive residential treatment services. (a) On a daily basis, the
691.5 license holder must follow a client's treatment plan to provide intensive residential treatment
691.6 services to the client to improve the client's functioning.

628.23 minimum standards must receive written notice and may have up to 180 days to correct the
628.24 areas of noncompliance before being decertified. Interim procedures to resolve the
628.25 noncompliance on a temporary basis must be developed and submitted in writing to the
628.26 commissioner for approval within 30 days of the commissioner's determination of the
628.27 noncompliance. Not reporting an occurrence of a change that results in noncompliance
628.28 within 15 days, failure to develop an approved interim procedure within 30 days of the
628.29 determination of the noncompliance, or nonresolution of the noncompliance within 180
628.30 days will result in immediate decertification.

628.31 (c) The mental health clinic may be required to submit written information to the
628.32 department to document that the mental health clinic has maintained compliance with this
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629.7 transition to a more independent setting.

629.8 (b) Residential crisis stabilization provides structure and support to an adult client in a
629.9 community living environment when a client has experienced a mental health crisis and
629.10 needs short-term services to ensure that the client can safely return to the client's home or
629.11 precrisis living environment with additional services and supports identified in the client's
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629.15 includes bedrooms, living rooms or lounge areas, bathrooms, and connecting areas.

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629.20 peer specialists.

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629.22 all treatment services that the license holder provides. The license holder must have the
629.23 description readily available for the commissioner upon the commissioner's request.

629.24 Subd. 4. Required intensive residential treatment services. (a) On a daily basis, the
629.25 license holder must follow a client's treatment plan to provide intensive residential treatment
629.26 services to the client to improve the client's functioning.

691.7 (b) The license holder must offer and have the capacity to directly provide the following
691.8 treatment services to each client:

691.9 (1) rehabilitative mental health services;

691.10 (2) crisis prevention planning to assist a client with:

691.11 (i) identifying and addressing patterns in the client's history and experience of the client's
691.12 mental illness; and

691.13 (ii) developing crisis prevention strategies that include de-escalation strategies that have
691.14 been effective for the client in the past;

691.15 (3) health services and administering medication;

691.16 (4) co-occurring substance use disorder treatment;

691.17 (5) engaging the client's family and other natural supports in the client's treatment and
691.18 educating the client's family and other natural supports to strengthen the client's social and
691.19 family relationships; and

691.20 (6) making referrals for the client to other service providers in the community and
691.21 supporting the client's transition from intensive residential treatment services to another
691.22 setting.

691.23 (c) The license holder must include Illness Management and Recovery (IMR), Enhanced
691.24 Illness Management and Recovery (E-IMR), or other similar interventions in the license
691.25 holder's programming as approved by the commissioner.

691.26 Subd. 5. **Required residential crisis stabilization services.** (a) On a daily basis, the
691.27 license holder must follow a client's individual crisis treatment plan to provide services to
691.28 the client in residential crisis stabilization to improve the client's functioning.

691.29 (b) The license holder must offer and have the capacity to directly provide the following
691.30 treatment services to the client:

691.31 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

692.1 (2) rehabilitative mental health services;

692.2 (3) health services and administering the client's medications; and

692.3 (4) making referrals for the client to other service providers in the community and
692.4 supporting the client's transition from residential crisis stabilization to another setting.

692.5 Subd. 6. **Optional treatment services.** (a) If the license holder offers additional treatment
692.6 services to a client, the treatment service must be:

692.7 (1) approved by the commissioner; and

629.27 (b) The license holder must offer and have the capacity to directly provide the following
629.28 treatment services to each client:

629.29 (1) rehabilitative mental health services;

629.30 (2) crisis prevention planning to assist a client with:

629.31 (i) identifying and addressing patterns in the client's history and experience of the client's
629.32 mental illness; and

630.1 (ii) developing crisis prevention strategies that include de-escalation strategies that have
630.2 been effective for the client in the past;

630.3 (3) health services and administering medication;

630.4 (4) co-occurring substance use disorder treatment;

630.5 (5) engaging the client's family and other natural supports in the client's treatment and
630.6 educating the client's family and other natural supports to strengthen the client's social and
630.7 family relationships; and

630.8 (6) making referrals for the client to other service providers in the community and
630.9 supporting the client's transition from intensive residential treatment services to another
630.10 setting.

630.11 (c) The license holder must include Illness Management and Recovery (IMR), Enhanced
630.12 Illness Management and Recovery (E-IMR), or other similar interventions in the license
630.13 holder's programming as approved by the commissioner.

630.14 Subd. 5. **Required residential crisis stabilization services.** (a) On a daily basis, the
630.15 license holder must follow a client's individual crisis treatment plan to provide services to
630.16 the client in residential crisis stabilization to improve the client's functioning.

630.17 (b) The license holder must offer and have the capacity to directly provide the following
630.18 treatment services to the client:

630.19 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

630.20 (2) rehabilitative mental health services;

630.21 (3) health services and administering the client's medications; and

630.22 (4) making referrals for the client to other service providers in the community and
630.23 supporting the client's transition from residential crisis stabilization to another setting.

630.24 Subd. 6. **Optional treatment services.** (a) If the license holder offers additional treatment
630.25 services to a client, the treatment service must be:

630.26 (1) approved by the commissioner; and

692.8 (2)(i) a mental health evidence-based practice that the federal Department of Health and
692.9 Human Services Substance Abuse and Mental Health Service Administration has adopted;

692.10 (ii) a nationally recognized mental health service that substantial research has validated
692.11 as effective in helping individuals with serious mental illness achieve treatment goals; or

692.12 (iii) developed under state-sponsored research of publicly funded mental health programs
692.13 and validated to be effective for individuals, families, and communities.

692.14 (b) Before providing an optional treatment service to a client, the license holder must
692.15 provide adequate training to a staff person about providing the optional treatment service
692.16 to a client.

692.17 Subd. 7. **Intensive residential treatment services assessment and treatment**
692.18 planning. (a) Within 12 hours of a client's admission, the license holder must evaluate and
692.19 document the client's immediate needs, including the client's:

692.20 (1) health and safety, including the client's need for crisis assistance;

692.21 (2) responsibilities for children, family and other natural supports, and employers; and

692.22 (3) housing and legal issues.

692.23 (b) Within 24 hours of the client's admission, the license holder must complete an initial
692.24 treatment plan for the client. The license holder must:

692.25 (1) base the client's initial treatment plan on the client's referral information and an
692.26 assessment of the client's immediate needs;

692.27 (2) consider crisis assistance strategies that have been effective for the client in the past;

692.28 (3) identify the client's initial treatment goals, measurable treatment objectives, and
692.29 specific interventions that the license holder will use to help the client engage in treatment;

693.1 (4) identify the participants involved in the client's treatment planning. The client must
693.2 be a participant; and

693.3 (5) ensure that a treatment supervisor approves of the client's initial treatment plan if a
693.4 mental health practitioner or clinical trainee completes the client's treatment plan,
693.5 notwithstanding section 245I.08, subdivision 3.

693.6 (c) According to section 245A.65, subdivision 2, paragraph (b), the license holder must
693.7 complete an individual abuse prevention plan as part of a client's initial treatment plan.

693.8 (d) Within five days of the client's admission and again within 60 days after the client's
693.9 admission, the license holder must complete a level of care assessment of the client. If the
693.10 license holder determines that a client does not need a medically monitored level of service,
693.11 a treatment supervisor must document how the client's admission to and continued services
693.12 in intensive residential treatment services are medically necessary for the client.

630.27 (2)(i) a mental health evidence-based practice that the federal Department of Health and
630.28 Human Services Substance Abuse and Mental Health Service Administration has adopted;

630.29 (ii) a nationally recognized mental health service that substantial research has validated
630.30 as effective in helping individuals with serious mental illness achieve treatment goals; or

631.1 (iii) developed under state-sponsored research of publicly funded mental health programs
631.2 and validated to be effective for individuals, families, and communities.

631.3 (b) Before providing an optional treatment service to a client, the license holder must
631.4 provide adequate training to a staff person about providing the optional treatment service
631.5 to a client.

631.6 Subd. 7. **Intensive residential treatment services assessment and treatment**
631.7 planning. (a) Within 12 hours of a client's admission, the license holder must evaluate and
631.8 document the client's immediate needs, including the client's:

631.9 (1) health and safety, including the client's need for crisis assistance;

631.10 (2) responsibilities for children, family and other natural supports, and employers; and

631.11 (3) housing and legal issues.

631.12 (b) Within 24 hours of the client's admission, the license holder must complete an initial
631.13 treatment plan for the client. The license holder must:

631.14 (1) base the client's initial treatment plan on the client's referral information and an
631.15 assessment of the client's immediate needs;

631.16 (2) consider crisis assistance strategies that have been effective for the client in the past;

631.17 (3) identify the client's initial treatment goals, measurable treatment objectives, and
631.18 specific interventions that the license holder will use to help the client engage in treatment;

631.19 (4) identify the participants involved in the client's treatment planning. The client must
631.20 be a participant; and

631.21 (5) ensure that a treatment supervisor approves of the client's initial treatment plan if a
631.22 mental health practitioner or clinical trainee completes the client's treatment plan,
631.23 notwithstanding section 245I.08, subdivision 3.

631.24 (c) According to section 245A.65, subdivision 2, paragraph (b), the license holder must
631.25 complete an individual abuse prevention plan as part of a client's initial treatment plan.

631.26 (d) Within five days of the client's admission and again within 60 days after the client's
631.27 admission, the license holder must complete a level of care assessment of the client. If the
631.28 license holder determines that a client does not need a medically monitored level of service,
631.29 a treatment supervisor must document how the client's admission to and continued services
631.30 in intensive residential treatment services are medically necessary for the client.

693.13 (e) Within ten days of a client's admission, the license holder must complete or review
693.14 and update the client's standard diagnostic assessment.

693.15 (f) Within ten days of a client's admission, the license holder must complete the client's
693.16 individual treatment plan, notwithstanding section 245I.10, subdivision 8. Within 40 days
693.17 after the client's admission and again within 70 days after the client's admission, the license
693.18 holder must update the client's individual treatment plan. The license holder must focus the
693.19 client's treatment planning on preparing the client for a successful transition from intensive
693.20 residential treatment services to another setting. In addition to the required elements of an
693.21 individual treatment plan under section 245I.10, subdivision 8, the license holder must
693.22 identify the following information in the client's individual treatment plan: (1) the client's
693.23 referrals and resources for the client's health and safety; and (2) the staff persons who are
693.24 responsible for following up with the client's referrals and resources. If the client does not
693.25 receive a referral or resource that the client needs, the license holder must document the
693.26 reason that the license holder did not make the referral or did not connect the client to a
693.27 particular resource. The license holder is responsible for determining whether additional
693.28 follow-up is required on behalf of the client.

693.29 (g) Within 30 days of the client's admission, the license holder must complete a functional
693.30 assessment of the client. Within 60 days after the client's admission, the license holder must
693.31 update the client's functional assessment to include any changes in the client's functioning
693.32 and symptoms.

693.33 (h) For a client with a current substance use disorder diagnosis and for a client whose
693.34 substance use disorder screening in the client's standard diagnostic assessment indicates the
694.1 possibility that the client has a substance use disorder, the license holder must complete a
694.2 written assessment of the client's substance use within 30 days of the client's admission. In
694.3 the substance use assessment, the license holder must: (1) evaluate the client's history of
694.4 substance use, relapses, and hospitalizations related to substance use; (2) assess the effects
694.5 of the client's substance use on the client's relationships including with family member and
694.6 others; (3) identify financial problems, health issues, housing instability, and unemployment;
694.7 (4) assess the client's legal problems, past and pending incarceration, violence, and
694.8 victimization; and (5) evaluate the client's suicide attempts, noncompliance with taking
694.9 prescribed medications, and noncompliance with psychosocial treatment.

694.10 (i) On a weekly basis, a mental health professional or certified rehabilitation specialist
694.11 must review each client's treatment plan and individual abuse prevention plan. The license
694.12 holder must document in the client's file each weekly review of the client's treatment plan
694.13 and individual abuse prevention plan.

694.14 **Subd. 8. Residential crisis stabilization assessment and treatment planning. (a)**
694.15 Within 12 hours of a client's admission, the license holder must evaluate the client and
694.16 document the client's immediate needs, including the client's:

694.17 (1) health and safety, including the client's need for crisis assistance;

632.1 (e) Within ten days of a client's admission, the license holder must complete or review
632.2 and update the client's standard diagnostic assessment.

632.3 (f) Within ten days of a client's admission, the license holder must complete the client's
632.4 individual treatment plan, notwithstanding section 245I.10, subdivision 8. Within 40 days
632.5 after the client's admission and again within 70 days after the client's admission, the license
632.6 holder must update the client's individual treatment plan. The license holder must focus the
632.7 client's treatment planning on preparing the client for a successful transition from intensive
632.8 residential treatment services to another setting. In addition to the required elements of an
632.9 individual treatment plan under section 245I.10, subdivision 8, the license holder must
632.10 identify the following information in the client's individual treatment plan: (1) the client's
632.11 referrals and resources for the client's health and safety; and (2) the staff persons who are
632.12 responsible for following up with the client's referrals and resources. If the client does not
632.13 receive a referral or resource that the client needs, the license holder must document the
632.14 reason that the license holder did not make the referral or did not connect the client to a
632.15 particular resource. The license holder is responsible for determining whether additional
632.16 follow-up is required on behalf of the client.

632.17 (g) Within 30 days of the client's admission, the license holder must complete a functional
632.18 assessment of the client. Within 60 days after the client's admission, the license holder must
632.19 update the client's functional assessment to include any changes in the client's functioning
632.20 and symptoms.

632.21 (h) For a client with a current substance use disorder diagnosis and for a client whose
632.22 substance use disorder screening in the client's standard diagnostic assessment indicates the
632.23 possibility that the client has a substance use disorder, the license holder must complete a
632.24 written assessment of the client's substance use within 30 days of the client's admission. In
632.25 the substance use assessment, the license holder must: (1) evaluate the client's history of
632.26 substance use, relapses, and hospitalizations related to substance use; (2) assess the effects
632.27 of the client's substance use on the client's relationships including with family member and
632.28 others; (3) identify financial problems, health issues, housing instability, and unemployment;
632.29 (4) assess the client's legal problems, past and pending incarceration, violence, and
632.30 victimization; and (5) evaluate the client's suicide attempts, noncompliance with taking
632.31 prescribed medications, and noncompliance with psychosocial treatment.

632.32 (i) On a weekly basis, a mental health professional or certified rehabilitation specialist
632.33 must review each client's treatment plan and individual abuse prevention plan. The license
632.34 holder must document in the client's file each weekly review of the client's treatment plan
632.35 and individual abuse prevention plan.

633.1 **Subd. 8. Residential crisis stabilization assessment and treatment planning. (a)**
633.2 Within 12 hours of a client's admission, the license holder must evaluate the client and
633.3 document the client's immediate needs, including the client's:

633.4 (1) health and safety, including the client's need for crisis assistance;

694.18 (2) responsibilities for children, family and other natural supports, and employers; and
694.19 (3) housing and legal issues.
694.20 (b) Within 24 hours of a client's admission, the license holder must complete a crisis
694.21 treatment plan for the client under section 256B.0624, subdivision 11. The license holder
694.22 must base the client's crisis treatment plan on the client's referral information and an
694.23 assessment of the client's immediate needs.
694.24 (c) Section 245A.65, subdivision 2, paragraph (b), requires the license holder to complete
694.25 an individual abuse prevention plan for a client as part of the client's crisis treatment plan.
694.26 Subd. 9. **Key staff positions.** (a) The license holder must have a staff person assigned
694.27 to each of the following key staff positions at all times:
694.28 (1) a program director who qualifies as a mental health practitioner. The license holder
694.29 must designate the program director as responsible for all aspects of the operation of the
694.30 program and the program's compliance with all applicable requirements. The program
694.31 director must know and understand the implications of this chapter; chapters 245A, 245C,
694.32 and 260E; sections 626.557 and 626.5572; Minnesota Rules, chapter 9544; and all other
694.33 applicable requirements. The license holder must document in the program director's
695.1 personnel file how the program director demonstrates knowledge of these requirements.
695.2 The program director may also serve as the treatment director of the program, if qualified;
695.3 (2) a treatment director who qualifies as a mental health professional. The treatment
695.4 director must be responsible for overseeing treatment services for clients and the treatment
695.5 supervision of all staff persons; and
695.6 (3) a registered nurse who qualifies as a mental health practitioner. The registered nurse
695.7 must:
695.8 (i) work at the program location a minimum of eight hours per week;
695.9 (ii) provide monitoring and supervision of staff persons as defined in section 148.171,
695.10 subdivisions 8a and 23;
695.11 (iii) be responsible for the review and approval of health service and medication policies
695.12 and procedures under section 245I.03, subdivision 5; and
695.13 (iv) oversee the license holder's provision of health services to clients, medication storage,
695.14 and medication administration to clients.
695.15 (b) Within five business days of a change in a key staff position, the license holder must
695.16 notify the commissioner of the staffing change. The license holder must notify the
695.17 commissioner of the staffing change on a form approved by the commissioner and include
695.18 the name of the staff person now assigned to the key staff position and the staff person's
695.19 qualifications.

633.5 (2) responsibilities for children, family and other natural supports, and employers; and
633.6 (3) housing and legal issues.
633.7 (b) Within 24 hours of a client's admission, the license holder must complete a crisis
633.8 treatment plan for the client under section 256B.0624, subdivision 11. The license holder
633.9 must base the client's crisis treatment plan on the client's referral information and an
633.10 assessment of the client's immediate needs.
633.11 (c) Section 245A.65, subdivision 2, paragraph (b), requires the license holder to complete
633.12 an individual abuse prevention plan for a client as part of the client's crisis treatment plan.
633.13 Subd. 9. **Key staff positions.** (a) The license holder must have a staff person assigned
633.14 to each of the following key staff positions at all times:
633.15 (1) a program director who qualifies as a mental health practitioner. The license holder
633.16 must designate the program director as responsible for all aspects of the operation of the
633.17 program and the program's compliance with all applicable requirements. The program
633.18 director must know and understand the implications of this chapter; chapters 245A, 245C,
633.19 and 260E; sections 626.557 and 626.5572; Minnesota Rules, chapter 9544; and all other
633.20 applicable requirements. The license holder must document in the program director's
633.21 personnel file how the program director demonstrates knowledge of these requirements.
633.22 The program director may also serve as the treatment director of the program, if qualified;
633.23 (2) a treatment director who qualifies as a mental health professional. The treatment
633.24 director must be responsible for overseeing treatment services for clients and the treatment
633.25 supervision of all staff persons; and
633.26 (3) a registered nurse who qualifies as a mental health practitioner. The registered nurse
633.27 must:
633.28 (i) work at the program location a minimum of eight hours per week;
633.29 (ii) provide monitoring and supervision of staff persons as defined in section 148.171,
633.30 subdivisions 8a and 23;
633.31 (iii) be responsible for the review and approval of health service and medication policies
633.32 and procedures under section 245I.03, subdivision 5; and
634.1 (iv) oversee the license holder's provision of health services to clients, medication storage,
634.2 and medication administration to clients.
634.3 (b) Within five business days of a change in a key staff position, the license holder must
634.4 notify the commissioner of the staffing change. The license holder must notify the
634.5 commissioner of the staffing change on a form approved by the commissioner and include
634.6 the name of the staff person now assigned to the key staff position and the staff person's
634.7 qualifications.

695.20 Subd. 10. **Minimum treatment team staffing levels and ratios.** (a) The license holder
695.21 must maintain a treatment team staffing level sufficient to:

695.22 (1) provide continuous daily coverage of all shifts;

695.23 (2) follow each client's treatment plan and meet each client's needs as identified in the
695.24 client's treatment plan;

695.25 (3) implement program requirements; and

695.26 (4) safely monitor and guide the activities of each client, taking into account the client's
695.27 level of behavioral and psychiatric stability, cultural needs, and vulnerabilities.

695.28 (b) The license holder must ensure that treatment team members:

695.29 (1) remain awake during all work hours; and

695.30 (2) are available to monitor and guide the activities of each client whenever clients are
695.31 present in the program.

696.1 (c) On each shift, the license holder must maintain a treatment team staffing ratio of at
696.2 least one treatment team member to nine clients. If the license holder is serving nine or
696.3 fewer clients, at least one treatment team member on the day shift must be a mental health
696.4 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.
696.5 If the license holder is serving more than nine clients, at least one of the treatment team
696.6 members working during both the day and evening shifts must be a mental health
696.7 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.

696.8 (d) If the license holder provides residential crisis stabilization to clients and is serving
696.9 at least one client in residential crisis stabilization and more than four clients in residential
696.10 crisis stabilization and intensive residential treatment services, the license holder must
696.11 maintain a treatment team staffing ratio on each shift of at least two treatment team members
696.12 during the client's first 48 hours in residential crisis stabilization.

696.13 Subd. 11. **Shift exchange.** A license holder must ensure that treatment team members
696.14 working on different shifts exchange information about a client as necessary to effectively
696.15 care for the client and to follow and update a client's treatment plan and individual abuse
696.16 prevention plan.

696.17 Subd. 12. **Daily documentation.** (a) For each day that a client is present in the program,
696.18 the license holder must provide a daily summary in the client's file that includes observations
696.19 about the client's behavior and symptoms, including any critical incidents in which the client
696.20 was involved.

696.21 (b) For each day that a client is not present in the program, the license holder must
696.22 document the reason for a client's absence in the client's file.

696.23 Subd. 13. **Access to a mental health professional, clinical trainee, certified**
696.24 **rehabilitation specialist, or mental health practitioner.** Treatment team members must

634.8 Subd. 10. **Minimum treatment team staffing levels and ratios.** (a) The license holder
634.9 must maintain a treatment team staffing level sufficient to:

634.10 (1) provide continuous daily coverage of all shifts;

634.11 (2) follow each client's treatment plan and meet each client's needs as identified in the
634.12 client's treatment plan;

634.13 (3) implement program requirements; and

634.14 (4) safely monitor and guide the activities of each client, taking into account the client's
634.15 level of behavioral and psychiatric stability, cultural needs, and vulnerabilities.

634.16 (b) The license holder must ensure that treatment team members:

634.17 (1) remain awake during all work hours; and

634.18 (2) are available to monitor and guide the activities of each client whenever clients are
634.19 present in the program.

634.20 (c) On each shift, the license holder must maintain a treatment team staffing ratio of at
634.21 least one treatment team member to nine clients. If the license holder is serving nine or
634.22 fewer clients, at least one treatment team member on the day shift must be a mental health
634.23 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.
634.24 If the license holder is serving more than nine clients, at least one of the treatment team
634.25 members working during both the day and evening shifts must be a mental health
634.26 professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.

634.27 (d) If the license holder provides residential crisis stabilization to clients and is serving
634.28 at least one client in residential crisis stabilization and more than four clients in residential
634.29 crisis stabilization and intensive residential treatment services, the license holder must
634.30 maintain a treatment team staffing ratio on each shift of at least two treatment team members
634.31 during the client's first 48 hours in residential crisis stabilization.

635.1 Subd. 11. **Shift exchange.** A license holder must ensure that treatment team members
635.2 working on different shifts exchange information about a client as necessary to effectively
635.3 care for the client and to follow and update a client's treatment plan and individual abuse
635.4 prevention plan.

635.5 Subd. 12. **Daily documentation.** (a) For each day that a client is present in the program,
635.6 the license holder must provide a daily summary in the client's file that includes observations
635.7 about the client's behavior and symptoms, including any critical incidents in which the client
635.8 was involved.

635.9 (b) For each day that a client is not present in the program, the license holder must
635.10 document the reason for a client's absence in the client's file.

635.11 Subd. 13. **Access to a mental health professional, clinical trainee, certified**
635.12 **rehabilitation specialist, or mental health practitioner.** Treatment team members must

696.25 have access in person or by telephone to a mental health professional, clinical trainee,
696.26 certified rehabilitation specialist, or mental health practitioner within 30 minutes. The license
696.27 holder must maintain a schedule of mental health professionals, clinical trainees, certified
696.28 rehabilitation specialists, or mental health practitioners who will be available and contact
696.29 information to reach them. The license holder must keep the schedule current and make the
696.30 schedule readily available to treatment team members.

696.31 Subd. 14. **Weekly team meetings.** (a) The license holder must hold weekly team meetings
696.32 and ancillary meetings according to this subdivision.

696.33 (b) A mental health professional or certified rehabilitation specialist must hold at least
696.34 one team meeting each calendar week and be physically present at the team meeting. All
697.1 treatment team members, including treatment team members who work on a part-time or
697.2 intermittent basis, must participate in a minimum of one team meeting during each calendar
697.3 week when the treatment team member is working for the license holder. The license holder
697.4 must document all weekly team meetings, including the names of meeting attendees.

697.5 (c) If a treatment team member cannot participate in a weekly team meeting, the treatment
697.6 team member must participate in an ancillary meeting. A mental health professional, certified
697.7 rehabilitation specialist, clinical trainee, or mental health practitioner who participated in
697.8 the most recent weekly team meeting may lead the ancillary meeting. During the ancillary
697.9 meeting, the treatment team member leading the ancillary meeting must review the
697.10 information that was shared at the most recent weekly team meeting, including revisions
697.11 to client treatment plans and other information that the treatment supervisors exchanged
697.12 with treatment team members. The license holder must document all ancillary meetings,
697.13 including the names of meeting attendees.

697.14 Subd. 15. **Intensive residential treatment services admission criteria.** (a) An eligible
697.15 client for intensive residential treatment services is an individual who:

697.16 (1) is age 18 or older;

697.17 (2) is diagnosed with a mental illness;

697.18 (3) because of a mental illness, has a substantial disability and functional impairment
697.19 in three or more areas listed in section 245I.10, subdivision 9, clause (4), that markedly
697.20 reduce the individual's self-sufficiency;

697.21 (4) has one or more of the following: a history of recurring or prolonged inpatient
697.22 hospitalizations during the past year, significant independent living instability, homelessness,
697.23 or very frequent use of mental health and related services with poor outcomes for the
697.24 individual; and

697.25 (5) in the written opinion of a mental health professional, needs mental health services
697.26 that available community-based services cannot provide, or is likely to experience a mental

635.13 have access in person or by telephone to a mental health professional, clinical trainee,
635.14 certified rehabilitation specialist, or mental health practitioner within 30 minutes. The license
635.15 holder must maintain a schedule of mental health professionals, clinical trainees, certified
635.16 rehabilitation specialists, or mental health practitioners who will be available and contact
635.17 information to reach them. The license holder must keep the schedule current and make the
635.18 schedule readily available to treatment team members.

635.19 Subd. 14. **Weekly team meetings.** (a) The license holder must hold weekly team meetings
635.20 and ancillary meetings according to this subdivision.

635.21 (b) A mental health professional or certified rehabilitation specialist must hold at least
635.22 one team meeting each calendar week and be physically present at the team meeting. All
635.23 treatment team members, including treatment team members who work on a part-time or
635.24 intermittent basis, must participate in a minimum of one team meeting during each calendar
635.25 week when the treatment team member is working for the license holder. The license holder
635.26 must document all weekly team meetings, including the names of meeting attendees.

635.27 (c) If a treatment team member cannot participate in a weekly team meeting, the treatment
635.28 team member must participate in an ancillary meeting. A mental health professional, certified
635.29 rehabilitation specialist, clinical trainee, or mental health practitioner who participated in
635.30 the most recent weekly team meeting may lead the ancillary meeting. During the ancillary
635.31 meeting, the treatment team member leading the ancillary meeting must review the
635.32 information that was shared at the most recent weekly team meeting, including revisions
635.33 to client treatment plans and other information that the treatment supervisors exchanged
636.1 with treatment team members. The license holder must document all ancillary meetings,
636.2 including the names of meeting attendees.

636.3 Subd. 15. **Intensive residential treatment services admission criteria.** (a) An eligible
636.4 client for intensive residential treatment services is an individual who:

636.5 (1) is age 18 or older;

636.6 (2) is diagnosed with a mental illness;

636.7 (3) because of a mental illness, has a substantial disability and functional impairment
636.8 in three or more areas listed in section 245I.10, subdivision 9, clause (4), that markedly
636.9 reduce the individual's self-sufficiency;

636.10 (4) has one or more of the following: a history of recurring or prolonged inpatient
636.11 hospitalizations during the past year, significant independent living instability, homelessness,
636.12 or very frequent use of mental health and related services with poor outcomes for the
636.13 individual; and

636.14 (5) in the written opinion of a mental health professional, needs mental health services
636.15 that available community-based services cannot provide, or is likely to experience a mental

697.27 health crisis or require a more restrictive setting if the individual does not receive intensive
697.28 rehabilitative mental health services.

697.29 (b) The license holder must not limit or restrict intensive residential treatment services
697.30 to a client based solely on:

697.31 (1) the client's substance use;

697.32 (2) the county in which the client resides; or

698.1 (3) whether the client elects to receive other services for which the client may be eligible,
698.2 including case management services.

698.3 (c) This subdivision does not prohibit the license holder from restricting admissions of
698.4 individuals who present an imminent risk of harm or danger to themselves or others.

698.5 Subd. 16. Residential crisis stabilization services admission criteria. An eligible client
698.6 for residential crisis stabilization is an individual who is age 18 or older and meets the
698.7 eligibility criteria in section 256B.0624, subdivision 3.

698.8 Subd. 17. Admissions referrals and determinations. (a) The license holder must
698.9 identify the information that the license holder needs to make a determination about a
698.10 person's admission referral.

698.11 (b) The license holder must:

698.12 (1) always be available to receive referral information about a person seeking admission
698.13 to the license holder's program;

698.14 (2) respond to the referral source within eight hours of receiving a referral and, within
698.15 eight hours, communicate with the referral source about what information the license holder
698.16 needs to make a determination concerning the person's admission;

698.17 (3) consider the license holder's staffing ratio and the areas of treatment team members'
698.18 competency when determining whether the license holder is able to meet the needs of a
698.19 person seeking admission; and

698.20 (4) determine whether to admit a person within 72 hours of receiving all necessary
698.21 information from the referral source.

698.22 Subd. 18. Discharge standards. (a) When a license holder discharges a client from a
698.23 program, the license holder must categorize the discharge as a successful discharge,
698.24 program-initiated discharge, or non-program-initiated discharge according to the criteria in
698.25 this subdivision. The license holder must meet the standards associated with the type of
698.26 discharge according to this subdivision.

698.27 (b) To successfully discharge a client from a program, the license holder must ensure
698.28 that the following criteria are met:

636.16 health crisis or require a more restrictive setting if the individual does not receive intensive
636.17 rehabilitative mental health services.

636.18 (b) The license holder must not limit or restrict intensive residential treatment services
636.19 to a client based solely on:

636.20 (1) the client's substance use;

636.21 (2) the county in which the client resides; or

636.22 (3) whether the client elects to receive other services for which the client may be eligible,
636.23 including case management services.

636.24 (c) This subdivision does not prohibit the license holder from restricting admissions of
636.25 individuals who present an imminent risk of harm or danger to themselves or others.

636.26 Subd. 16. Residential crisis stabilization services admission criteria. An eligible client
636.27 for residential crisis stabilization is an individual who is age 18 or older and meets the
636.28 eligibility criteria in section 256B.0624, subdivision 3.

636.29 Subd. 17. Admissions referrals and determinations. (a) The license holder must
636.30 identify the information that the license holder needs to make a determination about a
636.31 person's admission referral.

637.1 (b) The license holder must:

637.2 (1) always be available to receive referral information about a person seeking admission
637.3 to the license holder's program;

637.4 (2) respond to the referral source within eight hours of receiving a referral and, within
637.5 eight hours, communicate with the referral source about what information the license holder
637.6 needs to make a determination concerning the person's admission;

637.7 (3) consider the license holder's staffing ratio and the areas of treatment team members'
637.8 competency when determining whether the license holder is able to meet the needs of a
637.9 person seeking admission; and

637.10 (4) determine whether to admit a person within 72 hours of receiving all necessary
637.11 information from the referral source.

637.12 Subd. 18. Discharge standards. (a) When a license holder discharges a client from a
637.13 program, the license holder must categorize the discharge as a successful discharge,
637.14 program-initiated discharge, or non-program-initiated discharge according to the criteria in
637.15 this subdivision. The license holder must meet the standards associated with the type of
637.16 discharge according to this subdivision.

637.17 (b) To successfully discharge a client from a program, the license holder must ensure
637.18 that the following criteria are met:

698.29 (1) the client must substantially meet the client's documented treatment plan goals and
698.30 objectives;

698.31 (2) the client must complete discharge planning with the treatment team; and

699.1 (3) the client and treatment team must arrange for the client to receive continuing care
699.2 at a less intensive level of care after discharge.

699.3 (c) Prior to successfully discharging a client from a program, the license holder must
699.4 complete the client's discharge summary and provide the client with a copy of the client's
699.5 discharge summary in plain language that includes:

699.6 (1) a brief review of the client's problems and strengths during the period that the license
699.7 holder provided services to the client;

699.8 (2) the client's response to the client's treatment plan;

699.9 (3) the goals and objectives that the license holder recommends that the client addresses
699.10 during the first three months following the client's discharge from the program;

699.11 (4) the recommended actions, supports, and services that will assist the client with a
699.12 successful transition from the program to another setting;

699.13 (5) the client's crisis plan; and

699.14 (6) the client's forwarding address and telephone number.

699.15 (d) For a non-program-initiated discharge of a client from a program, the following
699.16 criteria must be met:

699.17 (1)(i) the client has withdrawn the client's consent for treatment; (ii) the license holder
699.18 has determined that the client has the capacity to make an informed decision; and (iii) the
699.19 client does not meet the criteria for an emergency hold under section 253B.051, subdivision
699.20 2;

699.21 (2) the client has left the program against staff person advice;

699.22 (3) an entity with legal authority to remove the client has decided to remove the client
699.23 from the program; or

699.24 (4) a source of payment for the services is no longer available.

699.25 (e) Within ten days of a non-program-initiated discharge of a client from a program, the
699.26 license holder must complete the client's discharge summary in plain language that includes:

699.27 (1) the reasons for the client's discharge;

699.28 (2) a description of attempts by staff persons to enable the client to continue treatment
699.29 or to consent to treatment; and

637.19 (1) the client must substantially meet the client's documented treatment plan goals and
637.20 objectives;

637.21 (2) the client must complete discharge planning with the treatment team; and

637.22 (3) the client and treatment team must arrange for the client to receive continuing care
637.23 at a less intensive level of care after discharge.

637.24 (c) Prior to successfully discharging a client from a program, the license holder must
637.25 complete the client's discharge summary and provide the client with a copy of the client's
637.26 discharge summary in plain language that includes:

637.27 (1) a brief review of the client's problems and strengths during the period that the license
637.28 holder provided services to the client;

637.29 (2) the client's response to the client's treatment plan;

637.30 (3) the goals and objectives that the license holder recommends that the client addresses
637.31 during the first three months following the client's discharge from the program;

638.1 (4) the recommended actions, supports, and services that will assist the client with a
638.2 successful transition from the program to another setting;

638.3 (5) the client's crisis plan; and

638.4 (6) the client's forwarding address and telephone number.

638.5 (d) For a non-program-initiated discharge of a client from a program, the following
638.6 criteria must be met:

638.7 (1)(i) the client has withdrawn the client's consent for treatment; (ii) the license holder
638.8 has determined that the client has the capacity to make an informed decision; and (iii) the
638.9 client does not meet the criteria for an emergency hold under section 253B.051, subdivision
638.10 2;

638.11 (2) the client has left the program against staff person advice;

638.12 (3) an entity with legal authority to remove the client has decided to remove the client
638.13 from the program; or

638.14 (4) a source of payment for the services is no longer available.

638.15 (e) Within ten days of a non-program-initiated discharge of a client from a program, the
638.16 license holder must complete the client's discharge summary in plain language that includes:

638.17 (1) the reasons for the client's discharge;

638.18 (2) a description of attempts by staff persons to enable the client to continue treatment
638.19 or to consent to treatment; and

699.30 (3) recommended actions, supports, and services that will assist the client with a
699.31 successful transition from the program to another setting.

700.1 (f) For a program-initiated discharge of a client from a program, the following criteria
700.2 must be met:

700.3 (1) the client is competent but has not participated in treatment or has not followed the
700.4 program rules and regulations and the client has not participated to such a degree that the
700.5 program's level of care is ineffective or unsafe for the client, despite multiple, documented
700.6 attempts that the license holder has made to address the client's lack of participation in
700.7 treatment;

700.8 (2) the client has not made progress toward the client's treatment goals and objectives
700.9 despite the license holder's persistent efforts to engage the client in treatment, and the license
700.10 holder has no reasonable expectation that the client will make progress at the program's
700.11 level of care nor does the client require the program's level of care to maintain the current
700.12 level of functioning;

700.13 (3) a court order or the client's legal status requires the client to participate in the program
700.14 but the client has left the program against staff person advice; or

700.15 (4) the client meets criteria for a more intensive level of care and a more intensive level
700.16 of care is available to the client.

700.17 (g) Prior to a program-initiated discharge of a client from a program, the license holder
700.18 must consult the client, the client's family and other natural supports, and the client's case
700.19 manager, if applicable, to review the issues involved in the program's decision to discharge
700.20 the client from the program. During the discharge review process, which must not exceed
700.21 five working days, the license holder must determine whether the license holder, treatment
700.22 team, and any interested persons can develop additional strategies to resolve the issues
700.23 leading to the client's discharge and to permit the client to have an opportunity to continue
700.24 receiving services from the license holder. The license holder may temporarily remove a
700.25 client from the program facility during the five-day discharge review period. The license
700.26 holder must document the client's discharge review in the client's file.

700.27 (h) Prior to a program-initiated discharge of a client from the program, the license holder
700.28 must complete the client's discharge summary and provide the client with a copy of the
700.29 discharge summary in plain language that includes:

700.30 (1) the reasons for the client's discharge;

700.31 (2) the alternatives to discharge that the license holder considered or attempted to
700.32 implement;

701.1 (3) the names of each individual who is involved in the decision to discharge the client
701.2 and a description of each individual's involvement; and

638.20 (3) recommended actions, supports, and services that will assist the client with a
638.21 successful transition from the program to another setting.

638.22 (f) For a program-initiated discharge of a client from a program, the following criteria
638.23 must be met:

638.24 (1) the client is competent but has not participated in treatment or has not followed the
638.25 program rules and regulations and the client has not participated to such a degree that the
638.26 program's level of care is ineffective or unsafe for the client, despite multiple, documented
638.27 attempts that the license holder has made to address the client's lack of participation in
638.28 treatment;

638.29 (2) the client has not made progress toward the client's treatment goals and objectives
638.30 despite the license holder's persistent efforts to engage the client in treatment, and the license
638.31 holder has no reasonable expectation that the client will make progress at the program's
639.1 level of care nor does the client require the program's level of care to maintain the current
639.2 level of functioning;

639.3 (3) a court order or the client's legal status requires the client to participate in the program
639.4 but the client has left the program against staff person advice; or

639.5 (4) the client meets criteria for a more intensive level of care and a more intensive level
639.6 of care is available to the client.

639.7 (g) Prior to a program-initiated discharge of a client from a program, the license holder
639.8 must consult the client, the client's family and other natural supports, and the client's case
639.9 manager, if applicable, to review the issues involved in the program's decision to discharge
639.10 the client from the program. During the discharge review process, which must not exceed
639.11 five working days, the license holder must determine whether the license holder, treatment
639.12 team, and any interested persons can develop additional strategies to resolve the issues
639.13 leading to the client's discharge and to permit the client to have an opportunity to continue
639.14 receiving services from the license holder. The license holder may temporarily remove a
639.15 client from the program facility during the five-day discharge review period. The license
639.16 holder must document the client's discharge review in the client's file.

639.17 (h) Prior to a program-initiated discharge of a client from the program, the license holder
639.18 must complete the client's discharge summary and provide the client with a copy of the
639.19 discharge summary in plain language that includes:

639.20 (1) the reasons for the client's discharge;

639.21 (2) the alternatives to discharge that the license holder considered or attempted to
639.22 implement;

639.23 (3) the names of each individual who is involved in the decision to discharge the client
639.24 and a description of each individual's involvement; and

701.3 (4) recommended actions, supports, and services that will assist the client with a
701.4 successful transition from the program to another setting.

701.5 Subd. 19. **Program facility.** (a) The license holder must be licensed or certified as a
701.6 board and lodging facility, supervised living facility, or a boarding care home by the
701.7 Department of Health.

701.8 (b) The license holder must have a capacity of five to 16 beds and the program must not
701.9 be declared as an institution for mental disease.

701.10 (c) The license holder must furnish each program location to meet the psychological,
701.11 emotional, and developmental needs of clients.

701.12 (d) The license holder must provide one living room or lounge area per program location.
701.13 There must be space available to provide services according to each client's treatment plan,
701.14 such as an area for learning recreation time skills and areas for learning independent living
701.15 skills, such as laundering clothes and preparing meals.

701.16 (e) The license holder must ensure that each program location allows each client to have
701.17 privacy. Each client must have privacy during assessment interviews and counseling sessions.
701.18 Each client must have a space designated for the client to see outside visitors at the program
701.19 facility.

701.20 Subd. 20. **Physical separation of services.** If the license holder offers services to
701.21 individuals who are not receiving intensive residential treatment services or residential
701.22 stabilization at the program location, the license holder must inform the commissioner and
701.23 submit a plan for approval to the commissioner about how and when the license holder will
701.24 provide services. The license holder must only provide services to clients who are not
701.25 receiving intensive residential treatment services or residential crisis stabilization in an area
701.26 that is physically separated from the area in which the license holder provides clients with
701.27 intensive residential treatment services or residential crisis stabilization.

701.28 Subd. 21. **Dividing staff time between locations.** A license holder must obtain approval
701.29 from the commissioner prior to providing intensive residential treatment services or
701.30 residential crisis stabilization to clients in more than one program location under one license
701.31 and dividing one staff person's time between program locations during the same work period.

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

702.4 (b) The license holder must have policies and procedures for receiving referrals and
702.5 making admissions determinations about referred persons under subdivisions 14 to 16.

702.6 (c) The license holder must have policies and procedures for discharging clients under
702.7 subdivision 17. In the policies and procedures, the license holder must identify the staff
702.8 persons who are authorized to discharge clients from the program.

639.25 (4) recommended actions, supports, and services that will assist the client with a
639.26 successful transition from the program to another setting.

639.27 Subd. 19. **Program facility.** (a) The license holder must be licensed or certified as a
639.28 board and lodging facility, supervised living facility, or a boarding care home by the
639.29 Department of Health.

639.30 (b) The license holder must have a capacity of five to 16 beds and the program must not
639.31 be declared as an institution for mental disease.

640.1 (c) The license holder must furnish each program location to meet the psychological,
640.2 emotional, and developmental needs of clients.

640.3 (d) The license holder must provide one living room or lounge area per program location.
640.4 There must be space available to provide services according to each client's treatment plan,
640.5 such as an area for learning recreation time skills and areas for learning independent living
640.6 skills, such as laundering clothes and preparing meals.

640.7 (e) The license holder must ensure that each program location allows each client to have
640.8 privacy. Each client must have privacy during assessment interviews and counseling sessions.
640.9 Each client must have a space designated for the client to see outside visitors at the program
640.10 facility.

640.11 Subd. 20. **Physical separation of services.** If the license holder offers services to
640.12 individuals who are not receiving intensive residential treatment services or residential
640.13 stabilization at the program location, the license holder must inform the commissioner and
640.14 submit a plan for approval to the commissioner about how and when the license holder will
640.15 provide services. The license holder must only provide services to clients who are not
640.16 receiving intensive residential treatment services or residential crisis stabilization in an area
640.17 that is physically separated from the area in which the license holder provides clients with
640.18 intensive residential treatment services or residential crisis stabilization.

640.19 Subd. 21. **Dividing staff time between locations.** A license holder must obtain approval
640.20 from the commissioner prior to providing intensive residential treatment services or
640.21 residential crisis stabilization to clients in more than one program location under one license
640.22 and dividing one staff person's time between program locations during the same work period.

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

640.26 (b) The license holder must have policies and procedures for receiving referrals and
640.27 making admissions determinations about referred persons under subdivisions 14 to 16.

640.28 (c) The license holder must have policies and procedures for discharging clients under
640.29 subdivision 17. In the policies and procedures, the license holder must identify the staff
640.30 persons who are authorized to discharge clients from the program.

702.9 Subd. 23. **Quality assurance and improvement plan.** (a) A license holder must develop
702.10 a written quality assurance and improvement plan that includes a plan to:

702.11 (1) encourage ongoing consultation between members of the treatment team;

702.12 (2) obtain and evaluate feedback about services from clients, family and other natural
702.13 supports, referral sources, and staff persons;

702.14 (3) measure and evaluate client outcomes in the program;

702.15 (4) review critical incidents in the program;

702.16 (5) examine the quality of clinical services in the program; and

702.17 (6) self-monitor the license holder's compliance with this chapter.

702.18 (b) At least annually, the license holder must review, evaluate, and update the license
702.19 holder's quality assurance and improvement plan. The license holder's review must:

702.20 (1) document the actions that the license holder will take in response to the information
702.21 that the license holder obtains from the monitoring activities in the plan; and

702.22 (2) establish goals for improving the license holder's services to clients during the next
702.23 year.

702.24 Subd. 24. **Application.** When an applicant requests licensure to provide intensive
702.25 residential treatment services, residential crisis stabilization, or both to clients, the applicant
702.26 must submit, on forms that the commissioner provides, any documents that the commissioner
702.27 requires.

702.28 Sec. 17. **[256B.0671] COVERED MENTAL HEALTH SERVICES.**

702.29 Subdivision 1. **Definitions.** (a) "Clinical trainee" means a staff person who is qualified
702.30 under section 245I.04, subdivision 6.

703.1 (b) "Mental health practitioner" means a staff person who is qualified under section
703.2 245I.04, subdivision 4.

703.3 (c) "Mental health professional" means a staff person who is qualified under section
703.4 245I.04, subdivision 2.

703.5 Subd. 2. **Generally.** (a) An individual, organization, or government entity providing
703.6 mental health services to a client under this section must obtain a criminal background study
703.7 of each staff person or volunteer who is providing direct contact services to a client.

703.8 (b) An individual, organization, or government entity providing mental health services
703.9 to a client under this section must comply with all responsibilities that chapter 245I assigns
703.10 to a license holder, except section 245I.011, subdivision 1, unless all of the individual's,

640.31 Subd. 23. **Quality assurance and improvement plan.** (a) A license holder must develop
640.32 a written quality assurance and improvement plan that includes a plan to:

640.33 (1) encourage ongoing consultation between members of the treatment team;

641.1 (2) obtain and evaluate feedback about services from clients, family and other natural
641.2 supports, referral sources, and staff persons;

641.3 (3) measure and evaluate client outcomes in the program;

641.4 (4) review critical incidents in the program;

641.5 (5) examine the quality of clinical services in the program; and

641.6 (6) self-monitor the license holder's compliance with this chapter.

641.7 (b) At least annually, the license holder must review, evaluate, and update the license
641.8 holder's quality assurance and improvement plan. The license holder's review must:

641.9 (1) document the actions that the license holder will take in response to the information
641.10 that the license holder obtains from the monitoring activities in the plan; and

641.11 (2) establish goals for improving the license holder's services to clients during the next
641.12 year.

641.13 Subd. 24. **Application.** When an applicant requests licensure to provide intensive
641.14 residential treatment services, residential crisis stabilization, or both to clients, the applicant
641.15 must submit, on forms that the commissioner provides, any documents that the commissioner
641.16 requires.

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641.21 245I.04, subdivision 4.

641.22 (c) "Mental health professional" means a staff person who is qualified under section
641.23 245I.04, subdivision 2.

641.24 Subd. 2. **Generally.** (a) An individual, organization, or government entity providing
641.25 mental health services to a client under this section must obtain a criminal background study
641.26 of each staff person or volunteer who is providing direct contact services to a client.

641.27 (b) An individual, organization, or government entity providing mental health services
641.28 to a client under this section must comply with all responsibilities that chapter 245I assigns
641.29 to a license holder, except section 245I.011, subdivision 1, unless all of the individual's,

703.11 organization's, or government entity's treatment staff are qualified as mental health
703.12 professionals.

703.13 (c) An individual, organization, or government entity providing mental health services
703.14 to a client under this section must comply with the following requirements if all of the
703.15 license holder's treatment staff are qualified as mental health professionals:

703.16 (1) provider qualifications and scopes of practice under section 245I.04;
703.17 (2) maintaining and updating personnel files under section 245I.07;
703.18 (3) documenting under section 245I.08;
703.19 (4) maintaining and updating client files under section 245I.09;
703.20 (5) completing client assessments and treatment planning under section 245I.10;
703.21 (6) providing clients with health services and medications under section 245I.11; and
703.22 (7) respecting and enforcing client rights under section 245I.12.

703.23 Subd. 3. **Adult day treatment services.** (a) Subject to federal approval, medical
703.24 assistance covers adult day treatment (ADT) services that are provided under contract with
703.25 the county board. Adult day treatment payment is subject to the conditions in paragraphs
703.26 (b) to (e). The provider must make reasonable and good faith efforts to report individual
703.27 client outcomes to the commissioner using instruments, protocols, and forms approved by
703.28 the commissioner.

703.29 (b) Adult day treatment is an intensive psychotherapeutic treatment to reduce or relieve
703.30 the effects of mental illness on a client to enable the client to benefit from a lower level of
703.31 care and to live and function more independently in the community. Adult day treatment
703.32 services must be provided to a client to stabilize the client's mental health and to improve
704.1 the client's independent living and socialization skills. Adult day treatment must consist of
704.2 at least one hour of group psychotherapy and must include group time focused on
704.3 rehabilitative interventions or other therapeutic services that a multidisciplinary team provides
704.4 to each client. Adult day treatment services are not a part of inpatient or residential treatment
704.5 services. The following providers may apply to become adult day treatment providers:

704.6 (1) a hospital accredited by the Joint Commission on Accreditation of Health
704.7 Organizations and licensed under sections 144.50 to 144.55;

704.8 (2) a community mental health center under section 256B.0625, subdivision 5; or

704.9 (3) an entity that is under contract with the county board to operate a program that meets
704.10 the requirements of section 245.4712, subdivision 2, and Minnesota Rules, parts 9505.0170
704.11 to 9505.0475.

704.12 (c) An adult day treatment (ADT) services provider must:

641.30 organization's, or government entity's treatment staff are qualified as mental health
641.31 professionals.

642.1 (c) An individual, organization, or government entity providing mental health services
642.2 to a client under this section must comply with the following requirements if all of the
642.3 license holder's treatment staff are qualified as mental health professionals:

642.4 (1) provider qualifications and scopes of practice under section 245I.04;
642.5 (2) maintaining and updating personnel files under section 245I.07;
642.6 (3) documenting under section 245I.08;
642.7 (4) maintaining and updating client files under section 245I.09;
642.8 (5) completing client assessments and treatment planning under section 245I.10;
642.9 (6) providing clients with health services and medications under section 245I.11; and
642.10 (7) respecting and enforcing client rights under section 245I.12.

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642.18 the effects of mental illness on a client to enable the client to benefit from a lower level of
642.19 care and to live and function more independently in the community. Adult day treatment
642.20 services must be provided to a client to stabilize the client's mental health and to improve
642.21 the client's independent living and socialization skills. Adult day treatment must consist of
642.22 at least one hour of group psychotherapy and must include group time focused on
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642.28 (2) a community mental health center under section 256B.0625, subdivision 5; or

642.29 (3) an entity that is under contract with the county board to operate a program that meets
642.30 the requirements of section 245.4712, subdivision 2, and Minnesota Rules, parts 9505.0170
642.31 to 9505.0475.

642.32 (c) An adult day treatment (ADT) services provider must:

704.13 (1) ensure that the commissioner has approved of the organization as an adult day
704.14 treatment provider organization;

704.15 (2) ensure that a multidisciplinary team provides ADT services to a group of clients. A
704.16 mental health professional must supervise each multidisciplinary staff person who provides
704.17 ADT services;

704.18 (3) make ADT services available to the client at least two days a week for at least three
704.19 consecutive hours per day. ADT services may be longer than three hours per day, but medical
704.20 assistance may not reimburse a provider for more than 15 hours per week;

704.21 (4) provide ADT services to each client that includes group psychotherapy by a mental
704.22 health professional or clinical trainee and daily rehabilitative interventions by a mental
704.23 health professional, clinical trainee, or mental health practitioner; and

704.24 (5) include ADT services in the client's individual treatment plan, when appropriate.
704.25 The adult day treatment provider must:

704.26 (i) complete a functional assessment of each client under section 245I.10, subdivision
704.27 9;

704.28 (ii) notwithstanding section 245I.10, subdivision 8, review the client's progress and
704.29 update the individual treatment plan at least every 90 days until the client is discharged
704.30 from the program; and

704.31 (iii) include a discharge plan for the client in the client's individual treatment plan.

704.32 (d) To be eligible for adult day treatment, a client must:

705.1 (1) be 18 years of age or older;

705.2 (2) not reside in a nursing facility, hospital, institute of mental disease, or state-operated
705.3 treatment center unless the client has an active discharge plan that indicates a move to an
705.4 independent living setting within 180 days;

705.5 (3) have the capacity to engage in rehabilitative programming, skills activities, and
705.6 psychotherapy in the structured, therapeutic setting of an adult day treatment program and
705.7 demonstrate measurable improvements in functioning resulting from participation in the
705.8 adult day treatment program;

705.9 (4) have a level of care assessment under section 245I.02, subdivision 19, recommending
705.10 that the client participate in services with the level of intensity and duration of an adult day
705.11 treatment program; and

705.12 (5) have the recommendation of a mental health professional for adult day treatment
705.13 services. The mental health professional must find that adult day treatment services are
705.14 medically necessary for the client.

643.1 (1) ensure that the commissioner has approved of the organization as an adult day
643.2 treatment provider organization;

643.3 (2) ensure that a multidisciplinary team provides ADT services to a group of clients. A
643.4 mental health professional must supervise each multidisciplinary staff person who provides
643.5 ADT services;

643.6 (3) make ADT services available to the client at least two days a week for at least three
643.7 consecutive hours per day. ADT services may be longer than three hours per day, but medical
643.8 assistance may not reimburse a provider for more than 15 hours per week;

643.9 (4) provide ADT services to each client that includes group psychotherapy by a mental
643.10 health professional or clinical trainee and daily rehabilitative interventions by a mental
643.11 health professional, clinical trainee, or mental health practitioner; and

643.12 (5) include ADT services in the client's individual treatment plan, when appropriate.
643.13 The adult day treatment provider must:

643.14 (i) complete a functional assessment of each client under section 245I.10, subdivision
643.15 9;

643.16 (ii) notwithstanding section 245I.10, subdivision 8, review the client's progress and
643.17 update the individual treatment plan at least every 90 days until the client is discharged
643.18 from the program; and

643.19 (iii) include a discharge plan for the client in the client's individual treatment plan.

643.20 (d) To be eligible for adult day treatment, a client must:

643.21 (1) be 18 years of age or older;

643.22 (2) not reside in a nursing facility, hospital, institute of mental disease, or state-operated
643.23 treatment center unless the client has an active discharge plan that indicates a move to an
643.24 independent living setting within 180 days;

643.25 (3) have the capacity to engage in rehabilitative programming, skills activities, and
643.26 psychotherapy in the structured, therapeutic setting of an adult day treatment program and
643.27 demonstrate measurable improvements in functioning resulting from participation in the
643.28 adult day treatment program;

643.29 (4) have a level of care assessment under section 245I.02, subdivision 19, recommending
643.30 that the client participate in services with the level of intensity and duration of an adult day
643.31 treatment program; and

644.1 (5) have the recommendation of a mental health professional for adult day treatment
644.2 services. The mental health professional must find that adult day treatment services are
644.3 medically necessary for the client.

705.15 (e) Medical assistance does not cover the following services as adult day treatment
705.16 services:

705.17 (1) services that are primarily recreational or that are provided in a setting that is not
705.18 under medical supervision, including sports activities, exercise groups, craft hours, leisure
705.19 time, social hours, meal or snack time, trips to community activities, and tours;

705.20 (2) social or educational services that do not have or cannot reasonably be expected to
705.21 have a therapeutic outcome related to the client's mental illness;

705.22 (3) consultations with other providers or service agency staff persons about the care or
705.23 progress of a client;

705.24 (4) prevention or education programs that are provided to the community;

705.25 (5) day treatment for clients with a primary diagnosis of a substance use disorder;

705.26 (6) day treatment provided in the client's home;

705.27 (7) psychotherapy for more than two hours per day; and

705.28 (8) participation in meal preparation and eating that is not part of a clinical treatment
705.29 plan to address the client's eating disorder.

705.30 **Subd. 4. Explanation of findings.** (a) Subject to federal approval, medical assistance
705.31 covers an explanation of findings that a mental health professional or clinical trainee provides
706.1 when the provider has obtained the authorization from the client or the client's representative
706.2 to release the information.

706.3 (b) A mental health professional or clinical trainee provides an explanation of findings
706.4 to assist the client or related parties in understanding the results of the client's testing or
706.5 diagnostic assessment and the client's mental illness, and provides professional insight that
706.6 the client or related parties need to carry out a client's treatment plan. Related parties may
706.7 include the client's family and other natural supports and other service providers working
706.8 with the client.

706.9 (c) An explanation of findings is not paid for separately when a mental health professional
706.10 or clinical trainee explains the results of psychological testing or a diagnostic assessment
706.11 to the client or the client's representative as part of the client's psychological testing or a
706.12 diagnostic assessment.

706.13 **Subd. 5. Family psychoeducation services.** (a) Subject to federal approval, medical
706.14 assistance covers family psychoeducation services provided to a child up to age 21 with a
706.15 diagnosed mental health condition when identified in the child's individual treatment plan
706.16 and provided by a mental health professional or a clinical trainee who has determined it
706.17 medically necessary to involve family members in the child's care.

706.18 (b) "Family psychoeducation services" means information or demonstration provided
706.19 to an individual or family as part of an individual, family, multifamily group, or peer group

644.4 (e) Medical assistance does not cover the following services as adult day treatment
644.5 services:

644.6 (1) services that are primarily recreational or that are provided in a setting that is not
644.7 under medical supervision, including sports activities, exercise groups, craft hours, leisure
644.8 time, social hours, meal or snack time, trips to community activities, and tours;

644.9 (2) social or educational services that do not have or cannot reasonably be expected to
644.10 have a therapeutic outcome related to the client's mental illness;

644.11 (3) consultations with other providers or service agency staff persons about the care or
644.12 progress of a client;

644.13 (4) prevention or education programs that are provided to the community;

644.14 (5) day treatment for clients with a primary diagnosis of a substance use disorder;

644.15 (6) day treatment provided in the client's home;

644.16 (7) psychotherapy for more than two hours per day; and

644.17 (8) participation in meal preparation and eating that is not part of a clinical treatment
644.18 plan to address the client's eating disorder.

644.19 **Subd. 4. Explanation of findings.** (a) Subject to federal approval, medical assistance
644.20 covers an explanation of findings that a mental health professional or clinical trainee provides
644.21 when the provider has obtained the authorization from the client or the client's representative
644.22 to release the information.

644.23 (b) A mental health professional or clinical trainee provides an explanation of findings
644.24 to assist the client or related parties in understanding the results of the client's testing or
644.25 diagnostic assessment and the client's mental illness, and provides professional insight that
644.26 the client or related parties need to carry out a client's treatment plan. Related parties may
644.27 include the client's family and other natural supports and other service providers working
644.28 with the client.

644.29 (c) An explanation of findings is not paid for separately when a mental health professional
644.30 or clinical trainee explains the results of psychological testing or a diagnostic assessment
644.31 to the client or the client's representative as part of the client's psychological testing or a
644.32 diagnostic assessment.

645.1 **Subd. 5. Family psychoeducation services.** (a) Subject to federal approval, medical
645.2 assistance covers family psychoeducation services provided to a child up to age 21 with a
645.3 diagnosed mental health condition when identified in the child's individual treatment plan
645.4 and provided by a mental health professional or a clinical trainee who has determined it
645.5 medically necessary to involve family members in the child's care.

645.6 (b) "Family psychoeducation services" means information or demonstration provided
645.7 to an individual or family as part of an individual, family, multifamily group, or peer group

706.20 session to explain, educate, and support the child and family in understanding a child's
706.21 symptoms of mental illness, the impact on the child's development, and needed components
706.22 of treatment and skill development so that the individual, family, or group can help the child
706.23 to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental
706.24 health and long-term resilience.

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

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

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

707.4 (1) be 18 years of age or older;

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

707.7 (3) have either:

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

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

707.12 (4) be cognitively capable of participating in dialectical behavior therapy as an intensive
707.13 therapy program and be able and willing to follow program policies and rules to ensure the
707.14 safety of the client and others; and

707.15 (5) be at significant risk of one or more of the following if the client does not receive
707.16 dialectical behavior therapy:

707.17 (i) having a mental health crisis;

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

707.19 (iii) decompensating; or

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

645.8 session to explain, educate, and support the child and family in understanding a child's
645.9 symptoms of mental illness, the impact on the child's development, and needed components
645.10 of treatment and skill development so that the individual, family, or group can help the child
645.11 to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental
645.12 health and long-term resilience.

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

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

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

645.25 (1) be 18 years of age or older;

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

645.28 (3) have either:

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

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

646.1 (4) be cognitively capable of participating in dialectical behavior therapy as an intensive
646.2 therapy program and be able and willing to follow program policies and rules to ensure the
646.3 safety of the client and others; and

646.4 (5) be at significant risk of one or more of the following if the client does not receive
646.5 dialectical behavior therapy:

646.6 (i) having a mental health crisis;

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

646.8 (iii) decompensating; or

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

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

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

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

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

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

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

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

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

708.9 (f) Group skills training must be provided by two mental health professionals or by a
708.10 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
708.11 Individual skills training must be provided by a mental health professional, a clinical trainee,
708.12 or a mental health practitioner.

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

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

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

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

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

708.22 Subd. 7. **Mental health clinical care consultation.** (a) Subject to federal approval,
708.23 medical assistance covers clinical care consultation for a person up to age 21 who is
708.24 diagnosed with a complex mental health condition or a mental health condition that co-occurs

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

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

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

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

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

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

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

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

646.28 (f) Group skills training must be provided by two mental health professionals or by a
646.29 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
646.30 Individual skills training must be provided by a mental health professional, a clinical trainee,
646.31 or a mental health practitioner.

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

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

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

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

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

647.10 Subd. 7. **Mental health clinical care consultation.** (a) Subject to federal approval,
647.11 medical assistance covers clinical care consultation for a person up to age 21 who is
647.12 diagnosed with a complex mental health condition or a mental health condition that co-occurs

708.25 with other complex and chronic conditions, when described in the person's individual
708.26 treatment plan and provided by a mental health professional or a clinical trainee.

708.27 (b) "Clinical care consultation" means communication from a treating mental health
708.28 professional to other providers or educators not under the treatment supervision of the
708.29 treating mental health professional who are working with the same client to inform, inquire,
708.30 and instruct regarding the client's symptoms; strategies for effective engagement, care, and
708.31 intervention needs; and treatment expectations across service settings and to direct and
708.32 coordinate clinical service components provided to the client and family.

709.1 Subd. 8. **Neuropsychological assessment.** (a) Subject to federal approval, medical
709.2 assistance covers a client's neuropsychological assessment.

709.3 (b) Neuropsychological assessment" means a specialized clinical assessment of the
709.4 client's underlying cognitive abilities related to thinking, reasoning, and judgment that is
709.5 conducted by a qualified neuropsychologist. A neuropsychological assessment must include
709.6 a face-to-face interview with the client, interpretation of the test results, and preparation
709.7 and completion of a report.

709.8 (c) A client is eligible for a neuropsychological assessment if the client meets at least
709.9 one of the following criteria:

709.10 (1) the client has a known or strongly suspected brain disorder based on the client's
709.11 medical history or the client's prior neurological evaluation, including a history of significant
709.12 head trauma, brain tumor, stroke, seizure disorder, multiple sclerosis, neurodegenerative
709.13 disorder, significant exposure to neurotoxins, central nervous system infection, metabolic
709.14 or toxic encephalopathy, fetal alcohol syndrome, or congenital malformation of the brain;
709.15 or

709.16 (2) the client has cognitive or behavioral symptoms that suggest that the client has an
709.17 organic condition that cannot be readily attributed to functional psychopathology or suspected
709.18 neuropsychological impairment in addition to functional psychopathology. The client's
709.19 symptoms may include:

709.20 (i) having a poor memory or impaired problem solving;

709.21 (ii) experiencing change in mental status evidenced by lethargy, confusion, or
709.22 disorientation;

709.23 (iii) experiencing a deteriorating level of functioning;

709.24 (iv) displaying a marked change in behavior or personality;

709.25 (v) in a child or an adolescent, having significant delays in acquiring academic skill or
709.26 poor attention relative to peers;

647.13 with other complex and chronic conditions, when described in the person's individual
647.14 treatment plan and provided by a mental health professional or a clinical trainee.

647.15 (b) "Clinical care consultation" means communication from a treating mental health
647.16 professional to other providers or educators not under the treatment supervision of the
647.17 treating mental health professional who are working with the same client to inform, inquire,
647.18 and instruct regarding the client's symptoms; strategies for effective engagement, care, and
647.19 intervention needs; and treatment expectations across service settings and to direct and
647.20 coordinate clinical service components provided to the client and family.

647.21 Subd. 8. **Neuropsychological assessment.** (a) Subject to federal approval, medical
647.22 assistance covers a client's neuropsychological assessment.

647.23 (b) Neuropsychological assessment" means a specialized clinical assessment of the
647.24 client's underlying cognitive abilities related to thinking, reasoning, and judgment that is
647.25 conducted by a qualified neuropsychologist. A neuropsychological assessment must include
647.26 a face-to-face interview with the client, interpretation of the test results, and preparation
647.27 and completion of a report.

647.28 (c) A client is eligible for a neuropsychological assessment if the client meets at least
647.29 one of the following criteria:

647.30 (1) the client has a known or strongly suspected brain disorder based on the client's
647.31 medical history or the client's prior neurological evaluation, including a history of significant
647.32 head trauma, brain tumor, stroke, seizure disorder, multiple sclerosis, neurodegenerative
647.33 disorder, significant exposure to neurotoxins, central nervous system infection, metabolic
648.1 or toxic encephalopathy, fetal alcohol syndrome, or congenital malformation of the brain;
648.2 or

648.3 (2) the client has cognitive or behavioral symptoms that suggest that the client has an
648.4 organic condition that cannot be readily attributed to functional psychopathology or suspected
648.5 neuropsychological impairment in addition to functional psychopathology. The client's
648.6 symptoms may include:

648.7 (i) having a poor memory or impaired problem solving;

648.8 (ii) experiencing change in mental status evidenced by lethargy, confusion, or
648.9 disorientation;

648.10 (iii) experiencing a deteriorating level of functioning;

648.11 (iv) displaying a marked change in behavior or personality;

648.12 (v) in a child or an adolescent, having significant delays in acquiring academic skill or
648.13 poor attention relative to peers;

709.27 (vi) in a child or an adolescent, having reached a significant plateau in expected
709.28 development of cognitive, social, emotional, or physical functioning relative to peers; and

709.29 (vii) in a child or an adolescent, significant inability to develop expected knowledge,
709.30 skills, or abilities to adapt to new or changing cognitive, social, emotional, or physical
709.31 demands.

709.32 (d) The neuropsychological assessment must be completed by a neuropsychologist who:

710.1 (1) was awarded a diploma by the American Board of Clinical Neuropsychology, the
710.2 American Board of Professional Neuropsychology, or the American Board of Pediatric
710.3 Neuropsychology;

710.4 (2) earned a doctoral degree in psychology from an accredited university training program
710.5 and;

710.6 (i) completed an internship or its equivalent in a clinically relevant area of professional
710.7 psychology;

710.8 (ii) completed the equivalent of two full-time years of experience and specialized training,
710.9 at least one of which is at the postdoctoral level, supervised by a clinical neuropsychologist
710.10 in the study and practice of clinical neuropsychology and related neurosciences; and

710.11 (iii) holds a current license to practice psychology independently according to sections
710.12 144.88 to 144.98;

710.13 (3) is licensed or credentialed by another state's board of psychology examiners in the
710.14 specialty of neuropsychology using requirements equivalent to requirements specified by
710.15 one of the boards named in clause (1); or

710.16 (4) was approved by the commissioner as an eligible provider of neuropsychological
710.17 assessments prior to December 31, 2010.

710.18 Subd. 9. **Neuropsychological testing.** (a) Subject to federal approval, medical assistance
710.19 covers neuropsychological testing for clients.

710.20 (b) "Neuropsychological testing" means administering standardized tests and measures
710.21 designed to evaluate the client's ability to attend to, process, interpret, comprehend,
710.22 communicate, learn, and recall information and use problem solving and judgment.

710.23 (c) Medical assistance covers neuropsychological testing of a client when the client:

710.24 (1) has a significant mental status change that is not a result of a metabolic disorder and
710.25 that has failed to respond to treatment;

710.26 (2) is a child or adolescent with a significant plateau in expected development of
710.27 cognitive, social, emotional, or physical function relative to peers;

648.14 (vi) in a child or an adolescent, having reached a significant plateau in expected
648.15 development of cognitive, social, emotional, or physical functioning relative to peers; and

648.16 (vii) in a child or an adolescent, significant inability to develop expected knowledge,
648.17 skills, or abilities to adapt to new or changing cognitive, social, emotional, or physical
648.18 demands.

648.19 (d) The neuropsychological assessment must be completed by a neuropsychologist who:

648.20 (1) was awarded a diploma by the American Board of Clinical Neuropsychology, the
648.21 American Board of Professional Neuropsychology, or the American Board of Pediatric
648.22 Neuropsychology;

648.23 (2) earned a doctoral degree in psychology from an accredited university training program
648.24 and;

648.25 (i) completed an internship or its equivalent in a clinically relevant area of professional
648.26 psychology;

648.27 (ii) completed the equivalent of two full-time years of experience and specialized training,
648.28 at least one of which is at the postdoctoral level, supervised by a clinical neuropsychologist
648.29 in the study and practice of clinical neuropsychology and related neurosciences; and

648.30 (iii) holds a current license to practice psychology independently according to sections
648.31 144.88 to 144.98;

649.1 (3) is licensed or credentialed by another state's board of psychology examiners in the
649.2 specialty of neuropsychology using requirements equivalent to requirements specified by
649.3 one of the boards named in clause (1); or

649.4 (4) was approved by the commissioner as an eligible provider of neuropsychological
649.5 assessments prior to December 31, 2010.

649.6 Subd. 9. **Neuropsychological testing.** (a) Subject to federal approval, medical assistance
649.7 covers neuropsychological testing for clients.

649.8 (b) "Neuropsychological testing" means administering standardized tests and measures
649.9 designed to evaluate the client's ability to attend to, process, interpret, comprehend,
649.10 communicate, learn, and recall information and use problem solving and judgment.

649.11 (c) Medical assistance covers neuropsychological testing of a client when the client:

649.12 (1) has a significant mental status change that is not a result of a metabolic disorder and
649.13 that has failed to respond to treatment;

649.14 (2) is a child or adolescent with a significant plateau in expected development of
649.15 cognitive, social, emotional, or physical function relative to peers;

710.28 (3) is a child or adolescent with a significant inability to develop expected knowledge,
710.29 skills, or abilities to adapt to new or changing cognitive, social, physical, or emotional
710.30 demands; or

711.1 (4) has a significant behavioral change, memory loss, or suspected neuropsychological
711.2 impairment in addition to functional psychopathology, or other organic brain injury or one
711.3 of the following:

711.4 (i) traumatic brain injury;

711.5 (ii) stroke;

711.6 (iii) brain tumor;

711.7 (iv) substance use disorder;

711.8 (v) cerebral anoxic or hypoxic episode;

711.9 (vi) central nervous system infection or other infectious disease;

711.10 (vii) neoplasms or vascular injury of the central nervous system;

711.11 (viii) neurodegenerative disorders;

711.12 (ix) demyelinating disease;

711.13 (x) extrapyramidal disease;

711.14 (xi) exposure to systemic or intrathecal agents or cranial radiation known to be associated
711.15 with cerebral dysfunction;

711.16 (xii) systemic medical conditions known to be associated with cerebral dysfunction,
711.17 including renal disease, hepatic encephalopathy, cardiac anomaly, sickle cell disease, and
711.18 related hematologic anomalies, and autoimmune disorders, including lupus, erythematosus,
711.19 or celiac disease;

711.20 (xiii) congenital genetic or metabolic disorders known to be associated with cerebral
711.21 dysfunction, including phenylketonuria, craniofacial syndromes, or congenital hydrocephalus;

711.22 (xiv) severe or prolonged nutrition or malabsorption syndromes; or

711.23 (xv) a condition presenting in a manner difficult for a clinician to distinguish between
711.24 the neurocognitive effects of a neurogenic syndrome, including dementia or encephalopathy;
711.25 and a major depressive disorder when adequate treatment for major depressive disorder has
711.26 not improved the client's neurocognitive functioning; or another disorder, including autism,
711.27 selective mutism, anxiety disorder, or reactive attachment disorder.

711.28 (d) Neuropsychological testing must be administered or clinically supervised by a
711.29 qualified neuropsychologist under subdivision 8, paragraph (c).

649.16 (3) is a child or adolescent with a significant inability to develop expected knowledge,
649.17 skills, or abilities to adapt to new or changing cognitive, social, physical, or emotional
649.18 demands; or

649.19 (4) has a significant behavioral change, memory loss, or suspected neuropsychological
649.20 impairment in addition to functional psychopathology, or other organic brain injury or one
649.21 of the following:

649.22 (i) traumatic brain injury;

649.23 (ii) stroke;

649.24 (iii) brain tumor;

649.25 (iv) substance use disorder;

649.26 (v) cerebral anoxic or hypoxic episode;

649.27 (vi) central nervous system infection or other infectious disease;

649.28 (vii) neoplasms or vascular injury of the central nervous system;

649.29 (viii) neurodegenerative disorders;

649.30 (ix) demyelinating disease;

650.1 (x) extrapyramidal disease;

650.2 (xi) exposure to systemic or intrathecal agents or cranial radiation known to be associated
650.3 with cerebral dysfunction;

650.4 (xii) systemic medical conditions known to be associated with cerebral dysfunction,
650.5 including renal disease, hepatic encephalopathy, cardiac anomaly, sickle cell disease, and
650.6 related hematologic anomalies, and autoimmune disorders, including lupus, erythematosus,
650.7 or celiac disease;

650.8 (xiii) congenital genetic or metabolic disorders known to be associated with cerebral
650.9 dysfunction, including phenylketonuria, craniofacial syndromes, or congenital hydrocephalus;

650.10 (xiv) severe or prolonged nutrition or malabsorption syndromes; or

650.11 (xv) a condition presenting in a manner difficult for a clinician to distinguish between
650.12 the neurocognitive effects of a neurogenic syndrome, including dementia or encephalopathy;
650.13 and a major depressive disorder when adequate treatment for major depressive disorder has
650.14 not improved the client's neurocognitive functioning; or another disorder, including autism,
650.15 selective mutism, anxiety disorder, or reactive attachment disorder.

650.16 (d) Neuropsychological testing must be administered or clinically supervised by a
650.17 qualified neuropsychologist under subdivision 8, paragraph (c).

712.1 (e) Medical assistance does not cover neuropsychological testing of a client when the
712.2 testing is:

712.3 (1) primarily for educational purposes;
712.4 (2) primarily for vocational counseling or training;
712.5 (3) for personnel or employment testing;
712.6 (4) a routine battery of psychological tests given to the client at the client's inpatient
712.7 admission or during a client's continued inpatient stay; or

712.8 (5) for legal or forensic purposes.

712.9 Subd. 10. **Psychological testing.** (a) Subject to federal approval, medical assistance
712.10 covers psychological testing of a client.

712.11 (b) "Psychological testing" means the use of tests or other psychometric instruments to
712.12 determine the status of a client's mental, intellectual, and emotional functioning.

712.13 (c) The psychological testing must:

712.14 (1) be administered or supervised by a licensed psychologist qualified under section
712.15 2451.04, subdivision 2, clause (3), who is competent in the area of psychological testing;
712.16 and

712.17 (2) be validated in a face-to-face interview between the client and a licensed psychologist
712.18 or a clinical trainee in psychology under the treatment supervision of a licensed psychologist
712.19 under section 2451.06.

712.20 (d) A licensed psychologist must supervise the administration, scoring, and interpretation
712.21 of a client's psychological tests when a clinical psychology trainee, technician, psychometrist,
712.22 or psychological assistant or a computer-assisted psychological testing program completes
712.23 the psychological testing of the client. The report resulting from the psychological testing
712.24 must be signed by the licensed psychologist who conducts the face-to-face interview with
712.25 the client. The licensed psychologist or a staff person who is under treatment supervision
712.26 must place the client's psychological testing report in the client's record and release one
712.27 copy of the report to the client and additional copies to individuals authorized by the client
712.28 to receive the report.

712.29 Subd. 11. **Psychotherapy.** (a) Subject to federal approval, medical assistance covers
712.30 psychotherapy for a client.

712.31 (b) "Psychotherapy" means treatment of a client with mental illness that applies to the
712.32 most appropriate psychological, psychiatric, psychosocial, or interpersonal method that
713.1 conforms to prevailing community standards of professional practice to meet the mental
713.2 health needs of the client. Medical assistance covers psychotherapy if a mental health
713.3 professional or a clinical trainee provides psychotherapy to a client.

650.18 (e) Medical assistance does not cover neuropsychological testing of a client when the
650.19 testing is:

650.20 (1) primarily for educational purposes;
650.21 (2) primarily for vocational counseling or training;
650.22 (3) for personnel or employment testing;
650.23 (4) a routine battery of psychological tests given to the client at the client's inpatient
650.24 admission or during a client's continued inpatient stay; or

650.25 (5) for legal or forensic purposes.

650.26 Subd. 10. **Psychological testing.** (a) Subject to federal approval, medical assistance
650.27 covers psychological testing of a client.

650.28 (b) "Psychological testing" means the use of tests or other psychometric instruments to
650.29 determine the status of a client's mental, intellectual, and emotional functioning.

650.30 (c) The psychological testing must:

651.1 (1) be administered or supervised by a licensed psychologist qualified under section
651.2 2451.04, subdivision 2, clause (3), who is competent in the area of psychological testing;
651.3 and

651.4 (2) be validated in a face-to-face interview between the client and a licensed psychologist
651.5 or a clinical trainee in psychology under the treatment supervision of a licensed psychologist
651.6 under section 2451.06.

651.7 (d) A licensed psychologist must supervise the administration, scoring, and interpretation
651.8 of a client's psychological tests when a clinical psychology trainee, technician, psychometrist,
651.9 or psychological assistant or a computer-assisted psychological testing program completes
651.10 the psychological testing of the client. The report resulting from the psychological testing
651.11 must be signed by the licensed psychologist who conducts the face-to-face interview with
651.12 the client. The licensed psychologist or a staff person who is under treatment supervision
651.13 must place the client's psychological testing report in the client's record and release one
651.14 copy of the report to the client and additional copies to individuals authorized by the client
651.15 to receive the report.

651.16 Subd. 11. **Psychotherapy.** (a) Subject to federal approval, medical assistance covers
651.17 psychotherapy for a client.

651.18 (b) "Psychotherapy" means treatment of a client with mental illness that applies to the
651.19 most appropriate psychological, psychiatric, psychosocial, or interpersonal method that
651.20 conforms to prevailing community standards of professional practice to meet the mental
651.21 health needs of the client. Medical assistance covers psychotherapy if a mental health
651.22 professional or a clinical trainee provides psychotherapy to a client.

713.4 (c) "Individual psychotherapy" means psychotherapy that a mental health professional
713.5 or clinical trainee designs for a client.

713.6 (d) "Family psychotherapy" means psychotherapy that a mental health professional or
713.7 clinical trainee designs for a client and one or more of the client's family members or primary
713.8 caregiver whose participation is necessary to accomplish the client's treatment goals. Family
713.9 members or primary caregivers participating in a therapy session do not need to be eligible
713.10 for medical assistance for medical assistance to cover family psychotherapy. For purposes
713.11 of this paragraph, "primary caregiver whose participation is necessary to accomplish the
713.12 client's treatment goals" excludes shift or facility staff persons who work at the client's
713.13 residence. Medical assistance payments for family psychotherapy are limited to face-to-face
713.14 sessions during which the client is present throughout the session, unless the mental health
713.15 professional or clinical trainee believes that the client's exclusion from the family
713.16 psychotherapy session is necessary to meet the goals of the client's individual treatment
713.17 plan. If the client is excluded from a family psychotherapy session, a mental health
713.18 professional or clinical trainee must document the reason for the client's exclusion and the
713.19 length of time that the client is excluded. The mental health professional must also document
713.20 any reason that a member of the client's family is excluded from a psychotherapy session.

713.21 (e) Group psychotherapy is appropriate for a client who, because of the nature of the
713.22 client's emotional, behavioral, or social dysfunctions, can benefit from treatment in a group
713.23 setting. For a group of three to eight clients, at least one mental health professional or clinical
713.24 trainee must provide psychotherapy to the group. For a group of nine to 12 clients, a team
713.25 of at least two mental health professionals or two clinical trainees or one mental health
713.26 professional and one clinical trainee must provide psychotherapy to the group. Medical
713.27 assistance will cover group psychotherapy for a group of no more than 12 persons.

713.28 (f) A multiple-family group psychotherapy session is eligible for medical assistance if
713.29 a mental health professional or clinical trainee designs the psychotherapy session for at least
713.30 two but not more than five families. A mental health professional or clinical trainee must
713.31 design multiple-family group psychotherapy sessions to meet the treatment needs of each
713.32 client. If the client is excluded from a psychotherapy session, the mental health professional
713.33 or clinical trainee must document the reason for the client's exclusion and the length of time
713.34 that the client was excluded. The mental health professional or clinical trainee must document
713.35 any reason that a member of the client's family was excluded from a psychotherapy session.

714.1 Subd. 12. **Partial hospitalization.** (a) Subject to federal approval, medical assistance
714.2 covers a client's partial hospitalization.

714.3 (b) "Partial hospitalization" means a provider's time-limited, structured program of
714.4 psychotherapy and other therapeutic services, as defined in United States Code, title 42,
714.5 chapter 7, subchapter XVIII, part E, section 1395x(ff), that a multidisciplinary staff person
714.6 provides in an outpatient hospital facility or community mental health center that meets
714.7 Medicare requirements to provide partial hospitalization services to a client.

651.23 (c) "Individual psychotherapy" means psychotherapy that a mental health professional
651.24 or clinical trainee designs for a client.

651.25 (d) "Family psychotherapy" means psychotherapy that a mental health professional or
651.26 clinical trainee designs for a client and one or more of the client's family members or primary
651.27 caregiver whose participation is necessary to accomplish the client's treatment goals. Family
651.28 members or primary caregivers participating in a therapy session do not need to be eligible
651.29 for medical assistance for medical assistance to cover family psychotherapy. For purposes
651.30 of this paragraph, "primary caregiver whose participation is necessary to accomplish the
651.31 client's treatment goals" excludes shift or facility staff persons who work at the client's
651.32 residence. Medical assistance payments for family psychotherapy are limited to face-to-face
651.33 sessions during which the client is present throughout the session, unless the mental health
651.34 professional or clinical trainee believes that the client's exclusion from the family
652.1 psychotherapy session is necessary to meet the goals of the client's individual treatment
652.2 plan. If the client is excluded from a family psychotherapy session, a mental health
652.3 professional or clinical trainee must document the reason for the client's exclusion and the
652.4 length of time that the client is excluded. The mental health professional must also document
652.5 any reason that a member of the client's family is excluded from a psychotherapy session.

652.6 (e) Group psychotherapy is appropriate for a client who, because of the nature of the
652.7 client's emotional, behavioral, or social dysfunctions, can benefit from treatment in a group
652.8 setting. For a group of three to eight clients, at least one mental health professional or clinical
652.9 trainee must provide psychotherapy to the group. For a group of nine to 12 clients, a team
652.10 of at least two mental health professionals or two clinical trainees or one mental health
652.11 professional and one clinical trainee must provide psychotherapy to the group. Medical
652.12 assistance will cover group psychotherapy for a group of no more than 12 persons.

652.13 (f) A multiple-family group psychotherapy session is eligible for medical assistance if
652.14 a mental health professional or clinical trainee designs the psychotherapy session for at least
652.15 two but not more than five families. A mental health professional or clinical trainee must
652.16 design multiple-family group psychotherapy sessions to meet the treatment needs of each
652.17 client. If the client is excluded from a psychotherapy session, the mental health professional
652.18 or clinical trainee must document the reason for the client's exclusion and the length of time
652.19 that the client was excluded. The mental health professional or clinical trainee must document
652.20 any reason that a member of the client's family was excluded from a psychotherapy session.

652.21 Subd. 12. **Partial hospitalization.** (a) Subject to federal approval, medical assistance
652.22 covers a client's partial hospitalization.

652.23 (b) "Partial hospitalization" means a provider's time-limited, structured program of
652.24 psychotherapy and other therapeutic services, as defined in United States Code, title 42,
652.25 chapter 7, subchapter XVIII, part E, section 1395x(ff), that a multidisciplinary staff person
652.26 provides in an outpatient hospital facility or community mental health center that meets
652.27 Medicare requirements to provide partial hospitalization services to a client.

714.8 (c) Partial hospitalization is an appropriate alternative to inpatient hospitalization for a
714.9 client who is experiencing an acute episode of mental illness who meets the criteria for an
714.10 inpatient hospital admission under Minnesota Rules, part 9505.0520, subpart 1, and who
714.11 has family and community resources that support the client's residence in the community.
714.12 Partial hospitalization consists of multiple intensive short-term therapeutic services for a
714.13 client that a multidisciplinary staff person provides to a client to treat the client's mental
714.14 illness.

714.15 Subd. 13. **Diagnostic assessments.** Subject to federal approval, medical assistance covers
714.16 a client's diagnostic assessments that a mental health professional or clinical trainee completes
714.17 under section 245I.10.

714.18 Sec. 18. **DIRECTION TO COMMISSIONER; SINGLE COMPREHENSIVE**
714.19 **LICENSE STRUCTURE.**

714.20 The commissioner of human services, in consultation with stakeholders including
714.21 counties, tribes, managed care organizations, provider organizations, advocacy groups, and
714.22 clients and clients' families, shall develop recommendations to develop a single
714.23 comprehensive licensing structure for mental health service programs, including outpatient
714.24 and residential services for adults and children. The recommendations must prioritize
714.25 program integrity, the welfare of clients and clients' families, improved integration of mental
714.26 health and substance use disorder services, and the reduction of administrative burden on
714.27 providers.

714.28 Sec. 19. **EFFECTIVE DATE.**

714.29 This article is effective July 1, 2022, or upon federal approval, whichever is later. The
714.30 commissioner of human services shall notify the revisor of statutes when federal approval
714.31 is obtained.

715.1 **ARTICLE 18**

715.2 **CRISIS RESPONSE SERVICES**

715.3 Section 1. Minnesota Statutes 2020, section 245.469, subdivision 1, is amended to read:

715.4 Subdivision 1. **Availability of emergency services.** ~~By July 1, 1988, (a) County boards~~
715.5 ~~must provide or contract for enough emergency services within the county to meet the needs~~
715.6 ~~of adults, children, and families in the county who are experiencing an emotional crisis or~~
715.7 ~~mental illness. Clients may be required to pay a fee according to section 245.481. Emergency~~
715.8 ~~service providers must not delay the timely provision of emergency services to a client~~
715.9 ~~because of the unwillingness or inability of the client to pay for services. Emergency services~~
715.10 ~~must include assessment, crisis intervention, and appropriate case disposition. Emergency~~
715.11 ~~services must:~~

715.12 (1) promote the safety and emotional stability of ~~adults with mental illness or emotional~~
715.13 ~~crises~~ each client;

652.28 (c) Partial hospitalization is an appropriate alternative to inpatient hospitalization for a
652.29 client who is experiencing an acute episode of mental illness who meets the criteria for an
652.30 inpatient hospital admission under Minnesota Rules, part 9505.0520, subpart 1, and who
652.31 has family and community resources that support the client's residence in the community.
652.32 Partial hospitalization consists of multiple intensive short-term therapeutic services for a
652.33 client that a multidisciplinary staff person provides to a client to treat the client's mental
652.34 illness.

653.1 Subd. 13. **Diagnostic assessments.** Subject to federal approval, medical assistance covers
653.2 a client's diagnostic assessments that a mental health professional or clinical trainee completes
653.3 under section 245I.10.

653.4 Sec. 18. **DIRECTION TO COMMISSIONER; SINGLE COMPREHENSIVE**
653.5 **LICENSE STRUCTURE.**

653.6 The commissioner of human services, in consultation with stakeholders including
653.7 counties, tribes, managed care organizations, provider organizations, advocacy groups, and
653.8 clients and clients' families, shall develop recommendations to develop a single
653.9 comprehensive licensing structure for mental health service programs, including outpatient
653.10 and residential services for adults and children. The recommendations must prioritize
653.11 program integrity, the welfare of clients and clients' families, improved integration of mental
653.12 health and substance use disorder services, and the reduction of administrative burden on
653.13 providers.

653.14 Sec. 19. **EFFECTIVE DATE.**

653.15 This article is effective upon federal approval or July 1, 2022, whichever is later. The
653.16 commissioner shall notify the revisor of statutes when federal approval is obtained.

653.17 **ARTICLE 17**

653.18 **CRISIS RESPONSE SERVICES**

653.19 Section 1. Minnesota Statutes 2020, section 245.469, subdivision 1, is amended to read:

653.20 Subdivision 1. **Availability of emergency services.** ~~By July 1, 1988, (a) County boards~~
653.21 ~~must provide or contract for enough emergency services within the county to meet the needs~~
653.22 ~~of adults, children, and families in the county who are experiencing an emotional crisis or~~
653.23 ~~mental illness. Clients may be required to pay a fee according to section 245.481. Emergency~~
653.24 ~~service providers must not delay the timely provision of emergency services to a client~~
653.25 ~~because of the unwillingness or inability of the client to pay for services. Emergency services~~
653.26 ~~must include assessment, crisis intervention, and appropriate case disposition. Emergency~~
653.27 ~~services must:~~

653.28 (1) promote the safety and emotional stability of ~~adults with mental illness or emotional~~
653.29 ~~crises~~ each client;

715.14 (2) minimize further deterioration of ~~adults with mental illness or emotional crises~~ each
715.15 client;

715.16 (3) help ~~adults with mental illness or emotional crises~~ each client to obtain ongoing care
715.17 and treatment; ~~and~~

715.18 (4) prevent placement in settings that are more intensive, costly, or restrictive than
715.19 necessary and appropriate to meet client needs; ~~and~~

715.20 (5) provide support, psychoeducation, and referrals to each client's family members,
715.21 service providers, and other third parties on behalf of the client in need of emergency
715.22 services.

715.23 (b) If a county provides engagement services under section 253B.041, the county's
715.24 emergency service providers must refer clients to engagement services when the client
715.25 meets the criteria for engagement services.

715.26 Sec. 2. Minnesota Statutes 2020, section 245.469, subdivision 2, is amended to read:

715.27 Subd. 2. **Specific requirements.** (a) The county board shall require that all service
715.28 providers of emergency services to adults with mental illness provide immediate direct
715.29 access to a mental health professional during regular business hours. For evenings, weekends,
715.30 and holidays, the service may be by direct toll-free telephone access to a mental health
715.31 professional, ~~a clinical trainee, or mental health practitioner, or until January 1, 1991, a~~
716.1 ~~designated person with training in human services who receives clinical supervision from~~
716.2 ~~a mental health professional.~~

716.3 (b) The commissioner may waive the requirement in paragraph (a) that the evening,
716.4 weekend, and holiday service be provided by a mental health professional, clinical trainee,
716.5 or mental health practitioner ~~after January 1, 1991~~, if the county documents that:

716.6 (1) mental health professionals, clinical trainees, or mental health practitioners are
716.7 unavailable to provide this service;

716.8 (2) services are provided by a designated person with training in human services who
716.9 receives ~~clinical~~ treatment supervision from a mental health professional; and

716.10 (3) the service provider is not also the provider of fire and public safety emergency
716.11 services.

716.12 (c) The commissioner may waive the requirement in paragraph (b), clause (3), that the
716.13 evening, weekend, and holiday service not be provided by the provider of fire and public
716.14 safety emergency services if:

716.15 (1) every person who will be providing the first telephone contact has received at least
716.16 eight hours of training on emergency mental health services ~~reviewed by the state advisory~~
716.17 ~~council on mental health and then~~ approved by the commissioner;

653.30 (2) minimize further deterioration of ~~adults with mental illness or emotional crises~~ each
653.31 client;

654.1 (3) help ~~adults with mental illness or emotional crises~~ each client to obtain ongoing care
654.2 and treatment; ~~and~~

654.3 (4) prevent placement in settings that are more intensive, costly, or restrictive than
654.4 necessary and appropriate to meet client needs; ~~and~~

654.5 (5) provide support, psychoeducation, and referrals to each client's family members,
654.6 service providers, and other third parties on behalf of the client in need of emergency
654.7 services.

654.8 (b) If a county provides engagement services under section 253B.041, the county's
654.9 emergency service providers must refer clients to engagement services when the client
654.10 meets the criteria for engagement services.

654.11 Sec. 2. Minnesota Statutes 2020, section 245.469, subdivision 2, is amended to read:

654.12 Subd. 2. **Specific requirements.** (a) The county board shall require that all service
654.13 providers of emergency services to adults with mental illness provide immediate direct
654.14 access to a mental health professional during regular business hours. For evenings, weekends,
654.15 and holidays, the service may be by direct toll-free telephone access to a mental health
654.16 professional, ~~a clinical trainee, or mental health practitioner, or until January 1, 1991, a~~
654.17 ~~designated person with training in human services who receives clinical supervision from~~
654.18 ~~a mental health professional.~~

654.19 (b) The commissioner may waive the requirement in paragraph (a) that the evening,
654.20 weekend, and holiday service be provided by a mental health professional, clinical trainee,
654.21 or mental health practitioner ~~after January 1, 1991~~, if the county documents that:

654.22 (1) mental health professionals, clinical trainees, or mental health practitioners are
654.23 unavailable to provide this service;

654.24 (2) services are provided by a designated person with training in human services who
654.25 receives ~~clinical~~ treatment supervision from a mental health professional; and

654.26 (3) the service provider is not also the provider of fire and public safety emergency
654.27 services.

654.28 (c) The commissioner may waive the requirement in paragraph (b), clause (3), that the
654.29 evening, weekend, and holiday service not be provided by the provider of fire and public
654.30 safety emergency services if:

655.1 (1) every person who will be providing the first telephone contact has received at least
655.2 eight hours of training on emergency mental health services ~~reviewed by the state advisory~~
655.3 ~~council on mental health and then~~ approved by the commissioner;

716.18 (2) every person who will be providing the first telephone contact will annually receive
716.19 at least four hours of continued training on emergency mental health services ~~reviewed by~~
716.20 ~~the state advisory council on mental health and then~~ approved by the commissioner;

716.21 (3) the local social service agency has provided public education about available
716.22 emergency mental health services and can assure potential users of emergency services that
716.23 their calls will be handled appropriately;

716.24 (4) the local social service agency agrees to provide the commissioner with accurate
716.25 data on the number of emergency mental health service calls received;

716.26 (5) the local social service agency agrees to monitor the frequency and quality of
716.27 emergency services; and

716.28 (6) the local social service agency describes how it will comply with paragraph (d).

716.29 (d) Whenever emergency service during nonbusiness hours is provided by anyone other
716.30 than a mental health professional, a mental health professional must be available on call for
716.31 an emergency assessment and crisis intervention services, and must be available for at least
716.32 telephone consultation within 30 minutes.

717.1 Sec. 3. Minnesota Statutes 2020, section 245.4879, subdivision 1, is amended to read:

717.2 Subdivision 1. **Availability of emergency services.** County boards must provide or
717.3 contract for ~~enough~~ mental health emergency services ~~within the county to meet the needs~~
717.4 ~~of children, and children's families when clinically appropriate, in the county who are~~
717.5 ~~experiencing an emotional crisis or emotional disturbance. The county board shall ensure~~
717.6 ~~that parents, providers, and county residents are informed about when and how to access~~
717.7 ~~emergency mental health services for children. A child or the child's parent may be required~~
717.8 ~~to pay a fee according to section 245.481. Emergency service providers shall not delay the~~
717.9 ~~timely provision of emergency service because of delays in determining this fee or because~~
717.10 ~~of the unwillingness or inability of the parent to pay the fee. Emergency services must~~
717.11 ~~include assessment, crisis intervention, and appropriate case disposition. Emergency services~~
717.12 ~~must~~ according to section 245.469.

717.13 (1) ~~promote the safety and emotional stability of children with emotional disturbances~~
717.14 ~~or emotional crises;~~

717.15 (2) ~~minimize further deterioration of the child with emotional disturbance or emotional~~
717.16 ~~crisis;~~

717.17 (3) ~~help each child with an emotional disturbance or emotional crisis to obtain ongoing~~
717.18 ~~care and treatment; and~~

717.19 (4) ~~prevent placement in settings that are more intensive, costly, or restrictive than~~
717.20 ~~necessary and appropriate to meet the child's needs.~~

655.4 (2) every person who will be providing the first telephone contact will annually receive
655.5 at least four hours of continued training on emergency mental health services ~~reviewed by~~
655.6 ~~the state advisory council on mental health and then~~ approved by the commissioner;

655.7 (3) the local social service agency has provided public education about available
655.8 emergency mental health services and can assure potential users of emergency services that
655.9 their calls will be handled appropriately;

655.10 (4) the local social service agency agrees to provide the commissioner with accurate
655.11 data on the number of emergency mental health service calls received;

655.12 (5) the local social service agency agrees to monitor the frequency and quality of
655.13 emergency services; and

655.14 (6) the local social service agency describes how it will comply with paragraph (d).

655.15 (d) Whenever emergency service during nonbusiness hours is provided by anyone other
655.16 than a mental health professional, a mental health professional must be available on call for
655.17 an emergency assessment and crisis intervention services, and must be available for at least
655.18 telephone consultation within 30 minutes.

655.19 Sec. 3. Minnesota Statutes 2020, section 245.4879, subdivision 1, is amended to read:

655.20 Subdivision 1. **Availability of emergency services.** County boards must provide or
655.21 contract for ~~enough~~ mental health emergency services ~~within the county to meet the needs~~
655.22 ~~of children, and children's families when clinically appropriate, in the county who are~~
655.23 ~~experiencing an emotional crisis or emotional disturbance. The county board shall ensure~~
655.24 ~~that parents, providers, and county residents are informed about when and how to access~~
655.25 ~~emergency mental health services for children. A child or the child's parent may be required~~
655.26 ~~to pay a fee according to section 245.481. Emergency service providers shall not delay the~~
655.27 ~~timely provision of emergency service because of delays in determining this fee or because~~
655.28 ~~of the unwillingness or inability of the parent to pay the fee. Emergency services must~~
655.29 ~~include assessment, crisis intervention, and appropriate case disposition. Emergency services~~
655.30 ~~must~~ according to section 245.469.

655.31 (1) ~~promote the safety and emotional stability of children with emotional disturbances~~
655.32 ~~or emotional crises;~~

656.1 (2) ~~minimize further deterioration of the child with emotional disturbance or emotional~~
656.2 ~~crisis;~~

656.3 (3) ~~help each child with an emotional disturbance or emotional crisis to obtain ongoing~~
656.4 ~~care and treatment; and~~

656.5 (4) ~~prevent placement in settings that are more intensive, costly, or restrictive than~~
656.6 ~~necessary and appropriate to meet the child's needs.~~

717.21 Sec. 4. Minnesota Statutes 2020, section 256B.0624, is amended to read:

717.22 **256B.0624 ADULT CRISIS RESPONSE SERVICES COVERED.**

717.23 Subdivision 1. ~~Scope. Medical assistance covers adult mental health crisis response~~
717.24 ~~services as defined in subdivision 2, paragraphs (e) to (e); (a) Subject to federal approval,~~
717.25 ~~if provided to a recipient as defined in subdivision 3 and provided by a qualified provider~~
717.26 ~~entity as defined in this section and by a qualified individual provider working within the~~
717.27 ~~provider's scope of practice and as defined in this subdivision and identified in the recipient's~~
717.28 ~~individual crisis treatment plan as defined in subdivision 11 and if determined to be medically~~
717.29 ~~necessary, medical assistance covers medically necessary crisis response services when the~~
717.30 ~~services are provided according to the standards in this section.~~

717.31 (b) Subject to federal approval, medical assistance covers medically necessary residential
717.32 crisis stabilization for adults when the services are provided by an entity licensed under and
718.1 meeting the standards in section 245I.23 or an entity with an adult foster care license meeting
718.2 the standards in this section.

718.3 (c) The provider entity must make reasonable and good faith efforts to report individual
718.4 client outcomes to the commissioner using instruments and protocols approved by the
718.5 commissioner.

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

718.8 (a) ~~"Mental health crisis" is an adult behavioral, emotional, or psychiatric situation~~
718.9 ~~which, but for the provision of crisis response services, would likely result in significantly~~
718.10 ~~reduced levels of functioning in primary activities of daily living, or in an emergency~~
718.11 ~~situation, or in the placement of the recipient in a more restrictive setting, including, but~~
718.12 ~~not limited to, inpatient hospitalization.~~

718.13 (b) ~~"Mental health emergency" is an adult behavioral, emotional, or psychiatric situation~~
718.14 ~~which causes an immediate need for mental health services and is consistent with section~~
718.15 ~~62Q.55.~~

718.16 ~~A mental health crisis or emergency is determined for medical assistance service~~
718.17 ~~reimbursement by a physician, a mental health professional, or crisis mental health~~
718.18 ~~practitioner with input from the recipient whenever possible.~~

718.19 (a) "Certified rehabilitation specialist" means a staff person who is qualified under section
718.20 245I.04, subdivision 8.

718.21 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,
718.22 subdivision 6.

718.23 (c) ~~"Mental health Crisis assessment" means an immediate face-to-face assessment by~~
718.24 ~~a physician, a mental health professional, or mental health practitioner under the clinical~~
718.25 ~~supervision of a mental health professional, following a screening that suggests that the~~

656.7 Sec. 4. Minnesota Statutes 2020, section 256B.0624, is amended to read:

656.8 **256B.0624 ADULT CRISIS RESPONSE SERVICES COVERED.**

656.9 Subdivision 1. ~~Scope. Medical assistance covers adult mental health crisis response~~
656.10 ~~services as defined in subdivision 2, paragraphs (e) to (e); (a) Subject to federal approval,~~
656.11 ~~if provided to a recipient as defined in subdivision 3 and provided by a qualified provider~~
656.12 ~~entity as defined in this section and by a qualified individual provider working within the~~
656.13 ~~provider's scope of practice and as defined in this subdivision and identified in the recipient's~~
656.14 ~~individual crisis treatment plan as defined in subdivision 11 and if determined to be medically~~
656.15 ~~necessary, medical assistance covers medically necessary crisis response services when the~~
656.16 ~~services are provided according to the standards in this section.~~

656.17 (b) Subject to federal approval, medical assistance covers medically necessary residential
656.18 crisis stabilization for adults when the services are provided by an entity licensed under and
656.19 meeting the standards in section 245I.23 or an entity with an adult foster care license meeting
656.20 the standards in this section.

656.21 (c) The provider entity must make reasonable and good faith efforts to report individual
656.22 client outcomes to the commissioner using instruments and protocols approved by the
656.23 commissioner.

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

656.26 (a) ~~"Mental health crisis" is an adult behavioral, emotional, or psychiatric situation~~
656.27 ~~which, but for the provision of crisis response services, would likely result in significantly~~
656.28 ~~reduced levels of functioning in primary activities of daily living, or in an emergency~~
656.29 ~~situation, or in the placement of the recipient in a more restrictive setting, including, but~~
656.30 ~~not limited to, inpatient hospitalization.~~

657.1 (b) ~~"Mental health emergency" is an adult behavioral, emotional, or psychiatric situation~~
657.2 ~~which causes an immediate need for mental health services and is consistent with section~~
657.3 ~~62Q.55.~~

657.4 ~~A mental health crisis or emergency is determined for medical assistance service~~
657.5 ~~reimbursement by a physician, a mental health professional, or crisis mental health~~
657.6 ~~practitioner with input from the recipient whenever possible.~~

657.7 (a) "Certified rehabilitation specialist" means a staff person who is qualified under section
657.8 245I.04, subdivision 8.

657.9 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,
657.10 subdivision 6.

657.11 (c) ~~"Mental health Crisis assessment" means an immediate face-to-face assessment by~~
657.12 ~~a physician, a mental health professional, or mental health practitioner under the clinical~~
657.13 ~~supervision of a mental health professional, following a screening that suggests that the~~

718.26 ~~adult may be experiencing a mental health crisis or mental health emergency situation. It~~
718.27 ~~includes, when feasible, assessing whether the person might be willing to voluntarily accept~~
718.28 ~~treatment, determining whether the person has an advance directive, and obtaining~~
718.29 ~~information and history from involved family members or caretakers a qualified member~~
718.30 ~~of a crisis team, as described in subdivision 6a.~~

718.31 (d) ~~"Mental health mobile Crisis intervention services"~~ means face-to-face, short-term
718.32 intensive mental health services initiated during a mental health crisis ~~or mental health~~
718.33 ~~emergency~~ to help the recipient cope with immediate stressors, identify and utilize available
719.1 resources and strengths, engage in voluntary treatment, and begin to return to the recipient's
719.2 baseline level of functioning. ~~The services, including screening and treatment plan~~
719.3 ~~recommendations, must be culturally and linguistically appropriate.~~

719.4 (1) ~~This service is provided on site by a mobile crisis intervention team outside of an~~
719.5 ~~inpatient hospital setting. Mental health mobile crisis intervention services must be available~~
719.6 ~~24 hours a day, seven days a week.~~

719.7 (2) ~~The initial screening must consider other available services to determine which~~
719.8 ~~service intervention would best address the recipient's needs and circumstances.~~

719.9 (3) ~~The mobile crisis intervention team must be available to meet promptly face-to-face~~
719.10 ~~with a person in mental health crisis or emergency in a community setting or hospital~~
719.11 ~~emergency room.~~

719.12 (4) ~~The intervention must consist of a mental health crisis assessment and a crisis~~
719.13 ~~treatment plan.~~

719.14 (5) ~~The team must be available to individuals who are experiencing a co-occurring~~
719.15 ~~substance use disorder, who do not need the level of care provided in a detoxification facility.~~

719.16 (6) ~~The treatment plan must include recommendations for any needed crisis stabilization~~
719.17 ~~services for the recipient, including engagement in treatment planning and family~~
719.18 ~~psychoeducation.~~

719.19 (e) ~~"Crisis screening" means a screening of a client's potential mental health crisis~~
719.20 ~~situation under subdivision 6.~~

719.21 (e) (f) ~~"Mental health Crisis stabilization services"~~ means individualized mental health
719.22 services provided to a recipient ~~following crisis intervention services~~ which are designed
719.23 to restore the recipient to the recipient's prior functional level. ~~Mental health Crisis~~
719.24 ~~stabilization services may be provided in the recipient's home, the home of a family member~~
719.25 ~~or friend of the recipient, another community setting, or a short-term supervised, licensed~~
719.26 ~~residential program, or an emergency department. Mental health crisis stabilization does~~
719.27 ~~not include partial hospitalization or day treatment. Mental health Crisis stabilization services~~
719.28 ~~includes family psychoeducation.~~

657.14 ~~adult may be experiencing a mental health crisis or mental health emergency situation. It~~
657.15 ~~includes, when feasible, assessing whether the person might be willing to voluntarily accept~~
657.16 ~~treatment, determining whether the person has an advance directive, and obtaining~~
657.17 ~~information and history from involved family members or caretakers a qualified member~~
657.18 ~~of a crisis team, as described in subdivision 6a.~~

657.19 (d) ~~"Mental health mobile Crisis intervention services"~~ means face-to-face, short-term
657.20 intensive mental health services initiated during a mental health crisis ~~or mental health~~
657.21 ~~emergency~~ to help the recipient cope with immediate stressors, identify and utilize available
657.22 resources and strengths, engage in voluntary treatment, and begin to return to the recipient's
657.23 baseline level of functioning. ~~The services, including screening and treatment plan~~
657.24 ~~recommendations, must be culturally and linguistically appropriate.~~

657.25 (1) ~~This service is provided on site by a mobile crisis intervention team outside of an~~
657.26 ~~inpatient hospital setting. Mental health mobile crisis intervention services must be available~~
657.27 ~~24 hours a day, seven days a week.~~

657.28 (2) ~~The initial screening must consider other available services to determine which~~
657.29 ~~service intervention would best address the recipient's needs and circumstances.~~

657.30 (3) ~~The mobile crisis intervention team must be available to meet promptly face-to-face~~
657.31 ~~with a person in mental health crisis or emergency in a community setting or hospital~~
657.32 ~~emergency room.~~

658.1 (4) ~~The intervention must consist of a mental health crisis assessment and a crisis~~
658.2 ~~treatment plan.~~

658.3 (5) ~~The team must be available to individuals who are experiencing a co-occurring~~
658.4 ~~substance use disorder, who do not need the level of care provided in a detoxification facility.~~

658.5 (6) ~~The treatment plan must include recommendations for any needed crisis stabilization~~
658.6 ~~services for the recipient, including engagement in treatment planning and family~~
658.7 ~~psychoeducation.~~

658.8 (e) ~~"Crisis screening" means a screening of a client's potential mental health crisis~~
658.9 ~~situation under subdivision 6.~~

658.10 (e) (f) ~~"Mental health Crisis stabilization services"~~ means individualized mental health
658.11 services provided to a recipient ~~following crisis intervention services~~ which are designed
658.12 to restore the recipient to the recipient's prior functional level. ~~Mental health Crisis~~
658.13 ~~stabilization services may be provided in the recipient's home, the home of a family member~~
658.14 ~~or friend of the recipient, another community setting, or a short-term supervised, licensed~~
658.15 ~~residential program, or an emergency department. Mental health crisis stabilization does~~
658.16 ~~not include partial hospitalization or day treatment. Mental health Crisis stabilization services~~
658.17 ~~includes family psychoeducation.~~

719.29 (g) "Crisis team" means the staff of a provider entity who are supervised and prepared
719.30 to provide mobile crisis services to a client in a potential mental health crisis situation.

719.31 (h) "Mental health certified family peer specialist" means a staff person who is qualified
719.32 under section 245I.04, subdivision 12.

720.1 (i) "Mental health certified peer specialist" means a staff person who is qualified under
720.2 section 245I.04, subdivision 10.

720.3 (j) "Mental health crisis" is a behavioral, emotional, or psychiatric situation that, without
720.4 the provision of crisis response services, would likely result in significantly reducing the
720.5 recipient's levels of functioning in primary activities of daily living, in an emergency situation
720.6 under section 62Q.55, or in the placement of the recipient in a more restrictive setting,
720.7 including but not limited to inpatient hospitalization.

720.8 (k) "Mental health practitioner" means a staff person who is qualified under section
720.9 245I.04, subdivision 4.

720.10 (l) "Mental health professional" means a staff person who is qualified under section
720.11 245I.04, subdivision 2.

720.12 (m) "Mental health rehabilitation worker" means a staff person who is qualified under
720.13 section 245I.04, subdivision 14.

720.14 (n) "Mobile crisis services" means screening, assessment, intervention, and community
720.15 based stabilization, excluding residential crisis stabilization, that is provided to a recipient.

720.16 ~~Subd. 3. **Eligibility.** An eligible recipient is an individual who:~~

720.17 ~~(1) is age 18 or older;~~

720.18 ~~(2) is screened as possibly experiencing a mental health crisis or emergency where a~~
720.19 ~~mental health crisis assessment is needed; and~~

720.20 ~~(3) is assessed as experiencing a mental health crisis or emergency, and mental health~~
720.21 ~~crisis intervention or crisis intervention and stabilization services are determined to be~~
720.22 ~~medically necessary.~~

720.23 (a) A recipient is eligible for crisis assessment services when the recipient has screened
720.24 positive for a potential mental health crisis during a crisis screening.

720.25 (b) A recipient is eligible for crisis intervention services and crisis stabilization services
720.26 when the recipient has been assessed during a crisis assessment to be experiencing a mental
720.27 health crisis.

720.28 ~~Subd. 4. **Provider entity standards.** (a) A provider entity is an entity that meets the~~
720.29 ~~standards listed in paragraph (c) and mobile crisis provider must be:~~

658.18 (g) "Crisis team" means the staff of a provider entity who are supervised and prepared
658.19 to provide mobile crisis services to a client in a potential mental health crisis situation.

658.20 (h) "Mental health certified family peer specialist" means a staff person who is qualified
658.21 under section 245I.04, subdivision 12.

658.22 (i) "Mental health certified peer specialist" means a staff person who is qualified under
658.23 section 245I.04, subdivision 10.

658.24 (j) "Mental health crisis" is a behavioral, emotional, or psychiatric situation that, without
658.25 the provision of crisis response services, would likely result in significantly reducing the
658.26 recipient's levels of functioning in primary activities of daily living, in an emergency situation
658.27 under section 62Q.55, or in the placement of the recipient in a more restrictive setting,
658.28 including but not limited to inpatient hospitalization.

658.29 (k) "Mental health practitioner" means a staff person who is qualified under section
658.30 245I.04, subdivision 4.

658.31 (l) "Mental health professional" means a staff person who is qualified under section
658.32 245I.04, subdivision 2.

659.1 (m) "Mental health rehabilitation worker" means a staff person who is qualified under
659.2 section 245I.04, subdivision 14.

659.3 (n) "Mobile crisis services" means screening, assessment, intervention, and
659.4 community-based stabilization, excluding residential crisis stabilization, that is provided to
659.5 a recipient.

659.6 ~~Subd. 3. **Eligibility.** An eligible recipient is an individual who:~~

659.7 ~~(1) is age 18 or older;~~

659.8 ~~(2) is screened as possibly experiencing a mental health crisis or emergency where a~~
659.9 ~~mental health crisis assessment is needed; and~~

659.10 ~~(3) is assessed as experiencing a mental health crisis or emergency, and mental health~~
659.11 ~~crisis intervention or crisis intervention and stabilization services are determined to be~~
659.12 ~~medically necessary.~~

659.13 (a) A recipient is eligible for crisis assessment services when the recipient has screened
659.14 positive for a potential mental health crisis during a crisis screening.

659.15 (b) A recipient is eligible for crisis intervention services and crisis stabilization services
659.16 when the recipient has been assessed during a crisis assessment to be experiencing a mental
659.17 health crisis.

659.18 ~~Subd. 4. **Provider entity standards.** (a) A provider entity is an entity that meets the~~
659.19 ~~standards listed in paragraph (c) and mobile crisis provider must be:~~

720.30 (1) ~~is~~ a county board operated entity; ~~or~~

721.1 (2) an Indian health services facility or facility owned and operated by a tribe or tribal

721.2 organization operating under United States Code, title 325, section 450f; or

721.3 ~~(2) is~~ (3) a provider entity that is under contract with the county board in the county

721.4 where the potential crisis or emergency is occurring. To provide services under this section,

721.5 the provider entity must directly provide the services; or if services are subcontracted, the

721.6 provider entity must maintain responsibility for services and billing.

721.7 (b) A mobile crisis provider must meet the following standards:

721.8 (1) must ensure that crisis screenings, crisis assessments, and crisis intervention services

721.9 are available to a recipient 24 hours a day, seven days a week;

721.10 (2) must be able to respond to a call for services in a designated service area or according

721.11 to a written agreement with the local mental health authority for an adjacent area;

721.12 (3) must have at least one mental health professional on staff at all times and at least

721.13 one additional staff member capable of leading a crisis response in the community; and

721.14 (4) must provide the commissioner with information about the number of requests for

721.15 service, the number of people that the provider serves face-to-face, outcomes, and the

721.16 protocols that the provider uses when deciding when to respond in the community.

721.17 ~~(b)~~ (c) A provider entity that provides crisis stabilization services in a residential setting

721.18 under subdivision 7 is not required to meet the requirements of ~~paragraph~~ paragraphs (a);

721.19 ~~clauses (1) and (2) to~~ (b), but must meet all other requirements of this subdivision.

721.20 ~~(e) The adult mental health~~ (d) A crisis response services provider entity must have the

721.21 capacity to meet and carry out the standards in section 245I.011, subdivision 5, and the

721.22 following standards:

721.23 (1) ~~has the capacity to recruit, hire, and manage and train mental health professionals,~~

721.24 ~~practitioners, and rehabilitation workers ensures that staff persons provide support for a~~

721.25 ~~recipient's family and natural supports, by enabling the recipient's family and natural supports~~

721.26 ~~to observe and participate in the recipient's treatment, assessments, and planning services;~~

721.27 (2) has adequate administrative ability to ensure availability of services;

721.28 ~~(3) is able to ensure adequate preservice and in-service training;~~

721.29 ~~(4)~~ (3) is able to ensure that staff providing these services are skilled in the delivery of

721.30 mental health crisis response services to recipients;

722.1 ~~(5)~~ (4) is able to ensure that staff are ~~capable of~~ implementing culturally specific treatment

722.2 identified in the ~~individual~~ crisis treatment plan that is meaningful and appropriate as

722.3 determined by the recipient's culture, beliefs, values, and language;

659.20 (1) ~~is~~ a county board operated entity; ~~or~~

659.21 (2) an Indian health services facility or facility owned and operated by a tribe or Tribal

659.22 organization operating under United States Code, title 325, section 450f; or

659.23 ~~(2) is~~ (3) a provider entity that is under contract with the county board in the county

659.24 where the potential crisis or emergency is occurring. To provide services under this section,

659.25 the provider entity must directly provide the services; or if services are subcontracted, the

659.26 provider entity must maintain responsibility for services and billing.

659.27 (b) A mobile crisis provider must meet the following standards:

659.28 (1) ensure that crisis screenings, crisis assessments, and crisis intervention services are

659.29 available to a recipient 24 hours a day, seven days a week;

659.30 (2) be able to respond to a call for services in a designated service area or according to

659.31 a written agreement with the local mental health authority for an adjacent area;

660.1 (3) have at least one mental health professional on staff at all times and at least one

660.2 additional staff member capable of leading a crisis response in the community; and

660.3 (4) provide the commissioner with information about the number of requests for service,

660.4 the number of people that the provider serves face-to-face, outcomes, and the protocols that

660.5 the provider uses when deciding when to respond in the community.

660.6 ~~(b)~~ (c) A provider entity that provides crisis stabilization services in a residential setting

660.7 under subdivision 7 is not required to meet the requirements of ~~paragraph~~ paragraphs (a);

660.8 ~~clauses (1) and (2) and~~ (b), but must meet all other requirements of this subdivision.

660.9 ~~(e) The adult mental health~~ (d) A crisis response services provider entity must have the

660.10 capacity to meet and carry out the standards in section 245I.011, subdivision 5, and the

660.11 following standards:

660.12 (1) ~~has the capacity to recruit, hire, and manage and train mental health professionals,~~

660.13 ~~practitioners, and rehabilitation workers ensures that staff persons provide support for a~~

660.14 ~~recipient's family and natural supports, by enabling the recipient's family and natural supports~~

660.15 ~~to observe and participate in the recipient's treatment, assessments, and planning services;~~

660.16 (2) has adequate administrative ability to ensure availability of services;

660.17 ~~(3) is able to ensure adequate preservice and in-service training;~~

660.18 ~~(4)~~ (3) is able to ensure that staff providing these services are skilled in the delivery of

660.19 mental health crisis response services to recipients;

660.20 ~~(5)~~ (4) is able to ensure that staff are ~~capable of~~ implementing culturally specific treatment

660.21 identified in the ~~individual~~ crisis treatment plan that is meaningful and appropriate as

660.22 determined by the recipient's culture, beliefs, values, and language;

722.4 ~~(6)~~ (5) is able to ensure enough flexibility to respond to the changing intervention and
722.5 care needs of a recipient as identified by the recipient or family member during the service
722.6 partnership between the recipient and providers;

722.7 ~~(7)~~ (6) is able to ensure that ~~mental health professionals and mental health practitioners~~
722.8 staff have the communication tools and procedures to communicate and consult promptly
722.9 about crisis assessment and interventions as services occur;

722.10 ~~(8)~~ (7) is able to coordinate these services with county emergency services, community
722.11 hospitals, ambulance, transportation services, social services, law enforcement, engagement
722.12 services, and mental health crisis services through regularly scheduled interagency meetings;

722.13 ~~(9) is able to ensure that mental health crisis assessment and mobile crisis intervention~~
722.14 ~~services are available 24 hours a day, seven days a week;~~

722.15 ~~(10)~~ (8) is able to ensure that services are coordinated with other mental behavioral
722.16 health service providers, county mental health authorities, or federally recognized American
722.17 Indian authorities and others as necessary, with the consent of the ~~adult~~ recipient or parent
722.18 or guardian. Services must also be coordinated with the recipient's case manager if the ~~adult~~
722.19 recipient is receiving case management services;

722.20 ~~(11)~~ (9) is able to ensure that crisis intervention services are provided in a manner
722.21 consistent with sections 245.461 to 245.486 and 245.487 to 245.4879;

722.22 ~~(12) is able to submit information as required by the state;~~

722.23 ~~(13) maintains staff training and personnel files;~~

722.24 ~~(10)~~ is able to coordinate detoxification services for the recipient according to Minnesota
722.25 Rules, parts 9530.6605 to 9530.6655, or withdrawal management according to chapter 245F;

722.26 ~~(14)~~ (11) is able to establish and maintain a quality assurance and evaluation plan to
722.27 evaluate the outcomes of services and recipient satisfaction; and

722.28 ~~(15) is able to keep records as required by applicable laws;~~

722.29 ~~(16) is able to comply with all applicable laws and statutes;~~

722.30 ~~(17)~~ (12) is an enrolled medical assistance provider; and

723.1 ~~(18) develops and maintains written policies and procedures regarding service provision~~
723.2 ~~and administration of the provider entity, including safety of staff and recipients in high-risk~~
723.3 ~~situations.~~

723.4 Subd. 4a. **Alternative provider standards.** If a county or tribe demonstrates that, due
723.5 to geographic or other barriers, it is not feasible to provide mobile crisis intervention services
723.6 according to the standards in subdivision 4, paragraph (e), ~~clause (9)~~ (b), the commissioner
723.7 may approve a ~~crisis response provider based on~~ an alternative plan proposed by a county
723.8 or group of counties tribe. The alternative plan must:

660.23 ~~(6)~~ (5) is able to ensure enough flexibility to respond to the changing intervention and
660.24 care needs of a recipient as identified by the recipient or family member during the service
660.25 partnership between the recipient and providers;

660.26 ~~(7)~~ (6) is able to ensure that ~~mental health professionals and mental health practitioners~~
660.27 staff have the communication tools and procedures to communicate and consult promptly
660.28 about crisis assessment and interventions as services occur;

660.29 ~~(8)~~ (7) is able to coordinate these services with county emergency services, community
660.30 hospitals, ambulance, transportation services, social services, law enforcement, engagement
660.31 services, and mental health crisis services through regularly scheduled interagency meetings;

661.1 ~~(9) is able to ensure that mental health crisis assessment and mobile crisis intervention~~
661.2 ~~services are available 24 hours a day, seven days a week;~~

661.3 ~~(10)~~ (8) is able to ensure that services are coordinated with other mental behavioral
661.4 health service providers, county mental health authorities, or federally recognized American
661.5 Indian authorities and others as necessary, with the consent of the ~~adult~~ recipient or parent
661.6 or guardian. Services must also be coordinated with the recipient's case manager if the ~~adult~~
661.7 recipient is receiving case management services;

661.8 ~~(11)~~ (9) is able to ensure that crisis intervention services are provided in a manner
661.9 consistent with sections 245.461 to 245.486 and 245.487 to 245.4879;

661.10 ~~(12) is able to submit information as required by the state;~~

661.11 ~~(13) maintains staff training and personnel files;~~

661.12 ~~(10)~~ is able to coordinate detoxification services for the recipient according to Minnesota
661.13 Rules, parts 9530.6605 to 9530.6655, or withdrawal management according to chapter 245F;

661.14 ~~(14)~~ (11) is able to establish and maintain a quality assurance and evaluation plan to
661.15 evaluate the outcomes of services and recipient satisfaction; and

661.16 ~~(15) is able to keep records as required by applicable laws;~~

661.17 ~~(16) is able to comply with all applicable laws and statutes;~~

661.18 ~~(17)~~ (12) is an enrolled medical assistance provider; and

661.19 ~~(18) develops and maintains written policies and procedures regarding service provision~~
661.20 ~~and administration of the provider entity, including safety of staff and recipients in high-risk~~
661.21 ~~situations.~~

661.22 Subd. 4a. **Alternative provider standards.** If a county or tribe demonstrates that, due
661.23 to geographic or other barriers, it is not feasible to provide mobile crisis intervention services
661.24 according to the standards in subdivision 4, paragraph (e), ~~clause (9)~~ (b), the commissioner
661.25 may approve a ~~crisis response provider based on~~ an alternative plan proposed by a county
661.26 or group of counties tribe. The alternative plan must:

723.9 (1) result in increased access and a reduction in disparities in the availability of mobile
723.10 crisis services;

723.11 (2) provide mobile crisis services outside of the usual nine-to-five office hours and on
723.12 weekends and holidays; and

723.13 (3) comply with standards for emergency mental health services in section 245.469.

723.14 Subd. 5. **Mobile Crisis assessment and intervention staff qualifications.** ~~For provision~~
723.15 ~~of adult mental health mobile crisis intervention services, a mobile crisis intervention team~~
723.16 ~~is comprised of at least two mental health professionals as defined in section 245.462,~~
723.17 ~~subdivision 18, clauses (1) to (6), or a combination of at least one mental health professional~~
723.18 ~~and one mental health practitioner as defined in section 245.462, subdivision 17, with the~~
723.19 ~~required mental health crisis training and under the clinical supervision of a mental health~~
723.20 ~~professional on the team. The team must have at least two people with at least one member~~
723.21 ~~providing on-site crisis intervention services when needed-~~ (a) Qualified individual staff of
723.22 a qualified provider entity must provide crisis assessment and intervention services to a
723.23 recipient. A staff member providing crisis assessment and intervention services to a recipient
723.24 must be qualified as a:

723.25 (1) mental health professional;

723.26 (2) clinical trainee;

723.27 (3) mental health practitioner;

723.28 (4) mental health certified family peer specialist; or

723.29 (5) mental health certified peer specialist.

723.30 (b) When crisis assessment and intervention services are provided to a recipient in the
723.31 community, a mental health professional, clinical trainee, or mental health practitioner must
723.32 lead the response.

724.1 (c) The 30 hours of ongoing training required by section 245I.05, subdivision 4, paragraph
724.2 (b), must be specific to providing crisis services to children and adults and include training
724.3 about evidence-based practices identified by the commissioner of health to reduce the
724.4 recipient's risk of suicide and self-injurious behavior.

724.5 (d) Team members must be experienced in mental health crisis assessment, crisis
724.6 intervention techniques, treatment engagement strategies, working with families, and clinical
724.7 decision-making under emergency conditions and have knowledge of local services and
724.8 resources. The team must recommend and coordinate the team's services with appropriate
724.9 local resources such as the county social services agency, mental health services, and local
724.10 law enforcement when necessary.

724.11 Subd. 6. **Crisis assessment and mobile intervention treatment planning screening.** (a)
724.12 Prior to initiating mobile crisis intervention services, a screening of the potential crisis

661.27 (1) result in increased access and a reduction in disparities in the availability of mobile
661.28 crisis services;

661.29 (2) provide mobile crisis services outside of the usual nine-to-five office hours and on
661.30 weekends and holidays; and

661.31 (3) comply with standards for emergency mental health services in section 245.469.

662.1 Subd. 5. **Mobile Crisis assessment and intervention staff qualifications.** ~~For provision~~
662.2 ~~of adult mental health mobile crisis intervention services, a mobile crisis intervention team~~
662.3 ~~is comprised of at least two mental health professionals as defined in section 245.462,~~
662.4 ~~subdivision 18, clauses (1) to (6), or a combination of at least one mental health professional~~
662.5 ~~and one mental health practitioner as defined in section 245.462, subdivision 17, with the~~
662.6 ~~required mental health crisis training and under the clinical supervision of a mental health~~
662.7 ~~professional on the team. The team must have at least two people with at least one member~~
662.8 ~~providing on-site crisis intervention services when needed-~~ (a) Qualified individual staff of
662.9 a qualified provider entity must provide crisis assessment and intervention services to a
662.10 recipient. A staff member providing crisis assessment and intervention services to a recipient
662.11 must be qualified as a:

662.12 (1) mental health professional;

662.13 (2) clinical trainee;

662.14 (3) mental health practitioner;

662.15 (4) mental health certified family peer specialist; or

662.16 (5) mental health certified peer specialist.

662.17 (b) When crisis assessment and intervention services are provided to a recipient in the
662.18 community, a mental health professional, clinical trainee, or mental health practitioner must
662.19 lead the response.

662.20 (c) The 30 hours of ongoing training required by section 245I.05, subdivision 4, paragraph
662.21 (b), must be specific to providing crisis services to children and adults and include training
662.22 about evidence-based practices identified by the commissioner of health to reduce the
662.23 recipient's risk of suicide and self-injurious behavior.

662.24 (d) Team members must be experienced in mental health crisis assessment, crisis
662.25 intervention techniques, treatment engagement strategies, working with families, and clinical
662.26 decision-making under emergency conditions and have knowledge of local services and
662.27 resources. The team must recommend and coordinate the team's services with appropriate
662.28 local resources such as the county social services agency, mental health services, and local
662.29 law enforcement when necessary.

662.30 Subd. 6. **Crisis assessment and mobile intervention treatment planning screening.** (a)
662.31 Prior to initiating mobile crisis intervention services, a screening of the potential crisis

724.13 ~~situation must be conducted.~~ The crisis screening may use the resources of crisis assistance
724.14 and emergency services as defined in sections 245.462, subdivision 6, and section 245.469,
724.15 subdivisions 1 and 2. The crisis screening must gather information, determine whether a
724.16 mental health crisis situation exists, identify parties involved, and determine an appropriate
724.17 response.

724.18 (b) When conducting the crisis screening of a recipient, a provider must:

724.19 (1) employ evidence-based practices to reduce the recipient's risk of suicide and
724.20 self-injurious behavior;

724.21 (2) work with the recipient to establish a plan and time frame for responding to the
724.22 recipient's mental health crisis, including responding to the recipient's immediate need for
724.23 support by telephone or text message until the provider can respond to the recipient
724.24 face-to-face;

724.25 (3) document significant factors in determining whether the recipient is experiencing a
724.26 mental health crisis, including prior requests for crisis services, a recipient's recent
724.27 presentation at an emergency department, known calls to 911 or law enforcement, or
724.28 information from third parties with knowledge of a recipient's history or current needs;

724.29 (4) accept calls from interested third parties and consider the additional needs or potential
724.30 mental health crises that the third parties may be experiencing;

724.31 (5) provide psychoeducation, including means reduction, to relevant third parties
724.32 including family members or other persons living with the recipient; and

725.1 (6) consider other available services to determine which service intervention would best
725.2 address the recipient's needs and circumstances.

725.3 (c) For the purposes of this section, the following situations indicate a positive screen
725.4 for a potential mental health crisis and the provider must prioritize providing a face-to-face
725.5 crisis assessment of the recipient, unless a provider documents specific evidence to show
725.6 why this was not possible, including insufficient staffing resources, concerns for staff or
725.7 recipient safety, or other clinical factors:

725.8 (1) the recipient presents at an emergency department or urgent care setting and the
725.9 health care team at that location requested crisis services; or

725.10 (2) a peace officer requested crisis services for a recipient who is potentially subject to
725.11 transportation under section 253B.051.

725.12 (d) A provider is not required to have direct contact with the recipient to determine that
725.13 the recipient is experiencing a potential mental health crisis. A mobile crisis provider may
725.14 gather relevant information about the recipient from a third party to establish the recipient's
725.15 need for services and potential safety factors.

662.32 ~~situation must be conducted.~~ The crisis screening may use the resources of crisis assistance
662.33 and emergency services as defined in sections 245.462, subdivision 6, and section 245.469,
663.1 subdivisions 1 and 2. The crisis screening must gather information, determine whether a
663.2 mental health crisis situation exists, identify parties involved, and determine an appropriate
663.3 response.

663.4 (b) When conducting the crisis screening of a recipient, a provider must:

663.5 (1) employ evidence-based practices to reduce the recipient's risk of suicide and
663.6 self-injurious behavior;

663.7 (2) work with the recipient to establish a plan and time frame for responding to the
663.8 recipient's mental health crisis, including responding to the recipient's immediate need for
663.9 support by telephone or text message until the provider can respond to the recipient
663.10 face-to-face;

663.11 (3) document significant factors in determining whether the recipient is experiencing a
663.12 mental health crisis, including prior requests for crisis services, a recipient's recent
663.13 presentation at an emergency department, known calls to 911 or law enforcement, or
663.14 information from third parties with knowledge of a recipient's history or current needs;

663.15 (4) accept calls from interested third parties and consider the additional needs or potential
663.16 mental health crises that the third parties may be experiencing;

663.17 (5) provide psychoeducation, including means reduction, to relevant third parties
663.18 including family members or other persons living with the recipient; and

663.19 (6) consider other available services to determine which service intervention would best
663.20 address the recipient's needs and circumstances.

663.21 (c) For the purposes of this section, the following situations indicate a positive screen
663.22 for a potential mental health crisis and the provider must prioritize providing a face-to-face
663.23 crisis assessment of the recipient, unless a provider documents specific evidence to show
663.24 why this was not possible, including insufficient staffing resources, concerns for staff or
663.25 recipient safety, or other clinical factors:

663.26 (1) the recipient presents at an emergency department or urgent care setting and the
663.27 health care team at that location requested crisis services; or

663.28 (2) a peace officer requested crisis services for a recipient who is potentially subject to
663.29 transportation under section 253B.051.

663.30 (d) A provider is not required to have direct contact with the recipient to determine that
663.31 the recipient is experiencing a potential mental health crisis. A mobile crisis provider may
664.1 gather relevant information about the recipient from a third party to establish the recipient's
664.2 need for services and potential safety factors.

725.16 Subd. 6a. **Crisis assessment.** ~~(b)~~ (a) If a ~~crisis exists~~ recipient screens positive for
725.17 potential mental health crisis, a crisis assessment must be completed. A crisis assessment
725.18 evaluates any immediate needs for which ~~emergency~~ services are needed and, as time
725.19 permits, the recipient's current life situation, health information, including current
725.20 medications, sources of stress, mental health problems and symptoms, strengths, cultural
725.21 considerations, support network, vulnerabilities, current functioning, and the recipient's
725.22 preferences as communicated directly by the recipient, or as communicated in a health care
725.23 directive as described in chapters 145C and 253B, the crisis treatment plan described under
725.24 paragraph (d) subdivision 11, a crisis prevention plan, or a wellness recovery action plan.

725.25 (b) A provider must conduct a crisis assessment at the recipient's location whenever
725.26 possible.

725.27 (c) Whenever possible, the assessor must attempt to include input from the recipient and
725.28 the recipient's family and other natural supports to assess whether a crisis exists.

725.29 (d) A crisis assessment includes determining: (1) whether the recipient is willing to
725.30 voluntarily engage in treatment or (2) has an advance directive and (3) gathering the
725.31 recipient's information and history from involved family or other natural supports.

725.32 (e) A crisis assessment must include coordinated response with other health care providers
725.33 if the assessment indicates that a recipient needs detoxification, withdrawal management,
726.1 or medical stabilization in addition to crisis response services. If the recipient does not need
726.2 an acute level of care, a team must serve an otherwise eligible recipient who has a
726.3 co-occurring substance use disorder.

726.4 (f) If, after completing a crisis assessment of a recipient, a provider refers a recipient to
726.5 an intensive setting, including an emergency department, inpatient hospitalization, or
726.6 residential crisis stabilization, one of the crisis team members who completed or conferred
726.7 about the recipient's crisis assessment must immediately contact the referral entity and
726.8 consult with the triage nurse or other staff responsible for intake at the referral entity. During
726.9 the consultation, the crisis team member must convey key findings or concerns that led to
726.10 the recipient's referral. Following the immediate consultation, the provider must also send
726.11 written documentation upon completion. The provider must document if these releases
726.12 occurred with authorization by the recipient, the recipient's legal guardian, or as allowed
726.13 by section 144.293, subdivision 5.

726.14 Subd. 6b. **Crisis intervention services.** ~~(e)~~ (a) If the crisis assessment determines mobile
726.15 crisis intervention services are needed, the crisis intervention services must be provided
726.16 promptly. As opportunity presents during the intervention, at least two members of the
726.17 mobile crisis intervention team must confer directly or by telephone about the crisis
726.18 assessment, crisis treatment plan, and actions taken and needed. At least one of the team
726.19 members must be on-site providing face-to-face crisis intervention services. If providing
726.20 on-site crisis intervention services, a clinical trainee or mental health practitioner must seek
726.21 clinical treatment supervision as required in subdivision 9.

664.3 Subd. 6a. **Crisis assessment.** ~~(b)~~ (a) If a ~~crisis exists~~ recipient screens positive for
664.4 potential mental health crisis, a crisis assessment must be completed. A crisis assessment
664.5 evaluates any immediate needs for which ~~emergency~~ services are needed and, as time
664.6 permits, the recipient's current life situation, health information, including current
664.7 medications, sources of stress, mental health problems and symptoms, strengths, cultural
664.8 considerations, support network, vulnerabilities, current functioning, and the recipient's
664.9 preferences as communicated directly by the recipient, or as communicated in a health care
664.10 directive as described in chapters 145C and 253B, the crisis treatment plan described under
664.11 paragraph (d) subdivision 11, a crisis prevention plan, or a wellness recovery action plan.

664.12 (b) A provider must conduct a crisis assessment at the recipient's location whenever
664.13 possible.

664.14 (c) Whenever possible, the assessor must attempt to include input from the recipient and
664.15 the recipient's family and other natural supports to assess whether a crisis exists.

664.16 (d) A crisis assessment includes: (1) determining (i) whether the recipient is willing to
664.17 voluntarily engage in treatment, or (ii) whether the recipient has an advance directive, and
664.18 (2) gathering the recipient's information and history from involved family or other natural
664.19 supports.

664.20 (e) A crisis assessment must include coordinated response with other health care providers
664.21 if the assessment indicates that a recipient needs detoxification, withdrawal management,
664.22 or medical stabilization in addition to crisis response services. If the recipient does not need
664.23 an acute level of care, a team must serve an otherwise eligible recipient who has a
664.24 co-occurring substance use disorder.

664.25 (f) If, after completing a crisis assessment of a recipient, a provider refers a recipient to
664.26 an intensive setting, including an emergency department, inpatient hospitalization, or
664.27 residential crisis stabilization, one of the crisis team members who completed or conferred
664.28 about the recipient's crisis assessment must immediately contact the referral entity and
664.29 consult with the triage nurse or other staff responsible for intake at the referral entity. During
664.30 the consultation, the crisis team member must convey key findings or concerns that led to
664.31 the recipient's referral. Following the immediate consultation, the provider must also send
664.32 written documentation upon completion. The provider must document if these releases
664.33 occurred with authorization by the recipient, the recipient's legal guardian, or as allowed
664.34 by section 144.293, subdivision 5.

665.1 Subd. 6b. **Crisis intervention services.** ~~(e)~~ (a) If the crisis assessment determines mobile
665.2 crisis intervention services are needed, the crisis intervention services must be provided
665.3 promptly. As opportunity presents during the intervention, at least two members of the
665.4 mobile crisis intervention team must confer directly or by telephone about the crisis
665.5 assessment, crisis treatment plan, and actions taken and needed. At least one of the team
665.6 members must be on-site providing face-to-face crisis intervention services. If providing
665.7 on-site crisis intervention services, a clinical trainee or mental health practitioner must seek
665.8 clinical treatment supervision as required in subdivision 9.

726.22 (b) If a provider delivers crisis intervention services while the recipient is absent, the
726.23 provider must document the reason for delivering services while the recipient is absent.

726.24 ~~(c)~~ (c) The mobile crisis intervention team must develop ~~an initial, brief~~ a crisis treatment
726.25 plan as soon as appropriate but no later than 24 hours after the initial face-to-face intervention
726.26 according to subdivision 11. ~~The plan must address the needs and problems noted in the~~
726.27 ~~crisis assessment and include measurable short-term goals, cultural considerations, and~~
726.28 ~~frequency and type of services to be provided to achieve the goals and reduce or eliminate~~
726.29 ~~the crisis. The treatment plan must be updated as needed to reflect current goals and services.~~

726.30 ~~(d)~~ (d) The mobile crisis intervention team must document which ~~short-term goals crisis~~
726.31 ~~treatment plan goals and objectives~~ have been met and when no further crisis intervention
726.32 services are required.

726.33 ~~(e)~~ (e) If the recipient's mental health crisis is stabilized, but the recipient needs a referral
726.34 to other services, the team must provide referrals to these services. If the recipient has a
727.1 case manager, planning for other services must be coordinated with the case manager. If
727.2 the recipient is unable to follow up on the referral, the team must link the recipient to the
727.3 service and follow up to ensure the recipient is receiving the service.

727.4 ~~(f)~~ (f) If the recipient's mental health crisis is stabilized and the recipient does not have
727.5 an advance directive, the case manager or crisis team shall offer to work with the recipient
727.6 to develop one.

727.7 Subd. 7. **Crisis stabilization services.** (a) Crisis stabilization services must be provided
727.8 by qualified staff of a crisis stabilization services provider entity and must meet the following
727.9 standards:

727.10 (1) a crisis ~~stabilization~~ treatment plan must be developed ~~which~~ that meets the criteria
727.11 in subdivision 11;

727.12 (2) staff must be qualified as defined in subdivision 8; ~~and~~

727.13 (3) crisis stabilization services must be delivered according to the crisis treatment plan
727.14 and include face-to-face contact with the recipient by qualified staff for further assessment,
727.15 help with referrals, updating of the crisis ~~stabilization~~ treatment plan, ~~supportive counseling,~~
727.16 skills training, and collaboration with other service providers in the community; ~~and~~

727.17 (4) if a provider delivers crisis stabilization services while the recipient is absent, the
727.18 provider must document the reason for delivering services while the recipient is absent.

727.19 ~~(b) If crisis stabilization services are provided in a supervised, licensed residential setting,~~
727.20 ~~the recipient must be contacted face-to-face daily by a qualified mental health practitioner~~
727.21 ~~or mental health professional. The program must have 24 hour a day residential staffing~~
727.22 ~~which may include staff who do not meet the qualifications in subdivision 8. The residential~~
727.23 ~~staff must have 24-hour-a-day immediate direct or telephone access to a qualified mental~~
727.24 ~~health professional or practitioner.~~

665.9 (b) If a provider delivers crisis intervention services while the recipient is absent, the
665.10 provider must document the reason for delivering services while the recipient is absent.

665.11 ~~(c)~~ (c) The mobile crisis intervention team must develop ~~an initial, brief~~ a crisis treatment
665.12 plan as soon as appropriate but no later than 24 hours after the initial face-to-face intervention
665.13 according to subdivision 11. ~~The plan must address the needs and problems noted in the~~
665.14 ~~crisis assessment and include measurable short-term goals, cultural considerations, and~~
665.15 ~~frequency and type of services to be provided to achieve the goals and reduce or eliminate~~
665.16 ~~the crisis. The treatment plan must be updated as needed to reflect current goals and services.~~

665.17 ~~(d)~~ (d) The mobile crisis intervention team must document which ~~short-term goals crisis~~
665.18 ~~treatment plan goals and objectives~~ have been met and when no further crisis intervention
665.19 services are required.

665.20 ~~(e)~~ (e) If the recipient's mental health crisis is stabilized, but the recipient needs a referral
665.21 to other services, the team must provide referrals to these services. If the recipient has a
665.22 case manager, planning for other services must be coordinated with the case manager. If
665.23 the recipient is unable to follow up on the referral, the team must link the recipient to the
665.24 service and follow up to ensure the recipient is receiving the service.

665.25 ~~(f)~~ (f) If the recipient's mental health crisis is stabilized and the recipient does not have
665.26 an advance directive, the case manager or crisis team shall offer to work with the recipient
665.27 to develop one.

665.28 Subd. 7. **Crisis stabilization services.** (a) Crisis stabilization services must be provided
665.29 by qualified staff of a crisis stabilization services provider entity and must meet the following
665.30 standards:

665.31 (1) a crisis ~~stabilization~~ treatment plan must be developed ~~which~~ that meets the criteria
665.32 in subdivision 11;

665.33 (2) staff must be qualified as defined in subdivision 8; ~~and~~

666.1 (3) crisis stabilization services must be delivered according to the crisis treatment plan
666.2 and include face-to-face contact with the recipient by qualified staff for further assessment,
666.3 help with referrals, updating of the crisis ~~stabilization~~ treatment plan, ~~supportive counseling,~~
666.4 skills training, and collaboration with other service providers in the community; ~~and~~

666.5 (4) if a provider delivers crisis stabilization services while the recipient is absent, the
666.6 provider must document the reason for delivering services while the recipient is absent.

666.7 ~~(b) If crisis stabilization services are provided in a supervised, licensed residential setting,~~
666.8 ~~the recipient must be contacted face-to-face daily by a qualified mental health practitioner~~
666.9 ~~or mental health professional. The program must have 24 hour a day residential staffing~~
666.10 ~~which may include staff who do not meet the qualifications in subdivision 8. The residential~~
666.11 ~~staff must have 24-hour-a-day immediate direct or telephone access to a qualified mental~~
666.12 ~~health professional or practitioner.~~

727.25 ~~(c)~~ (b) If crisis stabilization services are provided in a supervised, licensed residential
727.26 setting that serves no more than four adult residents, and one or more individuals are present
727.27 at the setting to receive residential crisis stabilization services, the residential staff must
727.28 include, for at least eight hours per day, at least one individual who meets the qualifications
727.29 in subdivision 8, paragraph (a), clause (1) or (2) mental health professional, clinical trainee,
727.30 certified rehabilitation specialist, or mental health practitioner.

727.31 ~~(d)~~ If crisis stabilization services are provided in a supervised, licensed residential setting
727.32 that serves more than four adult residents, and one or more are recipients of crisis stabilization
727.33 services, the residential staff must include, for 24 hours a day, at least one individual who
728.1 meets the qualifications in subdivision 8. During the first 48 hours that a recipient is in the
728.2 residential program, the residential program must have at least two staff working 24 hours
728.3 a day. Staffing levels may be adjusted thereafter according to the needs of the recipient as
728.4 specified in the crisis stabilization treatment plan.

728.5 Subd. 8. ~~Adult~~ **Crisis stabilization staff qualifications.** (a) ~~Adult~~ Mental health crisis
728.6 stabilization services must be provided by qualified individual staff of a qualified provider
728.7 entity. ~~Individual provider staff must have the following qualifications~~ A staff member
728.8 providing crisis stabilization services to a recipient must be qualified as a:

728.9 (1) ~~be a~~ mental health professional as defined in section 245.462, subdivision 18, clauses
728.10 (1) to (6);

728.11 (2) ~~be a~~ certified rehabilitation specialist;

728.12 (3) clinical trainee;

728.13 (4) mental health practitioner as defined in section 245.462, subdivision 17. The mental
728.14 health practitioner must work under the clinical supervision of a mental health professional;

728.15 (5) mental health certified family peer specialist;

728.16 ~~(3) be a~~ (6) mental health certified peer specialist under section 256B.0615. The certified
728.17 peer specialist must work under the clinical supervision of a mental health professional; or

728.18 ~~(4) be a~~ (7) mental health rehabilitation worker who meets the criteria in section
728.19 256B.0623, subdivision 5, paragraph (a), clause (4); works under the direction of a mental
728.20 health practitioner as defined in section 245.462, subdivision 17, or under direction of a
728.21 mental health professional; and works under the clinical supervision of a mental health
728.22 professional.

728.23 (b) Mental health practitioners and mental health rehabilitation workers must have
728.24 completed at least 30 hours of training in crisis intervention and stabilization during the
728.25 past two years. The 30 hours of ongoing training required in section 245I.05, subdivision
728.26 4, paragraph (b), must be specific to providing crisis services to children and adults and
728.27 include training about evidence-based practices identified by the commissioner of health
728.28 to reduce a recipient's risk of suicide and self-injurious behavior.

666.13 ~~(c)~~ (b) If crisis stabilization services are provided in a supervised, licensed residential
666.14 setting that serves no more than four adult residents, and one or more individuals are present
666.15 at the setting to receive residential crisis stabilization services, the residential staff must
666.16 include, for at least eight hours per day, at least one individual who meets the qualifications
666.17 in subdivision 8, paragraph (a), clause (1) or (2) mental health professional, clinical trainee,
666.18 certified rehabilitation specialist, or mental health practitioner.

666.19 ~~(d)~~ If crisis stabilization services are provided in a supervised, licensed residential setting
666.20 that serves more than four adult residents, and one or more are recipients of crisis stabilization
666.21 services, the residential staff must include, for 24 hours a day, at least one individual who
666.22 meets the qualifications in subdivision 8. During the first 48 hours that a recipient is in the
666.23 residential program, the residential program must have at least two staff working 24 hours
666.24 a day. Staffing levels may be adjusted thereafter according to the needs of the recipient as
666.25 specified in the crisis stabilization treatment plan.

666.26 Subd. 8. ~~Adult~~ **Crisis stabilization staff qualifications.** (a) ~~Adult~~ Mental health crisis
666.27 stabilization services must be provided by qualified individual staff of a qualified provider
666.28 entity. ~~Individual provider staff must have the following qualifications~~ A staff member
666.29 providing crisis stabilization services to a recipient must be qualified as a:

666.30 (1) ~~be a~~ mental health professional as defined in section 245.462, subdivision 18, clauses
666.31 (1) to (6);

666.32 (2) ~~be a~~ certified rehabilitation specialist;

666.33 (3) clinical trainee;

667.1 (4) mental health practitioner as defined in section 245.462, subdivision 17. The mental
667.2 health practitioner must work under the clinical supervision of a mental health professional;

667.3 (5) mental health certified family peer specialist;

667.4 ~~(3) be a~~ (6) mental health certified peer specialist under section 256B.0615. The certified
667.5 peer specialist must work under the clinical supervision of a mental health professional; or

667.6 ~~(4) be a~~ (7) mental health rehabilitation worker who meets the criteria in section
667.7 256B.0623, subdivision 5, paragraph (a), clause (4); works under the direction of a mental
667.8 health practitioner as defined in section 245.462, subdivision 17, or under direction of a
667.9 mental health professional; and works under the clinical supervision of a mental health
667.10 professional.

667.11 (b) Mental health practitioners and mental health rehabilitation workers must have
667.12 completed at least 30 hours of training in crisis intervention and stabilization during the
667.13 past two years. The 30 hours of ongoing training required in section 245I.05, subdivision
667.14 4, paragraph (b), must be specific to providing crisis services to children and adults and
667.15 include training about evidence-based practices identified by the commissioner of health
667.16 to reduce a recipient's risk of suicide and self-injurious behavior.

728.29 Subd. 9. **Supervision.** Clinical trainees and mental health practitioners may provide
728.30 crisis assessment and ~~mobile~~ crisis intervention services if the following ~~clinical treatment~~
728.31 supervision requirements are met:

729.1 (1) the mental health provider entity must accept full responsibility for the services
729.2 provided;

729.3 (2) the mental health professional of the provider entity, ~~who is an employee or under~~
729.4 ~~contract with the provider entity~~, must be immediately available by phone or in person for
729.5 ~~clinical treatment~~ supervision;

729.6 (3) the mental health professional is consulted, in person or by phone, during the first
729.7 three hours when a clinical trainee or mental health practitioner provides ~~on-site service~~
729.8 crisis assessment or crisis intervention services; and

729.9 (4) the mental health professional must:

729.10 (i) review and approve, as defined in section 245I.02, subdivision 2, of the tentative
729.11 crisis assessment and crisis treatment plan within 24 hours of first providing services to the
729.12 recipient, notwithstanding section 245I.08, subdivision 3; and

729.13 (ii) document the consultation required in clause (3); and

729.14 ~~(iii) sign the crisis assessment and treatment plan within the next business day;~~

729.15 ~~(5) if the mobile crisis intervention services continue into a second calendar day, a mental~~
729.16 ~~health professional must contact the recipient face to face on the second day to provide~~
729.17 ~~services and update the crisis treatment plan; and~~

729.18 ~~(6) the on-site observation must be documented in the recipient's record and signed by~~
729.19 ~~the mental health professional.~~

729.20 Subd. 10. **Recipient file.** Providers of mobile crisis intervention or crisis stabilization
729.21 services must maintain a file for each recipient containing the following information:

729.22 (1) individual crisis treatment plans signed by the recipient, mental health professional,
729.23 and mental health practitioner who developed the crisis treatment plan, or if the recipient
729.24 refused to sign the plan, the date and reason stated by the recipient as to why the recipient
729.25 would not sign the plan;

729.26 (2) signed release forms;

729.27 (3) recipient health information and current medications;

729.28 (4) emergency contacts for the recipient;

729.29 (5) case records which document the date of service, place of service delivery, signature
729.30 of the person providing the service, and the nature, extent, and units of service. Direct or
729.31 telephone contact with the recipient's family or others should be documented;

667.17 Subd. 9. **Supervision.** Clinical trainees and mental health practitioners may provide
667.18 crisis assessment and ~~mobile~~ crisis intervention services if the following ~~clinical treatment~~
667.19 supervision requirements are met:

667.20 (1) the mental health provider entity must accept full responsibility for the services
667.21 provided;

667.22 (2) the mental health professional of the provider entity, ~~who is an employee or under~~
667.23 ~~contract with the provider entity~~, must be immediately available by phone or in person for
667.24 ~~clinical treatment~~ supervision;

667.25 (3) the mental health professional is consulted, in person or by phone, during the first
667.26 three hours when a clinical trainee or mental health practitioner provides ~~on-site service~~
667.27 crisis assessment or crisis intervention services; and

667.28 (4) the mental health professional must:

667.29 (i) review and approve, as defined in section 245I.02, subdivision 2, of the tentative
667.30 crisis assessment and crisis treatment plan within 24 hours of first providing services to the
667.31 recipient, notwithstanding section 245I.08, subdivision 3; and

667.32 (ii) document the consultation, ~~and~~ required in clause (3).

668.1 ~~(iii) sign the crisis assessment and treatment plan within the next business day;~~

668.2 ~~(5) if the mobile crisis intervention services continue into a second calendar day, a mental~~
668.3 ~~health professional must contact the recipient face to face on the second day to provide~~
668.4 ~~services and update the crisis treatment plan; and~~

668.5 ~~(6) the on-site observation must be documented in the recipient's record and signed by~~
668.6 ~~the mental health professional.~~

668.7 Subd. 10. **Recipient file.** Providers of mobile crisis intervention or crisis stabilization
668.8 services must maintain a file for each recipient containing the following information:

668.9 (1) individual crisis treatment plans signed by the recipient, mental health professional,
668.10 and mental health practitioner who developed the crisis treatment plan, or if the recipient
668.11 refused to sign the plan, the date and reason stated by the recipient as to why the recipient
668.12 would not sign the plan;

668.13 (2) signed release forms;

668.14 (3) recipient health information and current medications;

668.15 (4) emergency contacts for the recipient;

668.16 (5) case records which document the date of service, place of service delivery, signature
668.17 of the person providing the service, and the nature, extent, and units of service. Direct or
668.18 telephone contact with the recipient's family or others should be documented;

730.1 ~~(6) required clinical supervision by mental health professionals;~~
730.2 ~~(7) summary of the recipient's case reviews by staff;~~
730.3 ~~(8) any written information by the recipient that the recipient wants in the file; and~~
730.4 ~~(9) an advance directive, if there is one available.~~
730.5 ~~Documentation in the file must comply with all requirements of the commissioner.~~
730.6 Subd. 11. **Crisis treatment plan.** ~~The individual crisis stabilization treatment plan must~~
730.7 ~~include, at a minimum:~~
730.8 ~~(1) a list of problems identified in the assessment;~~
730.9 ~~(2) a list of the recipient's strengths and resources;~~
730.10 ~~(3) concrete, measurable short-term goals and tasks to be achieved, including time frames~~
730.11 ~~for achievement;~~
730.12 ~~(4) specific objectives directed toward the achievement of each one of the goals;~~
730.13 ~~(5) documentation of the participants involved in the service planning. The recipient, if~~
730.14 ~~possible, must be a participant. The recipient or the recipient's legal guardian must sign the~~
730.15 ~~service plan or documentation must be provided why this was not possible. A copy of the~~
730.16 ~~plan must be given to the recipient and the recipient's legal guardian. The plan should include~~
730.17 ~~services arranged, including specific providers where applicable;~~
730.18 ~~(6) planned frequency and type of services initiated;~~
730.19 ~~(7) a crisis response action plan if a crisis should occur;~~
730.20 ~~(8) clear progress notes on outcome of goals;~~
730.21 ~~(9) a written plan must be completed within 24 hours of beginning services with the~~
730.22 ~~recipient; and~~
730.23 ~~(10) a treatment plan must be developed by a mental health professional or mental health~~
730.24 ~~practitioner under the clinical supervision of a mental health professional. The mental health~~
730.25 ~~professional must approve and sign all treatment plans.~~
730.26 (a) Within 24 hours of the recipient's admission, the provider entity must complete the
730.27 recipient's crisis treatment plan. The provider entity must:
730.28 (1) base the recipient's crisis treatment plan on the recipient's crisis assessment;
730.29 (2) consider crisis assistance strategies that have been effective for the recipient in the
730.30 past;
731.1 (3) for a child recipient, use a child-centered, family-driven, and culturally appropriate
731.2 planning process that allows the recipient's parents and guardians to observe or participate

668.19 ~~(6) required clinical supervision by mental health professionals;~~
668.20 ~~(7) summary of the recipient's case reviews by staff;~~
668.21 ~~(8) any written information by the recipient that the recipient wants in the file; and~~
668.22 ~~(9) an advance directive, if there is one available.~~
668.23 ~~Documentation in the file must comply with all requirements of the commissioner.~~
668.24 Subd. 11. **Crisis treatment plan.** ~~The individual crisis stabilization treatment plan must~~
668.25 ~~include, at a minimum:~~
668.26 ~~(1) a list of problems identified in the assessment;~~
668.27 ~~(2) a list of the recipient's strengths and resources;~~
668.28 ~~(3) concrete, measurable short-term goals and tasks to be achieved, including time frames~~
668.29 ~~for achievement;~~
668.30 ~~(4) specific objectives directed toward the achievement of each one of the goals;~~
669.1 ~~(5) documentation of the participants involved in the service planning. The recipient, if~~
669.2 ~~possible, must be a participant. The recipient or the recipient's legal guardian must sign the~~
669.3 ~~service plan or documentation must be provided why this was not possible. A copy of the~~
669.4 ~~plan must be given to the recipient and the recipient's legal guardian. The plan should include~~
669.5 ~~services arranged, including specific providers where applicable;~~
669.6 ~~(6) planned frequency and type of services initiated;~~
669.7 ~~(7) a crisis response action plan if a crisis should occur;~~
669.8 ~~(8) clear progress notes on outcome of goals;~~
669.9 ~~(9) a written plan must be completed within 24 hours of beginning services with the~~
669.10 ~~recipient; and~~
669.11 ~~(10) a treatment plan must be developed by a mental health professional or mental health~~
669.12 ~~practitioner under the clinical supervision of a mental health professional. The mental health~~
669.13 ~~professional must approve and sign all treatment plans.~~
669.14 (a) Within 24 hours of the recipient's admission, the provider entity must complete the
669.15 recipient's crisis treatment plan. The provider entity must:
669.16 (1) base the recipient's crisis treatment plan on the recipient's crisis assessment;
669.17 (2) consider crisis assistance strategies that have been effective for the recipient in the
669.18 past;
669.19 (3) for a child recipient, use a child-centered, family-driven, and culturally appropriate
669.20 planning process that allows the recipient's parents and guardians to observe or participate

731.3 in the recipient's individual and family treatment services, assessment, and treatment
731.4 planning;

731.5 (4) for an adult recipient, use a person-centered, culturally appropriate planning process
731.6 that allows the recipient's family and other natural supports to observe or participate in
731.7 treatment services, assessment, and treatment planning;

731.8 (5) identify the participants involved in the recipient's treatment planning. The recipient,
731.9 if possible, must be a participant;

731.10 (6) identify the recipient's initial treatment goals, measurable treatment objectives, and
731.11 specific interventions that the license holder will use to help the recipient engage in treatment;

731.12 (7) include documentation of referral to and scheduling of services, including specific
731.13 providers where applicable;

731.14 (8) ensure that the recipient or the recipient's legal guardian approves under section
731.15 245I.02, subdivision 2, of the recipient's crisis treatment plan unless a court orders the
731.16 recipient's treatment plan under chapter 253B. If the recipient or the recipient's legal guardian
731.17 disagrees with the crisis treatment plan, the license holder must document in the client file
731.18 the reasons why the recipient disagrees with the crisis treatment plan; and

731.19 (9) ensure that a treatment supervisor approves under section 245I.02, subdivision 2, of
731.20 the recipient's treatment plan within 24 hours of the recipient's admission if a mental health
731.21 practitioner or clinical trainee completes the crisis treatment plan, notwithstanding section
731.22 245I.08, subdivision 3.

731.23 (b) The provider entity must provide the recipient and the recipient's legal guardian with
731.24 a copy of the recipient's crisis treatment plan.

731.25 Subd. 12. **Excluded services.** The following services are excluded from reimbursement
731.26 under this section:

731.27 (1) room and board services;

731.28 (2) services delivered to a recipient while admitted to an inpatient hospital;

731.29 (3) recipient transportation costs may be covered under other medical assistance
731.30 provisions, but transportation services are not an adult mental health crisis response service;

731.31 (4) services provided and billed by a provider who is not enrolled under medical
731.32 assistance to provide adult mental health crisis response services;

732.1 (5) services performed by volunteers;

732.2 (6) direct billing of time spent "on call" when not delivering services to a recipient;

732.3 (7) provider service time included in case management reimbursement. When a provider
732.4 is eligible to provide more than one type of medical assistance service, the recipient must
732.5 have a choice of provider for each service, unless otherwise provided for by law;

669.21 in the recipient's individual and family treatment services, assessment, and treatment
669.22 planning;

669.23 (4) for an adult recipient, use a person-centered, culturally appropriate planning process
669.24 that allows the recipient's family and other natural supports to observe or participate in
669.25 treatment services, assessment, and treatment planning;

669.26 (5) identify the participants involved in the recipient's treatment planning. The recipient,
669.27 if possible, must be a participant;

669.28 (6) identify the recipient's initial treatment goals, measurable treatment objectives, and
669.29 specific interventions that the license holder will use to help the recipient engage in treatment;

669.30 (7) include documentation of referral to and scheduling of services, including specific
669.31 providers where applicable;

670.1 (8) ensure that the recipient or the recipient's legal guardian approves under section
670.2 245I.02, subdivision 2, of the recipient's crisis treatment plan unless a court orders the
670.3 recipient's treatment plan under chapter 253B. If the recipient or the recipient's legal guardian
670.4 disagrees with the crisis treatment plan, the license holder must document in the client file
670.5 the reasons why the recipient disagrees with the crisis treatment plan; and

670.6 (9) ensure that a treatment supervisor approves under section 245I.02, subdivision 2, of
670.7 the recipient's treatment plan within 24 hours of the recipient's admission if a mental health
670.8 practitioner or clinical trainee completes the crisis treatment plan, notwithstanding section
670.9 245I.08, subdivision 3.

670.10 (b) The provider entity must provide the recipient and the recipient's legal guardian with
670.11 a copy of the recipient's crisis treatment plan.

670.12 Subd. 12. **Excluded services.** The following services are excluded from reimbursement
670.13 under this section:

670.14 (1) room and board services;

670.15 (2) services delivered to a recipient while admitted to an inpatient hospital;

670.16 (3) recipient transportation costs may be covered under other medical assistance
670.17 provisions, but transportation services are not an adult mental health crisis response service;

670.18 (4) services provided and billed by a provider who is not enrolled under medical
670.19 assistance to provide adult mental health crisis response services;

670.20 (5) services performed by volunteers;

670.21 (6) direct billing of time spent "on call" when not delivering services to a recipient;

670.22 (7) provider service time included in case management reimbursement. When a provider
670.23 is eligible to provide more than one type of medical assistance service, the recipient must
670.24 have a choice of provider for each service, unless otherwise provided for by law;

- 732.6 (8) outreach services to potential recipients; ~~and~~
732.7 (9) a mental health service that is not medically necessary;
732.8 (10) services that a residential treatment center licensed under Minnesota Rules, chapter
732.9 2960, provides to a client;
732.10 (11) partial hospitalization or day treatment; and
732.11 (12) a crisis assessment that a residential provider completes when a daily rate is paid
732.12 for the recipient's crisis stabilization.

732.13 Sec. 5. **EFFECTIVE DATE.**

732.14 This article is effective July 1, 2022, or upon federal approval, whichever is later. The
732.15 commissioner of human services shall notify the revisor of statutes when federal approval
732.16 is obtained.

732.17 **ARTICLE 19**

732.18 **MENTAL HEALTH UNIFORM SERVICE STANDARDS; CONFORMING**
732.19 **CHANGES**

732.20 Section 1. Minnesota Statutes 2020, section 62A.152, subdivision 3, is amended to read:

732.21 Subd. 3. **Provider discrimination prohibited.** All group policies and group subscriber
732.22 contracts that provide benefits for mental or nervous disorder treatments in a hospital must
732.23 provide direct reimbursement for those services if performed by a mental health professional;
732.24 ~~as defined in sections 245.462, subdivision 18, clauses (1) to (5); and 245.4871, subdivision~~
732.25 ~~27, clauses (1) to (5) qualified according to section 245I.04, subdivision 2, to the extent that~~
732.26 ~~the services and treatment are within the scope of mental health professional licensure.~~

732.27 This subdivision is intended to provide payment of benefits for mental or nervous disorder
732.28 treatments performed by a licensed mental health professional in a hospital and is not
732.29 intended to change or add benefits for those services provided in policies or contracts to
732.30 which this subdivision applies.

733.1 Sec. 2. Minnesota Statutes 2020, section 62A.3094, subdivision 1, is amended to read:

733.2 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in
733.3 paragraphs (b) to (d) have the meanings given.

733.4 (b) "Autism spectrum disorders" means the conditions as determined by criteria set forth
733.5 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of
733.6 the American Psychiatric Association.

733.7 (c) "Medically necessary care" means health care services appropriate, in terms of type,
733.8 frequency, level, setting, and duration, to the enrollee's condition, and diagnostic testing
733.9 and preventative services. Medically necessary care must be consistent with generally

- 670.25 (8) outreach services to potential recipients; ~~and~~
670.26 (9) a mental health service that is not medically necessary;
670.27 (10) services that a residential treatment center licensed under Minnesota Rules, chapter
670.28 2960, provides to a client;
670.29 (11) partial hospitalization or day treatment; and
670.30 (12) a crisis assessment that a residential provider completes when a daily rate is paid
670.31 for the recipient's crisis stabilization.

671.1 Sec. 5. **EFFECTIVE DATE.**

671.2 This article is effective upon federal approval or July 1, 2022, whichever is later. The
671.3 commissioner shall notify the revisor of statutes when federal approval is obtained.

671.4 **ARTICLE 18**

671.5 **UNIFORM SERVICE STANDARDS; CONFORMING CHANGES**

671.6 Section 1. Minnesota Statutes 2020, section 62A.152, subdivision 3, is amended to read:

671.7 Subd. 3. **Provider discrimination prohibited.** All group policies and group subscriber
671.8 contracts that provide benefits for mental or nervous disorder treatments in a hospital must
671.9 provide direct reimbursement for those services if performed by a mental health professional;
671.10 ~~as defined in sections 245.462, subdivision 18, clauses (1) to (5); and 245.4871, subdivision~~
671.11 ~~27, clauses (1) to (5) qualified according to section 245I.04, subdivision 2, to the extent that~~
671.12 ~~the services and treatment are within the scope of mental health professional licensure.~~

671.13 This subdivision is intended to provide payment of benefits for mental or nervous disorder
671.14 treatments performed by a licensed mental health professional in a hospital and is not
671.15 intended to change or add benefits for those services provided in policies or contracts to
671.16 which this subdivision applies.

671.17 Sec. 2. Minnesota Statutes 2020, section 62A.3094, subdivision 1, is amended to read:

671.18 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in
671.19 paragraphs (b) to (d) have the meanings given.

671.20 (b) "Autism spectrum disorders" means the conditions as determined by criteria set forth
671.21 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of
671.22 the American Psychiatric Association.

671.23 (c) "Medically necessary care" means health care services appropriate, in terms of type,
671.24 frequency, level, setting, and duration, to the enrollee's condition, and diagnostic testing
671.25 and preventative services. Medically necessary care must be consistent with generally

733.10 accepted practice parameters as determined by physicians and licensed psychologists who
733.11 typically manage patients who have autism spectrum disorders.

733.12 (d) "Mental health professional" means a mental health professional ~~as defined in section~~
733.13 ~~245.4871, subdivision 27~~ who is qualified according to section 245I.04, subdivision 2,
733.14 clause (1), (2), (3), (4), or (6), who has training and expertise in autism spectrum disorder
733.15 and child development.

733.16 Sec. 3. Minnesota Statutes 2020, section 62Q.096, is amended to read:

733.17 **62Q.096 CREDENTIALING OF PROVIDERS.**

733.18 If a health plan company has initially credentialed, as providers in its provider network,
733.19 individual providers employed by or under contract with an entity that:

733.20 (1) is authorized to bill under section 256B.0625, subdivision 5;

733.21 (2) ~~meets the requirements of Minnesota Rules, parts 9520.0750 to 9520.0870~~ is a mental
733.22 health clinic certified under section 245I.20;

733.23 (3) is designated an essential community provider under section 62Q.19; and

733.24 (4) is under contract with the health plan company to provide mental health services,
733.25 the health plan company must continue to credential at least the same number of providers
733.26 from that entity, as long as those providers meet the health plan company's credentialing
733.27 standards.

733.28 A health plan company shall not refuse to credential these providers on the grounds that
733.29 their provider network has a sufficient number of providers of that type.

734.1 Sec. 4. Minnesota Statutes 2020, section 144.651, subdivision 2, is amended to read:

734.2 Subd. 2. **Definitions.** For the purposes of this section, "patient" means a person who is
734.3 admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for
734.4 the purpose of diagnosis or treatment bearing on the physical or mental health of that person.
734.5 For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a
734.6 person who receives health care services at an outpatient surgical center or at a birth center
734.7 licensed under section 144.615. "Patient" also means a minor who is admitted to a residential
734.8 program as defined in section 253C.01. For purposes of subdivisions 1, 3 to 16, 18, 20 and
734.9 30, "patient" also means any person who is receiving mental health treatment on an outpatient
734.10 basis or in a community support program or other community-based program. "Resident"
734.11 means a person who is admitted to a nonacute care facility including extended care facilities,
734.12 nursing homes, and boarding care homes for care required because of prolonged mental or
734.13 physical illness or disability, recovery from injury or disease, or advancing age. For purposes
734.14 of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is
734.15 admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts
734.16 4625.0100 to 4625.2355, a boarding care home under sections 144.50 to 144.56, or a
734.17 supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which

671.26 accepted practice parameters as determined by physicians and licensed psychologists who
671.27 typically manage patients who have autism spectrum disorders.

671.28 (d) "Mental health professional" means a mental health professional ~~as defined in section~~
671.29 ~~245.4871, subdivision 27~~ who is qualified according to section 245I.04, subdivision 2,
671.30 clause (1), (2), (3), (4), or (6), who has training and expertise in autism spectrum disorder
671.31 and child development.

672.1 Sec. 3. Minnesota Statutes 2020, section 62Q.096, is amended to read:

672.2 **62Q.096 CREDENTIALING OF PROVIDERS.**

672.3 If a health plan company has initially credentialed, as providers in its provider network,
672.4 individual providers employed by or under contract with an entity that:

672.5 (1) is authorized to bill under section 256B.0625, subdivision 5;

672.6 (2) ~~meets the requirements of Minnesota Rules, parts 9520.0750 to 9520.0870~~ is a mental
672.7 health clinic certified under section 245I.20;

672.8 (3) is designated an essential community provider under section 62Q.19; and

672.9 (4) is under contract with the health plan company to provide mental health services,
672.10 the health plan company must continue to credential at least the same number of providers
672.11 from that entity, as long as those providers meet the health plan company's credentialing
672.12 standards.

672.13 A health plan company shall not refuse to credential these providers on the grounds that
672.14 their provider network has a sufficient number of providers of that type.

672.15 Sec. 4. Minnesota Statutes 2020, section 144.651, subdivision 2, is amended to read:

672.16 Subd. 2. **Definitions.** For the purposes of this section, "patient" means a person who is
672.17 admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for
672.18 the purpose of diagnosis or treatment bearing on the physical or mental health of that person.
672.19 For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a
672.20 person who receives health care services at an outpatient surgical center or at a birth center
672.21 licensed under section 144.615. "Patient" also means a minor who is admitted to a residential
672.22 program as defined in section 253C.01. For purposes of subdivisions 1, 3 to 16, 18, 20 and
672.23 30, "patient" also means any person who is receiving mental health treatment on an outpatient
672.24 basis or in a community support program or other community-based program. "Resident"
672.25 means a person who is admitted to a nonacute care facility including extended care facilities,
672.26 nursing homes, and boarding care homes for care required because of prolonged mental or
672.27 physical illness or disability, recovery from injury or disease, or advancing age. For purposes
672.28 of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is
672.29 admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts
672.30 4625.0100 to 4625.2355, a boarding care home under sections 144.50 to 144.56, or a
672.31 supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which

734.18 operates a rehabilitation program licensed under chapter 245G or 245I, or Minnesota Rules,
734.19 parts 9530.6510 to 9530.6590.

734.20 Sec. 5. Minnesota Statutes 2020, section 144D.01, subdivision 4, is amended to read:

734.21 Subd. 4. **Housing with services establishment or establishment.** (a) "Housing with
734.22 services establishment" or "establishment" means:

734.23 (1) an establishment providing sleeping accommodations to one or more adult residents,
734.24 at least 80 percent of which are 55 years of age or older, and offering or providing, for a
734.25 fee, one or more regularly scheduled health-related services or two or more regularly
734.26 scheduled supportive services, whether offered or provided directly by the establishment
734.27 or by another entity arranged for by the establishment; or

734.28 (2) an establishment that registers under section 144D.025.

734.29 (b) Housing with services establishment does not include:

734.30 (1) a nursing home licensed under chapter 144A;

734.31 (2) a hospital, certified boarding care home, or supervised living facility licensed under
734.32 sections 144.50 to 144.56;

735.1 (3) a board and lodging establishment licensed under chapter 157 and Minnesota Rules,
735.2 parts 9520.0500 to 9520.0670, or under chapter 245D ~~or~~ 245G, or 245I;

735.3 (4) a board and lodging establishment which serves as a shelter for battered women or
735.4 other similar purpose;

735.5 (5) a family adult foster care home licensed by the Department of Human Services;

735.6 (6) private homes in which the residents are related by kinship, law, or affinity with the
735.7 providers of services;

735.8 (7) residential settings for persons with developmental disabilities in which the services
735.9 are licensed under chapter 245D;

735.10 (8) a home-sharing arrangement such as when an elderly or disabled person or
735.11 single-parent family makes lodging in a private residence available to another person in
735.12 exchange for services or rent, or both;

735.13 (9) a duly organized condominium, cooperative, common interest community, or owners'
735.14 association of the foregoing where at least 80 percent of the units that comprise the
735.15 condominium, cooperative, or common interest community are occupied by individuals
735.16 who are the owners, members, or shareholders of the units;

735.17 (10) services for persons with developmental disabilities that are provided under a license
735.18 under chapter 245D; or

735.19 (11) a temporary family health care dwelling as defined in sections 394.307 and 462.3593.

672.32 operates a rehabilitation program licensed under chapter 245G or 245I, or Minnesota Rules,
672.33 parts 9530.6510 to 9530.6590.

673.1 Sec. 5. Minnesota Statutes 2020, section 144D.01, subdivision 4, is amended to read:

673.2 Subd. 4. **Housing with services establishment or establishment.** (a) "Housing with
673.3 services establishment" or "establishment" means:

673.4 (1) an establishment providing sleeping accommodations to one or more adult residents,
673.5 at least 80 percent of which are 55 years of age or older, and offering or providing, for a
673.6 fee, one or more regularly scheduled health-related services or two or more regularly
673.7 scheduled supportive services, whether offered or provided directly by the establishment
673.8 or by another entity arranged for by the establishment; or

673.9 (2) an establishment that registers under section 144D.025.

673.10 (b) Housing with services establishment does not include:

673.11 (1) a nursing home licensed under chapter 144A;

673.12 (2) a hospital, certified boarding care home, or supervised living facility licensed under
673.13 sections 144.50 to 144.56;

673.14 (3) a board and lodging establishment licensed under chapter 157 and Minnesota Rules,
673.15 parts 9520.0500 to 9520.0670, or under chapter 245D ~~or~~ 245G, or 245I;

673.16 (4) a board and lodging establishment which serves as a shelter for battered women or
673.17 other similar purpose;

673.18 (5) a family adult foster care home licensed by the Department of Human Services;

673.19 (6) private homes in which the residents are related by kinship, law, or affinity with the
673.20 providers of services;

673.21 (7) residential settings for persons with developmental disabilities in which the services
673.22 are licensed under chapter 245D;

673.23 (8) a home-sharing arrangement such as when an elderly or disabled person or
673.24 single-parent family makes lodging in a private residence available to another person in
673.25 exchange for services or rent, or both;

673.26 (9) a duly organized condominium, cooperative, common interest community, or owners'
673.27 association of the foregoing where at least 80 percent of the units that comprise the
673.28 condominium, cooperative, or common interest community are occupied by individuals
673.29 who are the owners, members, or shareholders of the units;

673.30 (10) services for persons with developmental disabilities that are provided under a license
673.31 under chapter 245D; or

674.1 (11) a temporary family health care dwelling as defined in sections 394.307 and 462.3593.

735.20 Sec. 6. Minnesota Statutes 2020, section 144G.08, subdivision 7, as amended by Laws
735.21 2020, Seventh Special Session chapter 1, article 6, section 5, is amended to read:

735.22 Subd. 7. **Assisted living facility.** "Assisted living facility" means a facility that provides
735.23 sleeping accommodations and assisted living services to one or more adults. Assisted living
735.24 facility includes assisted living facility with dementia care, and does not include:

735.25 (1) emergency shelter, transitional housing, or any other residential units serving
735.26 exclusively or primarily homeless individuals, as defined under section 116L.361;

735.27 (2) a nursing home licensed under chapter 144A;

735.28 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
735.29 144.50 to 144.56;

735.30 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
735.31 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

736.1 (5) services and residential settings licensed under chapter 245A, including adult foster
736.2 care and services and settings governed under the standards in chapter 245D;

736.3 (6) a private home in which the residents are related by kinship, law, or affinity with the
736.4 provider of services;

736.5 (7) a duly organized condominium, cooperative, and common interest community, or
736.6 owners' association of the condominium, cooperative, and common interest community
736.7 where at least 80 percent of the units that comprise the condominium, cooperative, or
736.8 common interest community are occupied by individuals who are the owners, members, or
736.9 shareholders of the units;

736.10 (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;

736.11 (9) a setting offering services conducted by and for the adherents of any recognized
736.12 church or religious denomination for its members exclusively through spiritual means or
736.13 by prayer for healing;

736.14 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
736.15 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
736.16 units financed by the Minnesota Housing Finance Agency that are intended to serve
736.17 individuals with disabilities or individuals who are homeless, except for those developments
736.18 that market or hold themselves out as assisted living facilities and provide assisted living
736.19 services;

736.20 (11) rental housing developed under United States Code, title 42, section 1437, or United
736.21 States Code, title 12, section 1701q;

736.22 (12) rental housing designated for occupancy by only elderly or elderly and disabled
736.23 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
736.24 families under Code of Federal Regulations, title 24, section 983.56;

674.2 Sec. 6. Minnesota Statutes 2020, section 144G.08, subdivision 7, as amended by Laws
674.3 2020, Seventh Special Session chapter 1, article 6, section 5, is amended to read:

674.4 Subd. 7. **Assisted living facility.** "Assisted living facility" means a facility that provides
674.5 sleeping accommodations and assisted living services to one or more adults. Assisted living
674.6 facility includes assisted living facility with dementia care, and does not include:

674.7 (1) emergency shelter, transitional housing, or any other residential units serving
674.8 exclusively or primarily homeless individuals, as defined under section 116L.361;

674.9 (2) a nursing home licensed under chapter 144A;

674.10 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
674.11 144.50 to 144.56;

674.12 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
674.13 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

674.14 (5) services and residential settings licensed under chapter 245A, including adult foster
674.15 care and services and settings governed under the standards in chapter 245D;

674.16 (6) a private home in which the residents are related by kinship, law, or affinity with the
674.17 provider of services;

674.18 (7) a duly organized condominium, cooperative, and common interest community, or
674.19 owners' association of the condominium, cooperative, and common interest community
674.20 where at least 80 percent of the units that comprise the condominium, cooperative, or
674.21 common interest community are occupied by individuals who are the owners, members, or
674.22 shareholders of the units;

674.23 (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;

674.24 (9) a setting offering services conducted by and for the adherents of any recognized
674.25 church or religious denomination for its members exclusively through spiritual means or
674.26 by prayer for healing;

674.27 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
674.28 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
674.29 units financed by the Minnesota Housing Finance Agency that are intended to serve
674.30 individuals with disabilities or individuals who are homeless, except for those developments
674.31 that market or hold themselves out as assisted living facilities and provide assisted living
674.32 services;

675.1 (11) rental housing developed under United States Code, title 42, section 1437, or United
675.2 States Code, title 12, section 1701q;

675.3 (12) rental housing designated for occupancy by only elderly or elderly and disabled
675.4 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
675.5 families under Code of Federal Regulations, title 24, section 983.56;

736.25 (13) rental housing funded under United States Code, title 42, chapter 89, or United
736.26 States Code, title 42, section 8011;

736.27 (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

736.28 (15) any establishment that exclusively or primarily serves as a shelter or temporary
736.29 shelter for victims of domestic or any other form of violence.

736.30 Sec. 7. Minnesota Statutes 2020, section 148B.5301, subdivision 2, is amended to read:

736.31 Subd. 2. **Supervision.** (a) To qualify as a LPCC, an applicant must have completed
736.32 4,000 hours of post-master's degree supervised professional practice in the delivery of
737.1 clinical services in the diagnosis and treatment of mental illnesses and disorders in both
737.2 children and adults. The supervised practice shall be conducted according to the requirements
737.3 in paragraphs (b) to (e).

737.4 (b) The supervision must have been received under a contract that defines clinical practice
737.5 and supervision from a mental health professional ~~as defined in section 245.462, subdivision~~
737.6 ~~18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6) who is qualified~~
737.7 according to section 245I.04, subdivision 2, or by a board-approved supervisor, who has at
737.8 least two years of postlicensure experience in the delivery of clinical services in the diagnosis
737.9 and treatment of mental illnesses and disorders. All supervisors must meet the supervisor
737.10 requirements in Minnesota Rules, part 2150.5010.

737.11 (c) The supervision must be obtained at the rate of two hours of supervision per 40 hours
737.12 of professional practice. The supervision must be evenly distributed over the course of the
737.13 supervised professional practice. At least 75 percent of the required supervision hours must
737.14 be received in person. The remaining 25 percent of the required hours may be received by
737.15 telephone or by audio or audiovisual electronic device. At least 50 percent of the required
737.16 hours of supervision must be received on an individual basis. The remaining 50 percent
737.17 may be received in a group setting.

737.18 (d) The supervised practice must include at least 1,800 hours of clinical client contact.

737.19 (e) The supervised practice must be clinical practice. Supervision includes the observation
737.20 by the supervisor of the successful application of professional counseling knowledge, skills,
737.21 and values in the differential diagnosis and treatment of psychosocial function, disability,
737.22 or impairment, including addictions and emotional, mental, and behavioral disorders.

737.23 Sec. 8. Minnesota Statutes 2020, section 148E.120, subdivision 2, is amended to read:

737.24 Subd. 2. **Alternate supervisors.** (a) The board may approve an alternate supervisor as
737.25 determined in this subdivision. The board shall approve up to 25 percent of the required
737.26 supervision hours by a ~~licensed~~ mental health professional who is competent and qualified
737.27 to provide supervision according to the mental health professional's respective licensing
737.28 board, as established by section ~~245.462, subdivision 18, clauses (1) to (6), or 245.4871,~~
737.29 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

675.6 (13) rental housing funded under United States Code, title 42, chapter 89, or United
675.7 States Code, title 42, section 8011;

675.8 (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

675.9 (15) any establishment that exclusively or primarily serves as a shelter or temporary
675.10 shelter for victims of domestic or any other form of violence.

675.11 Sec. 7. Minnesota Statutes 2020, section 148B.5301, subdivision 2, is amended to read:

675.12 Subd. 2. **Supervision.** (a) To qualify as a LPCC, an applicant must have completed
675.13 4,000 hours of post-master's degree supervised professional practice in the delivery of
675.14 clinical services in the diagnosis and treatment of mental illnesses and disorders in both
675.15 children and adults. The supervised practice shall be conducted according to the requirements
675.16 in paragraphs (b) to (e).

675.17 (b) The supervision must have been received under a contract that defines clinical practice
675.18 and supervision from a mental health professional ~~as defined in section 245.462, subdivision~~
675.19 ~~18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6) who is qualified~~
675.20 according to section 245I.04, subdivision 2, or by a board-approved supervisor, who has at
675.21 least two years of postlicensure experience in the delivery of clinical services in the diagnosis
675.22 and treatment of mental illnesses and disorders. All supervisors must meet the supervisor
675.23 requirements in Minnesota Rules, part 2150.5010.

675.24 (c) The supervision must be obtained at the rate of two hours of supervision per 40 hours
675.25 of professional practice. The supervision must be evenly distributed over the course of the
675.26 supervised professional practice. At least 75 percent of the required supervision hours must
675.27 be received in person. The remaining 25 percent of the required hours may be received by
675.28 telephone or by audio or audiovisual electronic device. At least 50 percent of the required
675.29 hours of supervision must be received on an individual basis. The remaining 50 percent
675.30 may be received in a group setting.

675.31 (d) The supervised practice must include at least 1,800 hours of clinical client contact.

676.1 (e) The supervised practice must be clinical practice. Supervision includes the observation
676.2 by the supervisor of the successful application of professional counseling knowledge, skills,
676.3 and values in the differential diagnosis and treatment of psychosocial function, disability,
676.4 or impairment, including addictions and emotional, mental, and behavioral disorders.

676.5 Sec. 8. Minnesota Statutes 2020, section 148E.120, subdivision 2, is amended to read:

676.6 Subd. 2. **Alternate supervisors.** (a) The board may approve an alternate supervisor as
676.7 determined in this subdivision. The board shall approve up to 25 percent of the required
676.8 supervision hours by a ~~licensed~~ mental health professional who is competent and qualified
676.9 to provide supervision according to the mental health professional's respective licensing
676.10 board, as established by section ~~245.462, subdivision 18, clauses (1) to (6), or 245.4871,~~
676.11 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

737.30 (b) The board shall approve up to 100 percent of the required supervision hours by an
737.31 alternate supervisor if the board determines that:

737.32 (1) there are five or fewer supervisors in the county where the licensee practices social
737.33 work who meet the applicable licensure requirements in subdivision 1;

738.1 (2) the supervisor is an unlicensed social worker who is employed in, and provides the
738.2 supervision in, a setting exempt from licensure by section 148E.065, and who has
738.3 qualifications equivalent to the applicable requirements specified in sections 148E.100 to
738.4 148E.115;

738.5 (3) the supervisor is a social worker engaged in authorized social work practice in Iowa,
738.6 Manitoba, North Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications
738.7 equivalent to the applicable requirements in sections 148E.100 to 148E.115; or

738.8 (4) the applicant or licensee is engaged in nonclinical authorized social work practice
738.9 outside of Minnesota and the supervisor meets the qualifications equivalent to the applicable
738.10 requirements in sections 148E.100 to 148E.115, or the supervisor is an equivalent mental
738.11 health professional, as determined by the board, who is credentialed by a state, territorial,
738.12 provincial, or foreign licensing agency; or

738.13 (5) the applicant or licensee is engaged in clinical authorized social work practice outside
738.14 of Minnesota and the supervisor meets qualifications equivalent to the applicable
738.15 requirements in section 148E.115, or the supervisor is an equivalent mental health
738.16 professional as determined by the board, who is credentialed by a state, territorial, provincial,
738.17 or foreign licensing agency.

738.18 (c) In order for the board to consider an alternate supervisor under this section, the
738.19 licensee must:

738.20 (1) request in the supervision plan and verification submitted according to section
738.21 148E.125 that an alternate supervisor conduct the supervision; and

738.22 (2) describe the proposed supervision and the name and qualifications of the proposed
738.23 alternate supervisor. The board may audit the information provided to determine compliance
738.24 with the requirements of this section.

738.25 Sec. 9. Minnesota Statutes 2020, section 148F.11, subdivision 1, is amended to read:

738.26 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
738.27 other professions or occupations from performing functions for which they are qualified or
738.28 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
738.29 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
738.30 members of the clergy provided such services are provided within the scope of regular
738.31 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
738.32 licensed marriage and family therapists; licensed social workers; social workers employed
738.33 by city, county, or state agencies; licensed professional counselors; licensed professional
739.1 clinical counselors; licensed school counselors; registered occupational therapists or

676.12 (b) The board shall approve up to 100 percent of the required supervision hours by an
676.13 alternate supervisor if the board determines that:

676.14 (1) there are five or fewer supervisors in the county where the licensee practices social
676.15 work who meet the applicable licensure requirements in subdivision 1;

676.16 (2) the supervisor is an unlicensed social worker who is employed in, and provides the
676.17 supervision in, a setting exempt from licensure by section 148E.065, and who has
676.18 qualifications equivalent to the applicable requirements specified in sections 148E.100 to
676.19 148E.115;

676.20 (3) the supervisor is a social worker engaged in authorized social work practice in Iowa,
676.21 Manitoba, North Dakota, Ontario, South Dakota, or Wisconsin, and has the qualifications
676.22 equivalent to the applicable requirements in sections 148E.100 to 148E.115; or

676.23 (4) the applicant or licensee is engaged in nonclinical authorized social work practice
676.24 outside of Minnesota and the supervisor meets the qualifications equivalent to the applicable
676.25 requirements in sections 148E.100 to 148E.115, or the supervisor is an equivalent mental
676.26 health professional, as determined by the board, who is credentialed by a state, territorial,
676.27 provincial, or foreign licensing agency; or

676.28 (5) the applicant or licensee is engaged in clinical authorized social work practice outside
676.29 of Minnesota and the supervisor meets qualifications equivalent to the applicable
676.30 requirements in section 148E.115, or the supervisor is an equivalent mental health
676.31 professional as determined by the board, who is credentialed by a state, territorial, provincial,
676.32 or foreign licensing agency.

677.1 (c) In order for the board to consider an alternate supervisor under this section, the
677.2 licensee must:

677.3 (1) request in the supervision plan and verification submitted according to section
677.4 148E.125 that an alternate supervisor conduct the supervision; and

677.5 (2) describe the proposed supervision and the name and qualifications of the proposed
677.6 alternate supervisor. The board may audit the information provided to determine compliance
677.7 with the requirements of this section.

677.8 Sec. 9. Minnesota Statutes 2020, section 148F.11, subdivision 1, is amended to read:

677.9 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
677.10 other professions or occupations from performing functions for which they are qualified or
677.11 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
677.12 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
677.13 members of the clergy provided such services are provided within the scope of regular
677.14 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
677.15 licensed marriage and family therapists; licensed social workers; social workers employed
677.16 by city, county, or state agencies; licensed professional counselors; licensed professional
677.17 clinical counselors; licensed school counselors; registered occupational therapists or

739.2 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
739.3 (UMICAD) certified counselors when providing services to Native American people; city,
739.4 county, or state employees when providing assessments or case management under Minnesota
739.5 Rules, chapter 9530; and individuals defined in section 256B.0623, subdivision 5, paragraph
739.6 (a), clauses (1) ~~and (2)~~ to (6), providing ~~integrated dual diagnosis~~ co-occurring substance
739.7 use disorder treatment in adult mental health rehabilitative programs certified or licensed
739.8 by the Department of Human Services under section ~~245I.23, 256B.0622,~~ or 256B.0623.

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

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

739.20 Sec. 10. Minnesota Statutes 2020, section 245.462, subdivision 1, is amended to read:

739.21 Subdivision 1. **Definitions.** The definitions in this section apply to sections 245.461 to
739.22 ~~245.486~~ 245.4863.

739.23 Sec. 11. Minnesota Statutes 2020, section 245.462, subdivision 6, is amended to read:

739.24 Subd. 6. **Community support services program.** "Community support services program"
739.25 means services, other than inpatient or residential treatment services, provided or coordinated
739.26 by an identified program and staff under the ~~clinical treatment~~ supervision of a mental health
739.27 professional designed to help adults with serious and persistent mental illness to function
739.28 and remain in the community. A community support services program includes:

739.29 (1) client outreach,

739.30 (2) medication monitoring,

739.31 (3) assistance in independent living skills,

739.32 (4) development of employability and work-related opportunities,

740.1 (5) crisis assistance,

740.2 (6) psychosocial rehabilitation,

740.3 (7) help in applying for government benefits, and

740.4 (8) housing support services.

677.18 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
677.19 (UMICAD) certified counselors when providing services to Native American people; city,
677.20 county, or state employees when providing assessments or case management under Minnesota
677.21 Rules, chapter 9530; and individuals defined in section 256B.0623, subdivision 5, paragraph
677.22 (a), clauses (1) ~~and (2)~~ to (6), providing ~~integrated dual diagnosis~~ co-occurring substance
677.23 use disorder treatment in adult mental health rehabilitative programs certified or licensed
677.24 by the Department of Human Services under section ~~245I.23, 256B.0622,~~ or 256B.0623.

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

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

678.3 Sec. 10. Minnesota Statutes 2020, section 245.462, subdivision 1, is amended to read:

678.4 Subdivision 1. **Definitions.** The definitions in this section apply to sections 245.461 to
678.5 ~~245.486~~ 245.4863.

678.6 Sec. 11. Minnesota Statutes 2020, section 245.462, subdivision 6, is amended to read:

678.7 Subd. 6. **Community support services program.** "Community support services program"
678.8 means services, other than inpatient or residential treatment services, provided or coordinated
678.9 by an identified program and staff under the ~~clinical treatment~~ supervision of a mental health
678.10 professional designed to help adults with serious and persistent mental illness to function
678.11 and remain in the community. A community support services program includes:

678.12 (1) client outreach,

678.13 (2) medication monitoring,

678.14 (3) assistance in independent living skills,

678.15 (4) development of employability and work-related opportunities,

678.16 (5) crisis assistance,

678.17 (6) psychosocial rehabilitation,

678.18 (7) help in applying for government benefits, and

678.19 (8) housing support services.

740.5 The community support services program must be coordinated with the case management
740.6 services specified in section 245.4711.

740.7 Sec. 12. Minnesota Statutes 2020, section 245.462, subdivision 8, is amended to read:

740.8 Subd. 8. **Day treatment services.** "Day treatment," "day treatment services," or "day
740.9 treatment program" means ~~a structured program of treatment and care provided to an adult~~
740.10 ~~in or by: (1) a hospital accredited by the joint commission on accreditation of health~~
740.11 ~~organizations and licensed under sections 144.50 to 144.55; (2) a community mental health~~
740.12 ~~center under section 245.62; or (3) an entity that is under contract with the county board to~~
740.13 ~~operate a program that meets the requirements of section 245.4712, subdivision 2, and~~
740.14 ~~Minnesota Rules, parts 9505.0170 to 9505.0475. Day treatment consists of group~~
740.15 ~~psychotherapy and other intensive therapeutic services that are provided at least two days~~
740.16 ~~a week by a multidisciplinary staff under the clinical supervision of a mental health~~
740.17 ~~professional. Day treatment may include education and consultation provided to families~~
740.18 ~~and other individuals as part of the treatment process. The services are aimed at stabilizing~~
740.19 ~~the adult's mental health status, providing mental health services, and developing and~~
740.20 ~~improving the adult's independent living and socialization skills. The goal of day treatment~~
740.21 ~~is to reduce or relieve mental illness and to enable the adult to live in the community. Day~~
740.22 ~~treatment services are not a part of inpatient or residential treatment services. Day treatment~~
740.23 ~~services are distinguished from day care by their structured therapeutic program of~~
740.24 ~~psychotherapy services. The commissioner may limit medical assistance reimbursement~~
740.25 ~~for day treatment to 15 hours per week per person the treatment services described by section~~
740.26 ~~256B.0671, subdivision 3.~~

740.27 Sec. 13. Minnesota Statutes 2020, section 245.462, subdivision 9, is amended to read:

740.28 Subd. 9. **Diagnostic assessment.** ~~(a)~~ "Diagnostic assessment" has the meaning given in
740.29 ~~Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota~~
740.30 ~~Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a~~
740.31 ~~standard, extended, or brief diagnostic assessment, or an adult update section 245I.10,~~
740.32 ~~subdivisions 4 to 6.~~

741.1 ~~(b) A brief diagnostic assessment must include a face to face interview with the client~~
741.2 ~~and a written evaluation of the client by a mental health professional or a clinical trainee;~~
741.3 ~~as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or~~
741.4 ~~clinical trainee must gather initial components of a standard diagnostic assessment, including~~
741.5 ~~the client's:~~

741.6 ~~(1) age;~~

741.7 ~~(2) description of symptoms, including reason for referral;~~

741.8 ~~(3) history of mental health treatment;~~

741.9 ~~(4) cultural influences and their impact on the client; and~~

678.20 The community support services program must be coordinated with the case management
678.21 services specified in section 245.4711.

678.22 Sec. 12. Minnesota Statutes 2020, section 245.462, subdivision 8, is amended to read:

678.23 Subd. 8. **Day treatment services.** "Day treatment," "day treatment services," or "day
678.24 treatment program" means ~~a structured program of treatment and care provided to an adult~~
678.25 ~~in or by: (1) a hospital accredited by the joint commission on accreditation of health~~
678.26 ~~organizations and licensed under sections 144.50 to 144.55; (2) a community mental health~~
678.27 ~~center under section 245.62; or (3) an entity that is under contract with the county board to~~
678.28 ~~operate a program that meets the requirements of section 245.4712, subdivision 2, and~~
678.29 ~~Minnesota Rules, parts 9505.0170 to 9505.0475. Day treatment consists of group~~
678.30 ~~psychotherapy and other intensive therapeutic services that are provided at least two days~~
679.1 ~~a week by a multidisciplinary staff under the clinical supervision of a mental health~~
679.2 ~~professional. Day treatment may include education and consultation provided to families~~
679.3 ~~and other individuals as part of the treatment process. The services are aimed at stabilizing~~
679.4 ~~the adult's mental health status, providing mental health services, and developing and~~
679.5 ~~improving the adult's independent living and socialization skills. The goal of day treatment~~
679.6 ~~is to reduce or relieve mental illness and to enable the adult to live in the community. Day~~
679.7 ~~treatment services are not a part of inpatient or residential treatment services. Day treatment~~
679.8 ~~services are distinguished from day care by their structured therapeutic program of~~
679.9 ~~psychotherapy services. The commissioner may limit medical assistance reimbursement~~
679.10 ~~for day treatment to 15 hours per week per person the treatment services described by section~~
679.11 ~~256B.0671, subdivision 3.~~

679.12 Sec. 13. Minnesota Statutes 2020, section 245.462, subdivision 9, is amended to read:

679.13 Subd. 9. **Diagnostic assessment.** ~~(a)~~ "Diagnostic assessment" has the meaning given in
679.14 ~~Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota~~
679.15 ~~Rules, part 9505.0372, subpart 1, items A, B, C, and E. Diagnostic assessment includes a~~
679.16 ~~standard, extended, or brief diagnostic assessment, or an adult update section 245I.10,~~
679.17 ~~subdivisions 4 to 6.~~

679.18 ~~(b) A brief diagnostic assessment must include a face to face interview with the client~~
679.19 ~~and a written evaluation of the client by a mental health professional or a clinical trainee;~~
679.20 ~~as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or~~
679.21 ~~clinical trainee must gather initial components of a standard diagnostic assessment, including~~
679.22 ~~the client's:~~

679.23 ~~(1) age;~~

679.24 ~~(2) description of symptoms, including reason for referral;~~

679.25 ~~(3) history of mental health treatment;~~

679.26 ~~(4) cultural influences and their impact on the client; and~~

741.10 ~~(5) mental status examination.~~

741.11 ~~(e) On the basis of the initial components, the professional or clinical trainee must draw~~

741.12 ~~a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's~~

741.13 ~~immediate needs or presenting problem.~~

741.14 ~~(d) Treatment sessions conducted under authorization of a brief assessment may be used~~

741.15 ~~to gather additional information necessary to complete a standard diagnostic assessment or~~

741.16 ~~an extended diagnostic assessment.~~

741.17 ~~(e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1);~~

741.18 ~~unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible~~

741.19 ~~for psychological testing as part of the diagnostic process.~~

741.20 ~~(f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1);~~

741.21 ~~unit (e), prior to completion of a client's initial diagnostic assessment, but in conjunction~~

741.22 ~~with the diagnostic assessment process, a client is eligible for up to three individual or family~~

741.23 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~

741.24 ~~sessions not to exceed three sessions.~~

741.25 ~~(g) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item B, subitem (3);~~

741.26 ~~unit (a), a brief diagnostic assessment may be used for a client's family who requires a~~

741.27 ~~language interpreter to participate in the assessment.~~

741.28 Sec. 14. Minnesota Statutes 2020, section 245.462, subdivision 14, is amended to read:

741.29 Subd. 14. **Individual treatment plan.** ~~"Individual treatment plan" means a written plan~~

741.30 ~~of intervention, treatment, and services for an adult with mental illness that is developed~~

741.31 ~~by a service provider under the clinical supervision of a mental health professional on the~~

741.32 ~~basis of a diagnostic assessment. The plan identifies goals and objectives of treatment,~~

742.1 ~~treatment strategy, a schedule for accomplishing treatment goals and objectives, and the~~

742.2 ~~individual responsible for providing treatment to the adult with mental illness the formulation~~

742.3 ~~of planned services that are responsive to the needs and goals of a client. An individual~~

742.4 ~~treatment plan must be completed according to section 245I.10, subdivisions 7 and 8.~~

742.5 Sec. 15. Minnesota Statutes 2020, section 245.462, subdivision 16, is amended to read:

742.6 Subd. 16. **Mental health funds.** ~~"Mental health funds" are funds expended under sections~~

742.7 ~~245.73 and 256E.12, federal mental health block grant funds, and funds expended under~~

742.8 ~~section 256D.06 to facilities licensed under section 245I.23 or Minnesota Rules, parts~~

742.9 ~~9520.0500 to 9520.0670.~~

742.10 Sec. 16. Minnesota Statutes 2020, section 245.462, subdivision 17, is amended to read:

742.11 Subd. 17. **Mental health practitioner.** ~~(a) "Mental health practitioner" means a staff~~

742.12 ~~person providing services to adults with mental illness or children with emotional disturbance~~

742.13 ~~who is qualified in at least one of the ways described in paragraphs (b) to (g). A mental~~

742.14 ~~health practitioner for a child client must have training working with children. A mental~~

679.27 ~~(5) mental status examination.~~

679.28 ~~(e) On the basis of the initial components, the professional or clinical trainee must draw~~

679.29 ~~a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's~~

679.30 ~~immediate needs or presenting problem.~~

680.1 ~~(d) Treatment sessions conducted under authorization of a brief assessment may be used~~

680.2 ~~to gather additional information necessary to complete a standard diagnostic assessment or~~

680.3 ~~an extended diagnostic assessment.~~

680.4 ~~(e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1);~~

680.5 ~~unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible~~

680.6 ~~for psychological testing as part of the diagnostic process.~~

680.7 ~~(f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1);~~

680.8 ~~unit (e), prior to completion of a client's initial diagnostic assessment, but in conjunction~~

680.9 ~~with the diagnostic assessment process, a client is eligible for up to three individual or family~~

680.10 ~~psychotherapy sessions or family psychoeducation sessions or a combination of the above~~

680.11 ~~sessions not to exceed three sessions.~~

680.12 ~~(g) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item B, subitem (3);~~

680.13 ~~unit (a), a brief diagnostic assessment may be used for a client's family who requires a~~

680.14 ~~language interpreter to participate in the assessment.~~

680.15 Sec. 14. Minnesota Statutes 2020, section 245.462, subdivision 14, is amended to read:

680.16 Subd. 14. **Individual treatment plan.** ~~"Individual treatment plan" means a written plan~~

680.17 ~~of intervention, treatment, and services for an adult with mental illness that is developed~~

680.18 ~~by a service provider under the clinical supervision of a mental health professional on the~~

680.19 ~~basis of a diagnostic assessment. The plan identifies goals and objectives of treatment,~~

680.20 ~~treatment strategy, a schedule for accomplishing treatment goals and objectives, and the~~

680.21 ~~individual responsible for providing treatment to the adult with mental illness the formulation~~

680.22 ~~of planned services that are responsive to the needs and goals of a client. An individual~~

680.23 ~~treatment plan must be completed according to section 245I.10, subdivisions 7 and 8.~~

680.24 Sec. 15. Minnesota Statutes 2020, section 245.462, subdivision 16, is amended to read:

680.25 Subd. 16. **Mental health funds.** ~~"Mental health funds" are funds expended under sections~~

680.26 ~~245.73 and 256E.12, federal mental health block grant funds, and funds expended under~~

680.27 ~~section 256D.06 to facilities licensed under section 245I.23 or Minnesota Rules, parts~~

680.28 ~~9520.0500 to 9520.0670.~~

680.29 Sec. 16. Minnesota Statutes 2020, section 245.462, subdivision 17, is amended to read:

680.30 Subd. 17. **Mental health practitioner.** ~~(a) "Mental health practitioner" means a staff~~

680.31 ~~person providing services to adults with mental illness or children with emotional disturbance~~

680.32 ~~who is qualified in at least one of the ways described in paragraphs (b) to (g). A mental~~

681.1 ~~health practitioner for a child client must have training working with children. A mental~~

742.15 ~~health practitioner for an adult client must have training working with adults qualified~~
742.16 ~~according to section 245I.04, subdivision 4.~~

742.17 ~~(b) For purposes of this subdivision, a practitioner is qualified through relevant~~
742.18 ~~coursework if the practitioner completes at least 30 semester hours or 45 quarter hours in~~
742.19 ~~behavioral sciences or related fields and:~~

742.20 ~~(1) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
742.21 ~~or children with:~~

742.22 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

742.23 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
742.24 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
742.25 ~~mental illness and substance abuse, and psychotropic medications and side effects;~~

742.26 ~~(2) is fluent in the non-English language of the ethnic group to which at least 50 percent~~
742.27 ~~of the practitioner's clients belong, completes 40 hours of training in the delivery of services~~
742.28 ~~to adults with mental illness or children with emotional disturbance, and receives clinical~~
742.29 ~~supervision from a mental health professional at least once a week until the requirement of~~
742.30 ~~2,000 hours of supervised experience is met;~~

742.31 ~~(3) is working in a day treatment program under section 245.4712, subdivision 2; or~~

743.1 ~~(4) has completed a practicum or internship that (i) requires direct interaction with adults~~
743.2 ~~or children served, and (ii) is focused on behavioral sciences or related fields.~~

743.3 ~~(c) For purposes of this subdivision, a practitioner is qualified through work experience~~
743.4 ~~if the person:~~

743.5 ~~(1) has at least 4,000 hours of supervised experience in the delivery of services to adults~~
743.6 ~~or children with:~~

743.7 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

743.8 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
743.9 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
743.10 ~~mental illness and substance abuse, and psychotropic medications and side effects; or~~

743.11 ~~(2) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
743.12 ~~or children with:~~

743.13 ~~(i) mental illness, emotional disturbance, or substance use disorder, and receives clinical~~
743.14 ~~supervision as required by applicable statutes and rules from a mental health professional~~
743.15 ~~at least once a week until the requirement of 4,000 hours of supervised experience is met;~~
743.16 ~~or~~

743.17 ~~(ii) traumatic brain injury or developmental disabilities; completes training on mental~~
743.18 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~

681.2 ~~health practitioner for an adult client must have training working with adults qualified~~
681.3 ~~according to section 245I.04, subdivision 4.~~

681.4 ~~(b) For purposes of this subdivision, a practitioner is qualified through relevant~~
681.5 ~~coursework if the practitioner completes at least 30 semester hours or 45 quarter hours in~~
681.6 ~~behavioral sciences or related fields and:~~

681.7 ~~(1) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
681.8 ~~or children with:~~

681.9 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

681.10 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
681.11 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
681.12 ~~mental illness and substance abuse, and psychotropic medications and side effects;~~

681.13 ~~(2) is fluent in the non-English language of the ethnic group to which at least 50 percent~~
681.14 ~~of the practitioner's clients belong, completes 40 hours of training in the delivery of services~~
681.15 ~~to adults with mental illness or children with emotional disturbance, and receives clinical~~
681.16 ~~supervision from a mental health professional at least once a week until the requirement of~~
681.17 ~~2,000 hours of supervised experience is met;~~

681.18 ~~(3) is working in a day treatment program under section 245.4712, subdivision 2; or~~

681.19 ~~(4) has completed a practicum or internship that (i) requires direct interaction with adults~~
681.20 ~~or children served, and (ii) is focused on behavioral sciences or related fields.~~

681.21 ~~(c) For purposes of this subdivision, a practitioner is qualified through work experience~~
681.22 ~~if the person:~~

681.23 ~~(1) has at least 4,000 hours of supervised experience in the delivery of services to adults~~
681.24 ~~or children with:~~

681.25 ~~(i) mental illness, substance use disorder, or emotional disturbance; or~~

681.26 ~~(ii) traumatic brain injury or developmental disabilities and completes training on mental~~
681.27 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~
681.28 ~~mental illness and substance abuse, and psychotropic medications and side effects; or~~

681.29 ~~(2) has at least 2,000 hours of supervised experience in the delivery of services to adults~~
681.30 ~~or children with:~~

681.31 ~~(i) mental illness, emotional disturbance, or substance use disorder, and receives clinical~~
681.32 ~~supervision as required by applicable statutes and rules from a mental health professional~~
682.1 ~~at least once a week until the requirement of 4,000 hours of supervised experience is met;~~
682.2 ~~or~~

682.3 ~~(ii) traumatic brain injury or developmental disabilities; completes training on mental~~
682.4 ~~illness, recovery from mental illness, mental health de-escalation techniques, co-occurring~~

743.19 mental illness and substance abuse, and psychotropic medications and side effects; and
743.20 receives clinical supervision as required by applicable statutes and rules at least once a week
743.21 from a mental health professional until the requirement of 4,000 hours of supervised
743.22 experience is met.

743.23 (d) For purposes of this subdivision, a practitioner is qualified through a graduate student
743.24 internship if the practitioner is a graduate student in behavioral sciences or related fields
743.25 and is formally assigned by an accredited college or university to an agency or facility for
743.26 clinical training.

743.27 (e) For purposes of this subdivision, a practitioner is qualified by a bachelor's or master's
743.28 degree if the practitioner:

743.29 (1) holds a master's or other graduate degree in behavioral sciences or related fields; or

743.30 (2) holds a bachelor's degree in behavioral sciences or related fields and completes a
743.31 practicum or internship that (i) requires direct interaction with adults or children served,
743.32 and (ii) is focused on behavioral sciences or related fields.

744.1 (f) For purposes of this subdivision, a practitioner is qualified as a vendor of medical
744.2 care if the practitioner meets the definition of vendor of medical care in section 256B.02,
744.3 subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.

744.4 (g) For purposes of medical assistance coverage of diagnostic assessments, explanations
744.5 of findings, and psychotherapy under section 256B.0625, subdivision 65, a mental health
744.6 practitioner working as a clinical trainee means that the practitioner's clinical supervision
744.7 experience is helping the practitioner gain knowledge and skills necessary to practice
744.8 effectively and independently. This may include supervision of direct practice, treatment
744.9 team collaboration, continued professional learning, and job management. The practitioner
744.10 must also:

744.11 (1) comply with requirements for licensure or board certification as a mental health
744.12 professional, according to the qualifications under Minnesota Rules, part 9505.0371, subpart
744.13 5, item A, including supervised practice in the delivery of mental health services for the
744.14 treatment of mental illness; or

744.15 (2) be a student in a bona fide field placement or internship under a program leading to
744.16 completion of the requirements for licensure as a mental health professional according to
744.17 the qualifications under Minnesota Rules, part 9505.0371, subpart 5, item A.

744.18 (h) For purposes of this subdivision, "behavioral sciences or related fields" has the
744.19 meaning given in section 256B.0623, subdivision 5, paragraph (d).

744.20 (i) Notwithstanding the licensing requirements established by a health-related licensing
744.21 board, as defined in section 214.01, subdivision 2, this subdivision supersedes any other
744.22 statute or rule.

682.5 mental illness and substance abuse, and psychotropic medications and side effects; and
682.6 receives clinical supervision as required by applicable statutes and rules at least once a week
682.7 from a mental health professional until the requirement of 4,000 hours of supervised
682.8 experience is met.

682.9 (d) For purposes of this subdivision, a practitioner is qualified through a graduate student
682.10 internship if the practitioner is a graduate student in behavioral sciences or related fields
682.11 and is formally assigned by an accredited college or university to an agency or facility for
682.12 clinical training.

682.13 (e) For purposes of this subdivision, a practitioner is qualified by a bachelor's or master's
682.14 degree if the practitioner:

682.15 (1) holds a master's or other graduate degree in behavioral sciences or related fields; or

682.16 (2) holds a bachelor's degree in behavioral sciences or related fields and completes a
682.17 practicum or internship that (i) requires direct interaction with adults or children served,
682.18 and (ii) is focused on behavioral sciences or related fields.

682.19 (f) For purposes of this subdivision, a practitioner is qualified as a vendor of medical
682.20 care if the practitioner meets the definition of vendor of medical care in section 256B.02,
682.21 subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.

682.22 (g) For purposes of medical assistance coverage of diagnostic assessments, explanations
682.23 of findings, and psychotherapy under section 256B.0625, subdivision 65, a mental health
682.24 practitioner working as a clinical trainee means that the practitioner's clinical supervision
682.25 experience is helping the practitioner gain knowledge and skills necessary to practice
682.26 effectively and independently. This may include supervision of direct practice, treatment
682.27 team collaboration, continued professional learning, and job management. The practitioner
682.28 must also:

682.29 (1) comply with requirements for licensure or board certification as a mental health
682.30 professional, according to the qualifications under Minnesota Rules, part 9505.0371, subpart
682.31 5, item A, including supervised practice in the delivery of mental health services for the
682.32 treatment of mental illness; or

683.1 (2) be a student in a bona fide field placement or internship under a program leading to
683.2 completion of the requirements for licensure as a mental health professional according to
683.3 the qualifications under Minnesota Rules, part 9505.0371, subpart 5, item A.

683.4 (h) For purposes of this subdivision, "behavioral sciences or related fields" has the
683.5 meaning given in section 256B.0623, subdivision 5, paragraph (d).

683.6 (i) Notwithstanding the licensing requirements established by a health-related licensing
683.7 board, as defined in section 214.01, subdivision 2, this subdivision supersedes any other
683.8 statute or rule.

744.23 Sec. 17. Minnesota Statutes 2020, section 245.462, subdivision 18, is amended to read:

744.24 Subd. 18. **Mental health professional.** "Mental health professional" means a staff person

744.25 providing clinical services in the treatment of mental illness who is qualified in at least one

744.26 of the following ways: who is qualified according to section 2451.04, subdivision 2.

744.27 (1) in psychiatric nursing: a registered nurse who is licensed under sections 148.171 to
744.28 148.285; and:

744.29 (i) who is certified as a clinical specialist or as a nurse practitioner in adult or family
744.30 psychiatric and mental health nursing by a national nurse certification organization; or

744.31 (ii) who has a master's degree in nursing or one of the behavioral sciences or related
744.32 fields from an accredited college or university or its equivalent, with at least 4,000 hours
745.1 of post-master's supervised experience in the delivery of clinical services in the treatment
745.2 of mental illness;

745.3 (2) in clinical social work: a person licensed as an independent clinical social worker
745.4 under chapter 148D, or a person with a master's degree in social work from an accredited
745.5 college or university, with at least 4,000 hours of post-master's supervised experience in
745.6 the delivery of clinical services in the treatment of mental illness;

745.7 (3) in psychology: an individual licensed by the Board of Psychology under sections
745.8 148.88 to 148.98 who has stated to the Board of Psychology competencies in the diagnosis
745.9 and treatment of mental illness;

745.10 (4) in psychiatry: a physician licensed under chapter 147 and certified by the American
745.11 Board of Psychiatry and Neurology or eligible for board certification in psychiatry, or an
745.12 osteopathic physician licensed under chapter 147 and certified by the American Osteopathic
745.13 Board of Neurology and Psychiatry or eligible for board certification in psychiatry;

745.14 (5) in marriage and family therapy: the mental health professional must be a marriage
745.15 and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of
745.16 post-master's supervised experience in the delivery of clinical services in the treatment of
745.17 mental illness;

745.18 (6) in licensed professional clinical counseling, the mental health professional shall be
745.19 a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours
745.20 of post-master's supervised experience in the delivery of clinical services in the treatment
745.21 of mental illness; or

745.22 (7) in allied fields: a person with a master's degree from an accredited college or university
745.23 in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's
745.24 supervised experience in the delivery of clinical services in the treatment of mental illness.

683.9 Sec. 17. Minnesota Statutes 2020, section 245.462, subdivision 18, is amended to read:

683.10 Subd. 18. **Mental health professional.** "Mental health professional" means a staff person

683.11 providing clinical services in the treatment of mental illness who is qualified in at least one

683.12 of the following ways: who is qualified according to section 2451.04, subdivision 2.

683.13 (1) in psychiatric nursing: a registered nurse who is licensed under sections 148.171 to
683.14 148.285; and:

683.15 (i) who is certified as a clinical specialist or as a nurse practitioner in adult or family
683.16 psychiatric and mental health nursing by a national nurse certification organization; or

683.17 (ii) who has a master's degree in nursing or one of the behavioral sciences or related
683.18 fields from an accredited college or university or its equivalent, with at least 4,000 hours
683.19 of post-master's supervised experience in the delivery of clinical services in the treatment
683.20 of mental illness;

683.21 (2) in clinical social work: a person licensed as an independent clinical social worker
683.22 under chapter 148D, or a person with a master's degree in social work from an accredited
683.23 college or university, with at least 4,000 hours of post-master's supervised experience in
683.24 the delivery of clinical services in the treatment of mental illness;

683.25 (3) in psychology: an individual licensed by the Board of Psychology under sections
683.26 148.88 to 148.98 who has stated to the Board of Psychology competencies in the diagnosis
683.27 and treatment of mental illness;

683.28 (4) in psychiatry: a physician licensed under chapter 147 and certified by the American
683.29 Board of Psychiatry and Neurology or eligible for board certification in psychiatry, or an
683.30 osteopathic physician licensed under chapter 147 and certified by the American Osteopathic
683.31 Board of Neurology and Psychiatry or eligible for board certification in psychiatry;

684.1 (5) in marriage and family therapy: the mental health professional must be a marriage
684.2 and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of
684.3 post-master's supervised experience in the delivery of clinical services in the treatment of
684.4 mental illness;

684.5 (6) in licensed professional clinical counseling, the mental health professional shall be
684.6 a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours
684.7 of post-master's supervised experience in the delivery of clinical services in the treatment
684.8 of mental illness; or

684.9 (7) in allied fields: a person with a master's degree from an accredited college or university
684.10 in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's
684.11 supervised experience in the delivery of clinical services in the treatment of mental illness.

745.25 Sec. 18. Minnesota Statutes 2020, section 245.462, subdivision 21, is amended to read:

745.26 Subd. 21. **Outpatient services.** "Outpatient services" means mental health services,
745.27 excluding day treatment and community support services programs, provided by or under
745.28 the ~~clinical~~ clinical treatment supervision of a mental health professional to adults with mental
745.29 illness who live outside a hospital. Outpatient services include clinical activities such as
745.30 individual, group, and family therapy; individual treatment planning; diagnostic assessments;
745.31 medication management; and psychological testing.

746.1 Sec. 19. Minnesota Statutes 2020, section 245.462, subdivision 23, is amended to read:

746.2 Subd. 23. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
746.3 under the ~~clinical~~ clinical treatment supervision of a mental health professional, in a community
746.4 residential setting other than an acute care hospital or regional treatment center inpatient
746.5 unit, that must be licensed as a residential treatment program for adults with mental illness
746.6 under chapter 245I, Minnesota Rules, parts 9520.0500 to 9520.0670, or other rules adopted
746.7 by the commissioner.

746.8 Sec. 20. Minnesota Statutes 2020, section 245.462, is amended by adding a subdivision
746.9 to read:

746.10 Subd. 27. **Treatment supervision.** "Treatment supervision" means the treatment
746.11 supervision described by section 245I.06.

746.12 Sec. 21. Minnesota Statutes 2020, section 245.4661, subdivision 5, is amended to read:

746.13 Subd. 5. **Planning for pilot projects.** (a) Each local plan for a pilot project, with the
746.14 exception of the placement of a Minnesota specialty treatment facility as defined in paragraph
746.15 (c), must be developed under the direction of the county board, or multiple county boards
746.16 acting jointly, as the local mental health authority. The planning process for each pilot shall
746.17 include, but not be limited to, mental health consumers, families, advocates, local mental
746.18 health advisory councils, local and state providers, representatives of state and local public
746.19 employee bargaining units, and the department of human services. As part of the planning
746.20 process, the county board or boards shall designate a managing entity responsible for receipt
746.21 of funds and management of the pilot project.

746.22 (b) For Minnesota specialty treatment facilities, the commissioner shall issue a request
746.23 for proposal for regions in which a need has been identified for services.

746.24 (c) For purposes of this section, "Minnesota specialty treatment facility" is defined as
746.25 an intensive residential treatment service licensed under ~~section 256B.0622, subdivision 2,~~
746.26 ~~paragraph (b) chapter 245I.~~

746.27 Sec. 22. Minnesota Statutes 2020, section 245.4662, subdivision 1, is amended to read:

746.28 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
746.29 the meanings given them.

684.12 Sec. 18. Minnesota Statutes 2020, section 245.462, subdivision 21, is amended to read:

684.13 Subd. 21. **Outpatient services.** "Outpatient services" means mental health services,
684.14 excluding day treatment and community support services programs, provided by or under
684.15 the ~~clinical~~ clinical treatment supervision of a mental health professional to adults with mental
684.16 illness who live outside a hospital. Outpatient services include clinical activities such as
684.17 individual, group, and family therapy; individual treatment planning; diagnostic assessments;
684.18 medication management; and psychological testing.

684.19 Sec. 19. Minnesota Statutes 2020, section 245.462, subdivision 23, is amended to read:

684.20 Subd. 23. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
684.21 under the ~~clinical~~ clinical treatment supervision of a mental health professional, in a community
684.22 residential setting other than an acute care hospital or regional treatment center inpatient
684.23 unit, that must be licensed as a residential treatment program for adults with mental illness
684.24 under chapter 245I, Minnesota Rules, parts 9520.0500 to 9520.0670, or other rules adopted
684.25 by the commissioner.

684.26 Sec. 20. Minnesota Statutes 2020, section 245.462, is amended by adding a subdivision
684.27 to read:

684.28 Subd. 27. **Treatment supervision.** "Treatment supervision" means the treatment
684.29 supervision described by section 245I.06.

685.1 Sec. 21. Minnesota Statutes 2020, section 245.4661, subdivision 5, is amended to read:

685.2 Subd. 5. **Planning for pilot projects.** (a) Each local plan for a pilot project, with the
685.3 exception of the placement of a Minnesota specialty treatment facility as defined in paragraph
685.4 (c), must be developed under the direction of the county board, or multiple county boards
685.5 acting jointly, as the local mental health authority. The planning process for each pilot shall
685.6 include, but not be limited to, mental health consumers, families, advocates, local mental
685.7 health advisory councils, local and state providers, representatives of state and local public
685.8 employee bargaining units, and the department of human services. As part of the planning
685.9 process, the county board or boards shall designate a managing entity responsible for receipt
685.10 of funds and management of the pilot project.

685.11 (b) For Minnesota specialty treatment facilities, the commissioner shall issue a request
685.12 for proposal for regions in which a need has been identified for services.

685.13 (c) For purposes of this section, "Minnesota specialty treatment facility" is defined as
685.14 an intensive residential treatment service licensed under ~~section 256B.0622, subdivision 2,~~
685.15 ~~paragraph (b) chapter 245I.~~

685.16 Sec. 22. Minnesota Statutes 2020, section 245.4662, subdivision 1, is amended to read:

685.17 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
685.18 the meanings given them.

746.30 (b) "Community partnership" means a project involving the collaboration of two or more
746.31 eligible applicants.

747.1 (c) "Eligible applicant" means an eligible county, Indian tribe, mental health service
747.2 provider, hospital, or community partnership. Eligible applicant does not include a
747.3 state-operated direct care and treatment facility or program under chapter 246.

747.4 (d) "Intensive residential treatment services" has the meaning given in section 256B.0622;
747.5 subdivision 2.

747.6 (e) "Metropolitan area" means the seven-county metropolitan area, as defined in section
747.7 473.121, subdivision 2.

747.8 Sec. 23. Minnesota Statutes 2020, section 245.467, subdivision 2, is amended to read:

747.9 Subd. 2. **Diagnostic assessment.** ~~All providers of residential, acute care hospital inpatient,
747.10 and regional treatment centers must complete a diagnostic assessment for each of their
747.11 clients within five days of admission. Providers of day treatment services must complete a
747.12 diagnostic assessment within five days after the adult's second visit or within 30 days after
747.13 intake, whichever occurs first. In cases where a diagnostic assessment is available and has
747.14 been completed within three years preceding admission, only an adult diagnostic assessment
747.15 update is necessary. An "adult diagnostic assessment update" means a written summary by
747.16 a mental health professional of the adult's current mental health status and service needs
747.17 and includes a face-to-face interview with the adult. If the adult's mental health status has
747.18 changed markedly since the adult's most recent diagnostic assessment, a new diagnostic
747.19 assessment is required. Compliance with the provisions of this subdivision does not ensure
747.20 eligibility for medical assistance reimbursement under chapter 256B. Providers of services
747.21 governed by this section must complete a diagnostic assessment according to the standards
747.22 of section 245I.10, subdivisions 4 to 6.~~

747.23 Sec. 24. Minnesota Statutes 2020, section 245.467, subdivision 3, is amended to read:

747.24 Subd. 3. **Individual treatment plans.** ~~All providers of outpatient services, day treatment
747.25 services, residential treatment, acute care hospital inpatient treatment, and all regional
747.26 treatment centers must develop an individual treatment plan for each of their adult clients.
747.27 The individual treatment plan must be based on a diagnostic assessment. To the extent
747.28 possible, the adult client shall be involved in all phases of developing and implementing
747.29 the individual treatment plan. Providers of residential treatment and acute care hospital
747.30 inpatient treatment, and all regional treatment centers must develop the individual treatment
747.31 plan within ten days of client intake and must review the individual treatment plan every
747.32 90 days after intake. Providers of day treatment services must develop the individual
747.33 treatment plan before the completion of five working days in which service is provided or
748.1 within 30 days after the diagnostic assessment is completed or obtained, whichever occurs
748.2 first. Providers of outpatient services must develop the individual treatment plan within 30
748.3 days after the diagnostic assessment is completed or obtained or by the end of the second
748.4 session of an outpatient service, not including the session in which the diagnostic assessment~~

685.19 (b) "Community partnership" means a project involving the collaboration of two or more
685.20 eligible applicants.

685.21 (c) "Eligible applicant" means an eligible county, Indian tribe, mental health service
685.22 provider, hospital, or community partnership. Eligible applicant does not include a
685.23 state-operated direct care and treatment facility or program under chapter 246.

685.24 (d) "Intensive residential treatment services" has the meaning given in section 256B.0622;
685.25 subdivision 2.

685.26 (e) "Metropolitan area" means the seven-county metropolitan area, as defined in section
685.27 473.121, subdivision 2.

685.28 Sec. 23. Minnesota Statutes 2020, section 245.467, subdivision 2, is amended to read:

685.29 Subd. 2. **Diagnostic assessment.** ~~All providers of residential, acute care hospital inpatient,
685.30 and regional treatment centers must complete a diagnostic assessment for each of their
685.31 clients within five days of admission. Providers of day treatment services must complete a
686.1 diagnostic assessment within five days after the adult's second visit or within 30 days after
686.2 intake, whichever occurs first. In cases where a diagnostic assessment is available and has
686.3 been completed within three years preceding admission, only an adult diagnostic assessment
686.4 update is necessary. An "adult diagnostic assessment update" means a written summary by
686.5 a mental health professional of the adult's current mental health status and service needs
686.6 and includes a face-to-face interview with the adult. If the adult's mental health status has
686.7 changed markedly since the adult's most recent diagnostic assessment, a new diagnostic
686.8 assessment is required. Compliance with the provisions of this subdivision does not ensure
686.9 eligibility for medical assistance reimbursement under chapter 256B. Providers of services
686.10 governed by this section must complete a diagnostic assessment according to the standards
686.11 of section 245I.10, subdivisions 4 to 6.~~

686.12 Sec. 24. Minnesota Statutes 2020, section 245.467, subdivision 3, is amended to read:

686.13 Subd. 3. **Individual treatment plans.** ~~All providers of outpatient services, day treatment
686.14 services, residential treatment, acute care hospital inpatient treatment, and all regional
686.15 treatment centers must develop an individual treatment plan for each of their adult clients.
686.16 The individual treatment plan must be based on a diagnostic assessment. To the extent
686.17 possible, the adult client shall be involved in all phases of developing and implementing
686.18 the individual treatment plan. Providers of residential treatment and acute care hospital
686.19 inpatient treatment, and all regional treatment centers must develop the individual treatment
686.20 plan within ten days of client intake and must review the individual treatment plan every
686.21 90 days after intake. Providers of day treatment services must develop the individual
686.22 treatment plan before the completion of five working days in which service is provided or
686.23 within 30 days after the diagnostic assessment is completed or obtained, whichever occurs
686.24 first. Providers of outpatient services must develop the individual treatment plan within 30
686.25 days after the diagnostic assessment is completed or obtained or by the end of the second
686.26 session of an outpatient service, not including the session in which the diagnostic assessment~~

748.5 ~~was provided, whichever occurs first. Outpatient and day treatment services providers must~~
748.6 ~~review the individual treatment plan every 90 days after intake. Providers of services~~
748.7 ~~governed by this section must complete an individual treatment plan according to the~~
748.8 ~~standards of section 245I.10, subdivisions 7 and 8.~~

748.9 Sec. 25. Minnesota Statutes 2020, section 245.470, subdivision 1, is amended to read:

748.10 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
748.11 contract for enough outpatient services within the county to meet the needs of adults with
748.12 mental illness residing in the county. Services may be provided directly by the county
748.13 through county-operated ~~mental health centers or~~ mental health clinics ~~approved by the~~
748.14 ~~commissioner under section 245.69, subdivision 2 meeting the standards of chapter 245I;~~
748.15 ~~by contract with privately operated mental health centers or mental health clinics approved~~
748.16 ~~by the commissioner under section 245.69, subdivision 2 meeting the standards of chapter~~
748.17 ~~245I;~~ by contract with hospital mental health outpatient programs certified by the Joint
748.18 Commission on Accreditation of Hospital Organizations; or by contract with a ~~licensed~~
748.19 ~~mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6).~~
748.20 Clients may be required to pay a fee according to section 245.481. Outpatient services
748.21 include:

748.22 (1) conducting diagnostic assessments;

748.23 (2) conducting psychological testing;

748.24 (3) developing or modifying individual treatment plans;

748.25 (4) making referrals and recommending placements as appropriate;

748.26 (5) treating an adult's mental health needs through therapy;

748.27 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
748.28 medication; and

748.29 (7) preventing placement in settings that are more intensive, costly, or restrictive than
748.30 necessary and appropriate to meet client needs.

748.31 (b) County boards may request a waiver allowing outpatient services to be provided in
748.32 a nearby trade area if it is determined that the client can best be served outside the county.

749.1 Sec. 26. Minnesota Statutes 2020, section 245.4712, subdivision 2, is amended to read:

749.2 Subd. 2. **Day treatment services provided.** (a) Day treatment services must be developed
749.3 as a part of the community support services available to adults with serious and persistent
749.4 mental illness residing in the county. Adults may be required to pay a fee according to
749.5 section 245.481. Day treatment services must be designed to:

749.6 (1) provide a structured environment for treatment;

749.7 (2) provide support for residing in the community;

686.27 ~~was provided, whichever occurs first. Outpatient and day treatment services providers must~~
686.28 ~~review the individual treatment plan every 90 days after intake. Providers of services~~
686.29 ~~governed by this section must complete an individual treatment plan according to the~~
686.30 ~~standards of section 245I.10, subdivisions 7 and 8.~~

686.31 Sec. 25. Minnesota Statutes 2020, section 245.470, subdivision 1, is amended to read:

686.32 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
686.33 contract for enough outpatient services within the county to meet the needs of adults with
686.34 mental illness residing in the county. Services may be provided directly by the county
687.1 through county-operated ~~mental health centers or~~ mental health clinics ~~approved by the~~
687.2 ~~commissioner under section 245.69, subdivision 2 meeting the standards of chapter 245I;~~
687.3 ~~by contract with privately operated mental health centers or mental health clinics approved~~
687.4 ~~by the commissioner under section 245.69, subdivision 2 meeting the standards of chapter~~
687.5 ~~245I;~~ by contract with hospital mental health outpatient programs certified by the Joint
687.6 Commission on Accreditation of Hospital Organizations; or by contract with a ~~licensed~~
687.7 ~~mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6).~~
687.8 Clients may be required to pay a fee according to section 245.481. Outpatient services
687.9 include:

687.10 (1) conducting diagnostic assessments;

687.11 (2) conducting psychological testing;

687.12 (3) developing or modifying individual treatment plans;

687.13 (4) making referrals and recommending placements as appropriate;

687.14 (5) treating an adult's mental health needs through therapy;

687.15 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
687.16 medication; and

687.17 (7) preventing placement in settings that are more intensive, costly, or restrictive than
687.18 necessary and appropriate to meet client needs.

687.19 (b) County boards may request a waiver allowing outpatient services to be provided in
687.20 a nearby trade area if it is determined that the client can best be served outside the county.

687.21 Sec. 26. Minnesota Statutes 2020, section 245.4712, subdivision 2, is amended to read:

687.22 Subd. 2. **Day treatment services provided.** (a) Day treatment services must be developed
687.23 as a part of the community support services available to adults with serious and persistent
687.24 mental illness residing in the county. Adults may be required to pay a fee according to
687.25 section 245.481. Day treatment services must be designed to:

687.26 (1) provide a structured environment for treatment;

687.27 (2) provide support for residing in the community;

749.8 (3) prevent placement in settings that are more intensive, costly, or restrictive than
749.9 necessary and appropriate to meet client need;

749.10 (4) coordinate with or be offered in conjunction with a local education agency's special
749.11 education program; and

749.12 (5) operate on a continuous basis throughout the year.

749.13 (b) ~~For purposes of complying with medical assistance requirements, an adult day~~
749.14 ~~treatment program must comply with the method of clinical supervision specified in~~
749.15 ~~Minnesota Rules, part 9505.0371, subpart 4. The clinical supervision must be performed~~
749.16 ~~by a qualified supervisor who satisfies the requirements of Minnesota Rules, part 9505.0371,~~
749.17 ~~subpart 5. An adult day treatment program must comply with medical assistance requirements~~
749.18 ~~in section 256B.0671, subdivision 3.~~

749.19 ~~A day treatment program must demonstrate compliance with this clinical supervision~~
749.20 ~~requirement by the commissioner's review and approval of the program according to~~
749.21 ~~Minnesota Rules, part 9505.0372, subpart 8.~~

749.22 (c) County boards may request a waiver from including day treatment services if they
749.23 can document that:

749.24 (1) an alternative plan of care exists through the county's community support services
749.25 for clients who would otherwise need day treatment services;

749.26 (2) day treatment, if included, would be duplicative of other components of the
749.27 community support services; and

749.28 (3) county demographics and geography make the provision of day treatment services
749.29 cost ineffective and infeasible.

750.1 Sec. 27. Minnesota Statutes 2020, section 245.472, subdivision 2, is amended to read:

750.2 Subd. 2. **Specific requirements.** Providers of residential services must be licensed under
750.3 ~~chapter 245I or applicable rules adopted by the commissioner and must be clinically~~
750.4 ~~supervised by a mental health professional. Persons employed in facilities licensed under~~
750.5 ~~Minnesota Rules, parts 9520.0500 to 9520.0670, in the capacity of program director as of~~
750.6 ~~July 1, 1987, in accordance with Minnesota Rules, parts 9520.0500 to 9520.0670, may be~~
750.7 ~~allowed to continue providing clinical supervision within a facility, provided they continue~~
750.8 ~~to be employed as a program director in a facility licensed under Minnesota Rules, parts~~
750.9 ~~9520.0500 to 9520.0670. Residential services must be provided under treatment supervision.~~

750.10 Sec. 28. Minnesota Statutes 2020, section 245.4863, is amended to read:

750.11 **245.4863 INTEGRATED CO-OCCURRING DISORDER TREATMENT.**

750.12 (a) The commissioner shall require individuals who perform chemical dependency
750.13 assessments to screen clients for co-occurring mental health disorders, and staff who perform
750.14 mental health diagnostic assessments to screen for co-occurring substance use disorders.

687.28 (3) prevent placement in settings that are more intensive, costly, or restrictive than
687.29 necessary and appropriate to meet client need;

687.30 (4) coordinate with or be offered in conjunction with a local education agency's special
687.31 education program; and

688.1 (5) operate on a continuous basis throughout the year.

688.2 (b) ~~For purposes of complying with medical assistance requirements, an adult day~~
688.3 ~~treatment program must comply with the method of clinical supervision specified in~~
688.4 ~~Minnesota Rules, part 9505.0371, subpart 4. The clinical supervision must be performed~~
688.5 ~~by a qualified supervisor who satisfies the requirements of Minnesota Rules, part 9505.0371,~~
688.6 ~~subpart 5. An adult day treatment program must comply with medical assistance requirements~~
688.7 ~~in section 256B.0671, subdivision 3.~~

688.8 ~~A day treatment program must demonstrate compliance with this clinical supervision~~
688.9 ~~requirement by the commissioner's review and approval of the program according to~~
688.10 ~~Minnesota Rules, part 9505.0372, subpart 8.~~

688.11 (c) County boards may request a waiver from including day treatment services if they
688.12 can document that:

688.13 (1) an alternative plan of care exists through the county's community support services
688.14 for clients who would otherwise need day treatment services;

688.15 (2) day treatment, if included, would be duplicative of other components of the
688.16 community support services; and

688.17 (3) county demographics and geography make the provision of day treatment services
688.18 cost ineffective and infeasible.

688.19 Sec. 27. Minnesota Statutes 2020, section 245.472, subdivision 2, is amended to read:

688.20 Subd. 2. **Specific requirements.** Providers of residential services must be licensed under
688.21 ~~chapter 245I or applicable rules adopted by the commissioner and must be clinically~~
688.22 ~~supervised by a mental health professional. Persons employed in facilities licensed under~~
688.23 ~~Minnesota Rules, parts 9520.0500 to 9520.0670, in the capacity of program director as of~~
688.24 ~~July 1, 1987, in accordance with Minnesota Rules, parts 9520.0500 to 9520.0670, may be~~
688.25 ~~allowed to continue providing clinical supervision within a facility, provided they continue~~
688.26 ~~to be employed as a program director in a facility licensed under Minnesota Rules, parts~~
688.27 ~~9520.0500 to 9520.0670. Residential services must be provided under treatment supervision.~~

688.28 Sec. 28. Minnesota Statutes 2020, section 245.4863, is amended to read:

688.29 **245.4863 INTEGRATED CO-OCCURRING DISORDER TREATMENT.**

688.30 (a) The commissioner shall require individuals who perform chemical dependency
688.31 assessments to screen clients for co-occurring mental health disorders, and staff who perform
689.1 mental health diagnostic assessments to screen for co-occurring substance use disorders.

750.15 Screening tools must be approved by the commissioner. If a client screens positive for a
750.16 co-occurring mental health or substance use disorder, the individual performing the screening
750.17 must document what actions will be taken in response to the results and whether further
750.18 assessments must be performed.

750.19 (b) Notwithstanding paragraph (a), screening is not required when:

750.20 (1) the presence of co-occurring disorders was documented for the client in the past 12
750.21 months;

750.22 (2) the client is currently receiving co-occurring disorders treatment;

750.23 (3) the client is being referred for co-occurring disorders treatment; or

750.24 (4) a mental health professional, ~~as defined in Minnesota Rules, part 9505.0370, subpart~~
750.25 ~~18,~~ who is competent to perform diagnostic assessments of co-occurring disorders is
750.26 performing a diagnostic assessment ~~that meets the requirements in Minnesota Rules, part~~
750.27 ~~9533.0090, subpart 5,~~ to identify whether the client may have co-occurring mental health
750.28 and chemical dependency disorders. If an individual is identified to have co-occurring
750.29 mental health and substance use disorders, the assessing mental health professional must
750.30 document what actions will be taken to address the client's co-occurring disorders.

750.31 (c) The commissioner shall adopt rules as necessary to implement this section. The
750.32 commissioner shall ensure that the rules are effective on July 1, 2013, thereby establishing
751.1 a certification process for integrated dual disorder treatment providers and a system through
751.2 which individuals receive integrated dual diagnosis treatment if assessed as having both a
751.3 substance use disorder and either a serious mental illness or emotional disturbance.

751.4 (d) The commissioner shall apply for any federal waivers necessary to secure, to the
751.5 extent allowed by law, federal financial participation for the provision of integrated dual
751.6 diagnosis treatment to persons with co-occurring disorders.

751.7 Sec. 29. Minnesota Statutes 2020, section 245.4871, subdivision 9a, is amended to read:

751.8 Subd. 9a. **Crisis assistance planning.** "Crisis ~~assistance~~ planning" means ~~assistance to~~
751.9 ~~the child, the child's family, and all providers of services to the child to: recognize factors~~
751.10 ~~precipitating a mental health crisis, identify behaviors related to the crisis, and be informed~~
751.11 ~~of available resources to resolve the crisis. Crisis assistance requires the development of a~~
751.12 ~~plan which addresses prevention and intervention strategies to be used in a potential crisis.~~
751.13 ~~Other interventions include: (1) arranging for admission to acute care hospital inpatient~~
751.14 ~~treatment~~ the development of a written plan to assist a child and the child's family in
751.15 preventing and addressing a potential crisis and is distinct from mobile crisis services defined
751.16 in section 256B.0624. The plan must address prevention, deescalation, and intervention
751.17 strategies to be used in a crisis. The plan identifies factors that might precipitate a crisis,
751.18 behaviors or symptoms related to the emergence of a crisis, and the resources available to
751.19 resolve a crisis. The plan must address the following potential needs: (1) acute care; (2)
751.20 crisis placement; (3) community resources for follow-up; and (4) emotional support to the

689.2 Screening tools must be approved by the commissioner. If a client screens positive for a
689.3 co-occurring mental health or substance use disorder, the individual performing the screening
689.4 must document what actions will be taken in response to the results and whether further
689.5 assessments must be performed.

689.6 (b) Notwithstanding paragraph (a), screening is not required when:

689.7 (1) the presence of co-occurring disorders was documented for the client in the past 12
689.8 months;

689.9 (2) the client is currently receiving co-occurring disorders treatment;

689.10 (3) the client is being referred for co-occurring disorders treatment; or

689.11 (4) a mental health professional, ~~as defined in Minnesota Rules, part 9505.0370, subpart~~
689.12 ~~18,~~ who is competent to perform diagnostic assessments of co-occurring disorders is
689.13 performing a diagnostic assessment ~~that meets the requirements in Minnesota Rules, part~~
689.14 ~~9533.0090, subpart 5,~~ to identify whether the client may have co-occurring mental health
689.15 and chemical dependency disorders. If an individual is identified to have co-occurring
689.16 mental health and substance use disorders, the assessing mental health professional must
689.17 document what actions will be taken to address the client's co-occurring disorders.

689.18 (c) The commissioner shall adopt rules as necessary to implement this section. The
689.19 commissioner shall ensure that the rules are effective on July 1, 2013, thereby establishing
689.20 a certification process for integrated dual disorder treatment providers and a system through
689.21 which individuals receive integrated dual diagnosis treatment if assessed as having both a
689.22 substance use disorder and either a serious mental illness or emotional disturbance.

689.23 (d) The commissioner shall apply for any federal waivers necessary to secure, to the
689.24 extent allowed by law, federal financial participation for the provision of integrated dual
689.25 diagnosis treatment to persons with co-occurring disorders.

689.26 Sec. 29. Minnesota Statutes 2020, section 245.4871, subdivision 9a, is amended to read:

689.27 Subd. 9a. **Crisis assistance planning.** "Crisis ~~assistance~~ planning" means ~~assistance to~~
689.28 ~~the child, the child's family, and all providers of services to the child to: recognize factors~~
689.29 ~~precipitating a mental health crisis, identify behaviors related to the crisis, and be informed~~
689.30 ~~of available resources to resolve the crisis. Crisis assistance requires the development of a~~
689.31 ~~plan which addresses prevention and intervention strategies to be used in a potential crisis.~~
689.32 ~~Other interventions include: (1) arranging for admission to acute care hospital inpatient~~
689.33 ~~treatment~~ the development of a written plan to assist a child and the child's family in
690.1 preventing and addressing a potential crisis and is distinct from mobile crisis services defined
690.2 in section 256B.0624. The plan must address prevention, deescalation, and intervention
690.3 strategies to be used in a crisis. The plan identifies factors that might precipitate a crisis,
690.4 behaviors or symptoms related to the emergence of a crisis, and the resources available to
690.5 resolve a crisis. The plan must address the following potential needs: (1) acute care; (2)
690.6 crisis placement; (3) community resources for follow-up; and (4) emotional support to the

751.21 family during crisis. When appropriate for the child's needs, the plan must include strategies
751.22 to reduce the child's risk of suicide and self-injurious behavior. Crisis ~~assistance~~ planning
751.23 does not include services designed to secure the safety of a child who is at risk of abuse or
751.24 neglect or necessary emergency services.

751.25 Sec. 30. Minnesota Statutes 2020, section 245.4871, subdivision 10, is amended to read:

751.26 Subd. 10. **Day treatment services.** "Day treatment," "day treatment services," or "day
751.27 treatment program" means a structured program of treatment and care provided to a child
751.28 in:

751.29 (1) an outpatient hospital accredited by the Joint Commission on Accreditation of Health
751.30 Organizations and licensed under sections 144.50 to 144.55;

751.31 (2) a community mental health center under section 245.62;

752.1 (3) an entity that is under contract with the county board to operate a program that meets
752.2 the requirements of section 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170
752.3 to 9505.0475; ~~or~~

752.4 (4) an entity that operates a program that meets the requirements of section 245.4884,
752.5 subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475, that is under contract
752.6 with an entity that is under contract with a county board; or

752.7 (5) a program certified under section 256B.0943.

752.8 Day treatment consists of group psychotherapy and other intensive therapeutic services
752.9 that are provided for a minimum two-hour time block by a multidisciplinary staff under the
752.10 ~~clinical~~ treatment supervision of a mental health professional. Day treatment may include
752.11 education and consultation provided to families and other individuals as an extension of the
752.12 treatment process. The services are aimed at stabilizing the child's mental health status, and
752.13 developing and improving the child's daily independent living and socialization skills. Day
752.14 treatment services are distinguished from day care by their structured therapeutic program
752.15 of psychotherapy services. Day treatment services are not a part of inpatient hospital or
752.16 residential treatment services.

752.17 A day treatment service must be available to a child up to 15 hours a week throughout
752.18 the year and must be coordinated with, integrated with, or part of an education program
752.19 offered by the child's school.

752.20 Sec. 31. Minnesota Statutes 2020, section 245.4871, subdivision 11a, is amended to read:

752.21 Subd. 11a. **Diagnostic assessment.** ~~(a)~~ "Diagnostic assessment" has the meaning given
752.22 in Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota
752.23 Rules, part 9505.0372, subpart 1, items A, B, C, and E. ~~Diagnostic assessment includes a~~
752.24 ~~standard, extended, or brief diagnostic assessment, or an adult update~~ section 245I.10,
752.25 subdivisions 4 to 6.

690.7 family during crisis. When appropriate for the child's needs, the plan must include strategies
690.8 to reduce the child's risk of suicide and self-injurious behavior. Crisis ~~assistance~~ planning
690.9 does not include services designed to secure the safety of a child who is at risk of abuse or
690.10 neglect or necessary emergency services.

690.11 Sec. 30. Minnesota Statutes 2020, section 245.4871, subdivision 10, is amended to read:

690.12 Subd. 10. **Day treatment services.** "Day treatment," "day treatment services," or "day
690.13 treatment program" means a structured program of treatment and care provided to a child
690.14 in:

690.15 (1) an outpatient hospital accredited by the Joint Commission on Accreditation of Health
690.16 Organizations and licensed under sections 144.50 to 144.55;

690.17 (2) a community mental health center under section 245.62;

690.18 (3) an entity that is under contract with the county board to operate a program that meets
690.19 the requirements of section 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170
690.20 to 9505.0475; ~~or~~

690.21 (4) an entity that operates a program that meets the requirements of section 245.4884,
690.22 subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475, that is under contract
690.23 with an entity that is under contract with a county board; or

690.24 (5) a program certified under section 256B.0943.

690.25 Day treatment consists of group psychotherapy and other intensive therapeutic services
690.26 that are provided for a minimum two-hour time block by a multidisciplinary staff under the
690.27 ~~clinical~~ treatment supervision of a mental health professional. Day treatment may include
690.28 education and consultation provided to families and other individuals as an extension of the
690.29 treatment process. The services are aimed at stabilizing the child's mental health status, and
690.30 developing and improving the child's daily independent living and socialization skills. Day
690.31 treatment services are distinguished from day care by their structured therapeutic program
690.32 of psychotherapy services. Day treatment services are not a part of inpatient hospital or
690.33 residential treatment services.

691.1 A day treatment service must be available to a child up to 15 hours a week throughout
691.2 the year and must be coordinated with, integrated with, or part of an education program
691.3 offered by the child's school.

691.4 Sec. 31. Minnesota Statutes 2020, section 245.4871, subdivision 11a, is amended to read:

691.5 Subd. 11a. **Diagnostic assessment.** ~~(a)~~ "Diagnostic assessment" has the meaning given
691.6 in Minnesota Rules, part 9505.0370, subpart 11, and is delivered as provided in Minnesota
691.7 Rules, part 9505.0372, subpart 1, items A, B, C, and E. ~~Diagnostic assessment includes a~~
691.8 ~~standard, extended, or brief diagnostic assessment, or an adult update~~ section 245I.10,
691.9 subdivisions 4 to 6.

752.26 (b) A brief diagnostic assessment must include a face-to-face interview with the client
752.27 and a written evaluation of the client by a mental health professional or a clinical trainee,
752.28 as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or
752.29 clinical trainee must gather initial components of a standard diagnostic assessment, including
752.30 the client's:

752.31 (1) age;

752.32 (2) description of symptoms, including reason for referral;

753.1 (3) history of mental health treatment;

753.2 (4) cultural influences and their impact on the client; and

753.3 (5) mental status examination.

753.4 (e) On the basis of the brief components, the professional or clinical trainee must draw
753.5 a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's
753.6 immediate needs or presenting problem.

753.7 (d) Treatment sessions conducted under authorization of a brief assessment may be used
753.8 to gather additional information necessary to complete a standard diagnostic assessment or
753.9 an extended diagnostic assessment.

753.10 (e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),
753.11 unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible
753.12 for psychological testing as part of the diagnostic process.

753.13 (f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),
753.14 unit (c), prior to completion of a client's initial diagnostic assessment, but in conjunction
753.15 with the diagnostic assessment process, a client is eligible for up to three individual or family
753.16 psychotherapy sessions or family psychoeducation sessions or a combination of the above
753.17 sessions not to exceed three sessions.

753.18 Sec. 32. Minnesota Statutes 2020, section 245.4871, subdivision 17, is amended to read:

753.19 Subd. 17. **Family community support services.** "Family community support services"
753.20 means services provided under the clinical treatment supervision of a mental health
753.21 professional and designed to help each child with severe emotional disturbance to function
753.22 and remain with the child's family in the community. Family community support services
753.23 do not include acute care hospital inpatient treatment, residential treatment services, or
753.24 regional treatment center services. Family community support services include:

753.25 (1) client outreach to each child with severe emotional disturbance and the child's family;

753.26 (2) medication monitoring where necessary;

753.27 (3) assistance in developing independent living skills;

691.10 (b) A brief diagnostic assessment must include a face-to-face interview with the client
691.11 and a written evaluation of the client by a mental health professional or a clinical trainee,
691.12 as provided in Minnesota Rules, part 9505.0371, subpart 5, item C. The professional or
691.13 clinical trainee must gather initial components of a standard diagnostic assessment, including
691.14 the client's:

691.15 (1) age;

691.16 (2) description of symptoms, including reason for referral;

691.17 (3) history of mental health treatment;

691.18 (4) cultural influences and their impact on the client; and

691.19 (5) mental status examination.

691.20 (e) On the basis of the brief components, the professional or clinical trainee must draw
691.21 a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's
691.22 immediate needs or presenting problem.

691.23 (d) Treatment sessions conducted under authorization of a brief assessment may be used
691.24 to gather additional information necessary to complete a standard diagnostic assessment or
691.25 an extended diagnostic assessment.

691.26 (e) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),
691.27 unit (b), prior to completion of a client's initial diagnostic assessment, a client is eligible
691.28 for psychological testing as part of the diagnostic process.

691.29 (f) Notwithstanding Minnesota Rules, part 9505.0371, subpart 2, item A, subitem (1),
691.30 unit (c), prior to completion of a client's initial diagnostic assessment, but in conjunction
691.31 with the diagnostic assessment process, a client is eligible for up to three individual or family
692.1 psychotherapy sessions or family psychoeducation sessions or a combination of the above
692.2 sessions not to exceed three sessions.

692.3 Sec. 32. Minnesota Statutes 2020, section 245.4871, subdivision 17, is amended to read:

692.4 Subd. 17. **Family community support services.** "Family community support services"
692.5 means services provided under the clinical treatment supervision of a mental health
692.6 professional and designed to help each child with severe emotional disturbance to function
692.7 and remain with the child's family in the community. Family community support services
692.8 do not include acute care hospital inpatient treatment, residential treatment services, or
692.9 regional treatment center services. Family community support services include:

692.10 (1) client outreach to each child with severe emotional disturbance and the child's family;

692.11 (2) medication monitoring where necessary;

692.12 (3) assistance in developing independent living skills;

753.28 (4) assistance in developing parenting skills necessary to address the needs of the child
753.29 with severe emotional disturbance;

753.30 (5) assistance with leisure and recreational activities;

753.31 (6) crisis ~~assistance~~ planning, including crisis placement and respite care;

754.1 (7) professional home-based family treatment;

754.2 (8) foster care with therapeutic supports;

754.3 (9) day treatment;

754.4 (10) assistance in locating respite care and special needs day care; and

754.5 (11) assistance in obtaining potential financial resources, including those benefits listed
754.6 in section 245.4884, subdivision 5.

754.7 Sec. 33. Minnesota Statutes 2020, section 245.4871, subdivision 21, is amended to read:

754.8 Subd. 21. **Individual treatment plan.** "Individual treatment plan" means ~~a written plan~~
754.9 ~~of intervention, treatment, and services for a child with an emotional disturbance that is~~
754.10 ~~developed by a service provider under the clinical supervision of a mental health professional~~
754.11 ~~on the basis of a diagnostic assessment. An individual treatment plan for a child must be~~
754.12 ~~developed in conjunction with the family unless clinically inappropriate. The plan identifies~~
754.13 ~~goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment~~
754.14 ~~goals and objectives, and the individuals responsible for providing treatment to the child~~
754.15 ~~with an emotional disturbance the formulation of planned services that are responsive to~~
754.16 ~~the needs and goals of a client. An individual treatment plan must be completed according~~
754.17 ~~to section 245I.10, subdivisions 7 and 8.~~

754.18 Sec. 34. Minnesota Statutes 2020, section 245.4871, subdivision 26, is amended to read:

754.19 Subd. 26. **Mental health practitioner.** "Mental health practitioner" ~~has the meaning~~
754.20 ~~given in section 245.462, subdivision 17~~ means a staff person who is qualified according
754.21 to section 245I.04, subdivision 4.

754.22 Sec. 35. Minnesota Statutes 2020, section 245.4871, subdivision 27, is amended to read:

754.23 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person
754.24 ~~providing clinical services in the diagnosis and treatment of children's emotional disorders.~~
754.25 ~~A mental health professional must have training and experience in working with children~~
754.26 ~~consistent with the age group to which the mental health professional is assigned. A mental~~
754.27 ~~health professional must be qualified in at least one of the following ways: who is qualified~~
754.28 ~~according to section 245I.04, subdivision 2.~~

754.29 (1) in psychiatric nursing, the mental health professional must be a registered nurse who
754.30 is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in
754.31 child and adolescent psychiatric or mental health nursing by a national nurse certification

692.13 (4) assistance in developing parenting skills necessary to address the needs of the child
692.14 with severe emotional disturbance;

692.15 (5) assistance with leisure and recreational activities;

692.16 (6) crisis ~~assistance~~ planning, including crisis placement and respite care;

692.17 (7) professional home-based family treatment;

692.18 (8) foster care with therapeutic supports;

692.19 (9) day treatment;

692.20 (10) assistance in locating respite care and special needs day care; and

692.21 (11) assistance in obtaining potential financial resources, including those benefits listed
692.22 in section 245.4884, subdivision 5.

692.23 Sec. 33. Minnesota Statutes 2020, section 245.4871, subdivision 21, is amended to read:

692.24 Subd. 21. **Individual treatment plan.** "Individual treatment plan" means ~~a written plan~~
692.25 ~~of intervention, treatment, and services for a child with an emotional disturbance that is~~
692.26 ~~developed by a service provider under the clinical supervision of a mental health professional~~
692.27 ~~on the basis of a diagnostic assessment. An individual treatment plan for a child must be~~
692.28 ~~developed in conjunction with the family unless clinically inappropriate. The plan identifies~~
692.29 ~~goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment~~
692.30 ~~goals and objectives, and the individuals responsible for providing treatment to the child~~
693.1 ~~with an emotional disturbance the formulation of planned services that are responsive to~~
693.2 ~~the needs and goals of a client. An individual treatment plan must be completed according~~
693.3 ~~to section 245I.10, subdivisions 7 and 8.~~

693.4 Sec. 34. Minnesota Statutes 2020, section 245.4871, subdivision 26, is amended to read:

693.5 Subd. 26. **Mental health practitioner.** "Mental health practitioner" ~~has the meaning~~
693.6 ~~given in section 245.462, subdivision 17~~ means a staff person who is qualified according
693.7 to section 245I.04, subdivision 4.

693.8 Sec. 35. Minnesota Statutes 2020, section 245.4871, subdivision 27, is amended to read:

693.9 Subd. 27. **Mental health professional.** "Mental health professional" means a staff person
693.10 ~~providing clinical services in the diagnosis and treatment of children's emotional disorders.~~
693.11 ~~A mental health professional must have training and experience in working with children~~
693.12 ~~consistent with the age group to which the mental health professional is assigned. A mental~~
693.13 ~~health professional must be qualified in at least one of the following ways: who is qualified~~
693.14 ~~according to section 245I.04, subdivision 2.~~

693.15 (1) in psychiatric nursing, the mental health professional must be a registered nurse who
693.16 is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in
693.17 child and adolescent psychiatric or mental health nursing by a national nurse certification

755.1 organization or who has a master's degree in nursing or one of the behavioral sciences or
755.2 related fields from an accredited college or university or its equivalent, with at least 4,000
755.3 hours of post-master's supervised experience in the delivery of clinical services in the
755.4 treatment of mental illness;

755.5 (2) in clinical social work, the mental health professional must be a person licensed as
755.6 an independent clinical social worker under chapter 148D, or a person with a master's degree
755.7 in social work from an accredited college or university, with at least 4,000 hours of
755.8 post-master's supervised experience in the delivery of clinical services in the treatment of
755.9 mental disorders;

755.10 (3) in psychology, the mental health professional must be an individual licensed by the
755.11 board of psychology under sections 148.88 to 148.98 who has stated to the board of
755.12 psychology competencies in the diagnosis and treatment of mental disorders;

755.13 (4) in psychiatry, the mental health professional must be a physician licensed under
755.14 chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible
755.15 for board certification in psychiatry or an osteopathic physician licensed under chapter 147
755.16 and certified by the American Osteopathic Board of Neurology and Psychiatry or eligible
755.17 for board certification in psychiatry;

755.18 (5) in marriage and family therapy, the mental health professional must be a marriage
755.19 and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of
755.20 post-master's supervised experience in the delivery of clinical services in the treatment of
755.21 mental disorders or emotional disturbances;

755.22 (6) in licensed professional clinical counseling, the mental health professional shall be
755.23 a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours
755.24 of post-master's supervised experience in the delivery of clinical services in the treatment
755.25 of mental disorders or emotional disturbances; or

755.26 (7) in allied fields, the mental health professional must be a person with a master's degree
755.27 from an accredited college or university in one of the behavioral sciences or related fields,
755.28 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical
755.29 services in the treatment of emotional disturbances.

755.30 Sec. 36. Minnesota Statutes 2020, section 245.4871, subdivision 29, is amended to read:

755.31 Subd. 29. **Outpatient services.** "Outpatient services" means mental health services,
755.32 excluding day treatment and community support services programs, provided by or under
755.33 the clinical treatment supervision of a mental health professional to children with emotional
756.1 disturbances who live outside a hospital. Outpatient services include clinical activities such
756.2 as individual, group, and family therapy; individual treatment planning; diagnostic
756.3 assessments; medication management; and psychological testing.

693.18 organization or who has a master's degree in nursing or one of the behavioral sciences or
693.19 related fields from an accredited college or university or its equivalent, with at least 4,000
693.20 hours of post-master's supervised experience in the delivery of clinical services in the
693.21 treatment of mental illness;

693.22 (2) in clinical social work, the mental health professional must be a person licensed as
693.23 an independent clinical social worker under chapter 148D, or a person with a master's degree
693.24 in social work from an accredited college or university, with at least 4,000 hours of
693.25 post-master's supervised experience in the delivery of clinical services in the treatment of
693.26 mental disorders;

693.27 (3) in psychology, the mental health professional must be an individual licensed by the
693.28 board of psychology under sections 148.88 to 148.98 who has stated to the board of
693.29 psychology competencies in the diagnosis and treatment of mental disorders;

693.30 (4) in psychiatry, the mental health professional must be a physician licensed under
693.31 chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible
693.32 for board certification in psychiatry or an osteopathic physician licensed under chapter 147
694.1 and certified by the American Osteopathic Board of Neurology and Psychiatry or eligible
694.2 for board certification in psychiatry;

694.3 (5) in marriage and family therapy, the mental health professional must be a marriage
694.4 and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of
694.5 post-master's supervised experience in the delivery of clinical services in the treatment of
694.6 mental disorders or emotional disturbances;

694.7 (6) in licensed professional clinical counseling, the mental health professional shall be
694.8 a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours
694.9 of post-master's supervised experience in the delivery of clinical services in the treatment
694.10 of mental disorders or emotional disturbances; or

694.11 (7) in allied fields, the mental health professional must be a person with a master's degree
694.12 from an accredited college or university in one of the behavioral sciences or related fields,
694.13 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical
694.14 services in the treatment of emotional disturbances.

694.15 Sec. 36. Minnesota Statutes 2020, section 245.4871, subdivision 29, is amended to read:

694.16 Subd. 29. **Outpatient services.** "Outpatient services" means mental health services,
694.17 excluding day treatment and community support services programs, provided by or under
694.18 the clinical treatment supervision of a mental health professional to children with emotional
694.19 disturbances who live outside a hospital. Outpatient services include clinical activities such
694.20 as individual, group, and family therapy; individual treatment planning; diagnostic
694.21 assessments; medication management; and psychological testing.

756.4 Sec. 37. Minnesota Statutes 2020, section 245.4871, subdivision 31, is amended to read:

756.5 Subd. 31. **Professional home-based family treatment.** "Professional home-based family
756.6 treatment" means intensive mental health services provided to children because of an
756.7 emotional disturbance (1) who are at risk of out-of-home placement; (2) who are in
756.8 out-of-home placement; or (3) who are returning from out-of-home placement. Services
756.9 are provided to the child and the child's family primarily in the child's home environment.
756.10 Services may also be provided in the child's school, child care setting, or other community
756.11 setting appropriate to the child. Services must be provided on an individual family basis,
756.12 must be child-oriented and family-oriented, and must be designed using information from
756.13 diagnostic and functional assessments to meet the specific mental health needs of the child
756.14 and the child's family. Examples of services are: (1) individual therapy; (2) family therapy;
756.15 (3) client outreach; (4) assistance in developing individual living skills; (5) assistance in
756.16 developing parenting skills necessary to address the needs of the child; (6) assistance with
756.17 leisure and recreational services; (7) crisis ~~assistance~~ planning, including crisis respite care
756.18 and arranging for crisis placement; and (8) assistance in locating respite and child care.
756.19 Services must be coordinated with other services provided to the child and family.

756.20 Sec. 38. Minnesota Statutes 2020, section 245.4871, subdivision 32, is amended to read:

756.21 Subd. 32. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
756.22 under the ~~clinical~~ clinical ~~treatment~~ supervision of a mental health professional, in a community
756.23 residential setting other than an acute care hospital or regional treatment center inpatient
756.24 unit, that must be licensed as a residential treatment program for children with emotional
756.25 disturbances under Minnesota Rules, parts 2960.0580 to 2960.0700, or other rules adopted
756.26 by the commissioner.

756.27 Sec. 39. Minnesota Statutes 2020, section 245.4871, subdivision 34, is amended to read:

756.28 Subd. 34. **Therapeutic support of foster care.** "Therapeutic support of foster care"
756.29 means the mental health training and mental health support services and ~~clinical~~ clinical ~~treatment~~
756.30 supervision provided by a mental health professional to foster families caring for children
756.31 with severe emotional disturbance to provide a therapeutic family environment and support
756.32 for the child's improved functioning. Therapeutic support of foster care includes services
756.33 provided under section 256B.0946.

757.1 Sec. 40. Minnesota Statutes 2020, section 245.4871, is amended by adding a subdivision
757.2 to read:

757.3 Subd. 36. **Treatment supervision.** "Treatment supervision" means the treatment
757.4 supervision described by section 245I.06.

757.5 Sec. 41. Minnesota Statutes 2020, section 245.4876, subdivision 2, is amended to read:

757.6 Subd. 2. **Diagnostic assessment.** ~~All residential treatment facilities and acute care~~
757.7 ~~hospital inpatient treatment facilities that provide mental health services for children must~~
757.8 ~~complete a diagnostic assessment for each of their child clients within five working days~~

694.22 Sec. 37. Minnesota Statutes 2020, section 245.4871, subdivision 31, is amended to read:

694.23 Subd. 31. **Professional home-based family treatment.** "Professional home-based family
694.24 treatment" means intensive mental health services provided to children because of an
694.25 emotional disturbance (1) who are at risk of out-of-home placement; (2) who are in
694.26 out-of-home placement; or (3) who are returning from out-of-home placement. Services
694.27 are provided to the child and the child's family primarily in the child's home environment.
694.28 Services may also be provided in the child's school, child care setting, or other community
694.29 setting appropriate to the child. Services must be provided on an individual family basis,
694.30 must be child-oriented and family-oriented, and must be designed using information from
694.31 diagnostic and functional assessments to meet the specific mental health needs of the child
694.32 and the child's family. Examples of services are: (1) individual therapy; (2) family therapy;
694.33 (3) client outreach; (4) assistance in developing individual living skills; (5) assistance in
695.1 developing parenting skills necessary to address the needs of the child; (6) assistance with
695.2 leisure and recreational services; (7) crisis ~~assistance~~ planning, including crisis respite care
695.3 and arranging for crisis placement; and (8) assistance in locating respite and child care.
695.4 Services must be coordinated with other services provided to the child and family.

695.5 Sec. 38. Minnesota Statutes 2020, section 245.4871, subdivision 32, is amended to read:

695.6 Subd. 32. **Residential treatment.** "Residential treatment" means a 24-hour-a-day program
695.7 under the ~~clinical~~ clinical ~~treatment~~ supervision of a mental health professional, in a community
695.8 residential setting other than an acute care hospital or regional treatment center inpatient
695.9 unit, that must be licensed as a residential treatment program for children with emotional
695.10 disturbances under Minnesota Rules, parts 2960.0580 to 2960.0700, or other rules adopted
695.11 by the commissioner.

695.12 Sec. 39. Minnesota Statutes 2020, section 245.4871, subdivision 34, is amended to read:

695.13 Subd. 34. **Therapeutic support of foster care.** "Therapeutic support of foster care"
695.14 means the mental health training and mental health support services and ~~clinical~~ clinical ~~treatment~~
695.15 supervision provided by a mental health professional to foster families caring for children
695.16 with severe emotional disturbance to provide a therapeutic family environment and support
695.17 for the child's improved functioning. Therapeutic support of foster care includes services
695.18 provided under section 256B.0946.

695.19 Sec. 40. Minnesota Statutes 2020, section 245.4871, is amended by adding a subdivision
695.20 to read:

695.21 Subd. 36. **Treatment supervision.** "Treatment supervision" means the treatment
695.22 supervision described by section 245I.06.

695.23 Sec. 41. Minnesota Statutes 2020, section 245.4876, subdivision 2, is amended to read:

695.24 Subd. 2. **Diagnostic assessment.** ~~All residential treatment facilities and acute care~~
695.25 ~~hospital inpatient treatment facilities that provide mental health services for children must~~
695.26 ~~complete a diagnostic assessment for each of their child clients within five working days~~

757.9 of admission. Providers of day treatment services for children must complete a diagnostic
757.10 assessment within five days after the child's second visit or 30 days after intake, whichever
757.11 occurs first. In cases where a diagnostic assessment is available and has been completed
757.12 within 180 days preceding admission, only updating is necessary. "Updating" means a
757.13 written summary by a mental health professional of the child's current mental health status
757.14 and service needs. If the child's mental health status has changed markedly since the child's
757.15 most recent diagnostic assessment, a new diagnostic assessment is required. Compliance
757.16 with the provisions of this subdivision does not ensure eligibility for medical assistance
757.17 reimbursement under chapter 256B. Providers of services governed by this section shall
757.18 complete a diagnostic assessment according to the standards of section 245I.10, subdivisions
757.19 4 to 6.

757.20 Sec. 42. Minnesota Statutes 2020, section 245.4876, subdivision 3, is amended to read:

757.21 Subd. 3. **Individual treatment plans.** All providers of outpatient services, day treatment
757.22 services, professional home-based family treatment, residential treatment, and acute care
757.23 hospital inpatient treatment, and all regional treatment centers that provide mental health
757.24 services for children must develop an individual treatment plan for each child client. The
757.25 individual treatment plan must be based on a diagnostic assessment. To the extent appropriate,
757.26 the child and the child's family shall be involved in all phases of developing and
757.27 implementing the individual treatment plan. Providers of residential treatment, professional
757.28 home-based family treatment, and acute care hospital inpatient treatment, and regional
757.29 treatment centers must develop the individual treatment plan within ten working days of
757.30 client intake or admission and must review the individual treatment plan every 90 days after
757.31 intake, except that the administrative review of the treatment plan of a child placed in a
757.32 residential facility shall be as specified in sections 260C.203 and 260C.212, subdivision 9.
757.33 Providers of day treatment services must develop the individual treatment plan before the
758.1 completion of five working days in which service is provided or within 30 days after the
758.2 diagnostic assessment is completed or obtained, whichever occurs first. Providers of
758.3 outpatient services must develop the individual treatment plan within 30 days after the
758.4 diagnostic assessment is completed or obtained or by the end of the second session of an
758.5 outpatient service, not including the session in which the diagnostic assessment was provided,
758.6 whichever occurs first. Providers of outpatient and day treatment services must review the
758.7 individual treatment plan every 90 days after intake. Providers of services governed by this
758.8 section shall complete an individual treatment plan according to the standards of section
758.9 245I.10, subdivisions 7 and 8.

758.10 Sec. 43. Minnesota Statutes 2020, section 245.488, subdivision 1, is amended to read:

758.11 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
758.12 contract for enough outpatient services within the county to meet the needs of each child
758.13 with emotional disturbance residing in the county and the child's family. Services may be
758.14 provided directly by the county through county-operated ~~mental health centers or mental~~
758.15 ~~health clinics approved by the commissioner under section 245.69, subdivision 2 meeting~~
758.16 ~~the standards of chapter 245I; by contract with privately operated mental health centers or~~

695.27 of admission. Providers of day treatment services for children must complete a diagnostic
695.28 assessment within five days after the child's second visit or 30 days after intake, whichever
695.29 occurs first. In cases where a diagnostic assessment is available and has been completed
695.30 within 180 days preceding admission, only updating is necessary. "Updating" means a
695.31 written summary by a mental health professional of the child's current mental health status
696.1 and service needs. If the child's mental health status has changed markedly since the child's
696.2 most recent diagnostic assessment, a new diagnostic assessment is required. Compliance
696.3 with the provisions of this subdivision does not ensure eligibility for medical assistance
696.4 reimbursement under chapter 256B. Providers of services governed by this section shall
696.5 complete a diagnostic assessment according to the standards of section 245I.10, subdivisions
696.6 4 to 6.

696.7 Sec. 42. Minnesota Statutes 2020, section 245.4876, subdivision 3, is amended to read:

696.8 Subd. 3. **Individual treatment plans.** All providers of outpatient services, day treatment
696.9 services, professional home-based family treatment, residential treatment, and acute care
696.10 hospital inpatient treatment, and all regional treatment centers that provide mental health
696.11 services for children must develop an individual treatment plan for each child client. The
696.12 individual treatment plan must be based on a diagnostic assessment. To the extent appropriate,
696.13 the child and the child's family shall be involved in all phases of developing and
696.14 implementing the individual treatment plan. Providers of residential treatment, professional
696.15 home-based family treatment, and acute care hospital inpatient treatment, and regional
696.16 treatment centers must develop the individual treatment plan within ten working days of
696.17 client intake or admission and must review the individual treatment plan every 90 days after
696.18 intake, except that the administrative review of the treatment plan of a child placed in a
696.19 residential facility shall be as specified in sections 260C.203 and 260C.212, subdivision 9.
696.20 Providers of day treatment services must develop the individual treatment plan before the
696.21 completion of five working days in which service is provided or within 30 days after the
696.22 diagnostic assessment is completed or obtained, whichever occurs first. Providers of
696.23 outpatient services must develop the individual treatment plan within 30 days after the
696.24 diagnostic assessment is completed or obtained or by the end of the second session of an
696.25 outpatient service, not including the session in which the diagnostic assessment was provided,
696.26 whichever occurs first. Providers of outpatient and day treatment services must review the
696.27 individual treatment plan every 90 days after intake. Providers of services governed by this
696.28 section shall complete an individual treatment plan according to the standards of section
696.29 245I.10, subdivisions 7 and 8.

696.30 Sec. 43. Minnesota Statutes 2020, section 245.488, subdivision 1, is amended to read:

696.31 Subdivision 1. **Availability of outpatient services.** (a) County boards must provide or
696.32 contract for enough outpatient services within the county to meet the needs of each child
696.33 with emotional disturbance residing in the county and the child's family. Services may be
696.34 provided directly by the county through county-operated ~~mental health centers or mental~~
697.1 ~~health clinics approved by the commissioner under section 245.69, subdivision 2 meeting~~
697.2 ~~the standards of chapter 245I; by contract with privately operated mental health centers or~~

758.17 mental health clinics approved by the commissioner under section 245.69, subdivision 2,
758.18 meeting the standards of chapter 245I; by contract with hospital mental health outpatient
758.19 programs certified by the Joint Commission on Accreditation of Hospital Organizations;
758.20 or by contract with a licensed mental health professional as defined in section 245.4871,
758.21 subdivision 27, clauses (1) to (6). A child or a child's parent may be required to pay a fee
758.22 based in accordance with section 245.481. Outpatient services include:

- 758.23 (1) conducting diagnostic assessments;
- 758.24 (2) conducting psychological testing;
- 758.25 (3) developing or modifying individual treatment plans;
- 758.26 (4) making referrals and recommending placements as appropriate;
- 758.27 (5) treating the child's mental health needs through therapy; and
- 758.28 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
758.29 medication.

758.30 (b) County boards may request a waiver allowing outpatient services to be provided in
758.31 a nearby trade area if it is determined that the child requires necessary and appropriate
758.32 services that are only available outside the county.

759.1 (c) Outpatient services offered by the county board to prevent placement must be at the
759.2 level of treatment appropriate to the child's diagnostic assessment.

759.3 Sec. 44. Minnesota Statutes 2020, section 245.4901, subdivision 2, is amended to read:

759.4 Subd. 2. **Eligible applicants.** An eligible applicant for school-linked mental health grants
759.5 is an entity that is:

759.6 (1) a mental health clinic certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~
759.7 section 245I.20;

759.8 (2) a community mental health center under section 256B.0625, subdivision 5;

759.9 (3) an Indian health service facility or a facility owned and operated by a tribe or tribal
759.10 organization operating under United States Code, title 25, section 5321;

759.11 (4) a provider of children's therapeutic services and supports as defined in section
759.12 256B.0943; or

759.13 (5) enrolled in medical assistance as a mental health or substance use disorder provider
759.14 agency and employs at least two full-time equivalent mental health professionals qualified
759.15 according to section ~~245I.16~~ 245I.04, subdivision 2, or two alcohol and drug counselors
759.16 licensed or exempt from licensure under chapter 148F who are qualified to provide clinical
759.17 services to children and families.

697.3 mental health clinics approved by the commissioner under section 245.69, subdivision 2,
697.4 meeting the standards of chapter 245I; by contract with hospital mental health outpatient
697.5 programs certified by the Joint Commission on Accreditation of Hospital Organizations;
697.6 or by contract with a licensed mental health professional as defined in section 245.4871,
697.7 subdivision 27, clauses (1) to (6). A child or a child's parent may be required to pay a fee
697.8 based in accordance with section 245.481. Outpatient services include:

- 697.9 (1) conducting diagnostic assessments;
- 697.10 (2) conducting psychological testing;
- 697.11 (3) developing or modifying individual treatment plans;
- 697.12 (4) making referrals and recommending placements as appropriate;
- 697.13 (5) treating the child's mental health needs through therapy; and
- 697.14 (6) prescribing and managing medication and evaluating the effectiveness of prescribed
697.15 medication.

697.16 (b) County boards may request a waiver allowing outpatient services to be provided in
697.17 a nearby trade area if it is determined that the child requires necessary and appropriate
697.18 services that are only available outside the county.

697.19 (c) Outpatient services offered by the county board to prevent placement must be at the
697.20 level of treatment appropriate to the child's diagnostic assessment.

697.21 Sec. 44. Minnesota Statutes 2020, section 245.4901, subdivision 2, is amended to read:

697.22 Subd. 2. **Eligible applicants.** An eligible applicant for school-linked mental health grants
697.23 is an entity that is:

697.24 (1) a mental health clinic certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~
697.25 section 245I.20;

697.26 (2) a community mental health center under section 256B.0625, subdivision 5;

697.27 (3) an Indian health service facility or a facility owned and operated by a tribe or tribal
697.28 organization operating under United States Code, title 25, section 5321;

697.29 (4) a provider of children's therapeutic services and supports as defined in section
697.30 256B.0943; or

698.1 (5) enrolled in medical assistance as a mental health or substance use disorder provider
698.2 agency and employs at least two full-time equivalent mental health professionals qualified
698.3 according to section ~~245I.16~~ 245I.04, subdivision 2, or two alcohol and drug counselors
698.4 licensed or exempt from licensure under chapter 148F who are qualified to provide clinical
698.5 services to children and families.

759.18 Sec. 45. Minnesota Statutes 2020, section 245.62, subdivision 2, is amended to read:

759.19 Subd. 2. **Definition.** A community mental health center is a private nonprofit corporation
759.20 or public agency approved under the rules promulgated by the commissioner pursuant to
759.21 ~~subdivision 4~~ standards of section 256B.0625, subdivision 5.

698.6 Sec. 45. Minnesota Statutes 2020, section 245.62, subdivision 2, is amended to read:

698.7 Subd. 2. **Definition.** A community mental health center is a private nonprofit corporation
698.8 or public agency approved under the rules promulgated by the commissioner pursuant to
698.9 ~~subdivision 4~~ standards of section 256B.0625, subdivision 5.

698.10 Sec. 46. Minnesota Statutes 2020, section 245.735, subdivision 3, is amended to read:

698.11 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall
698.12 establish a state certification process for certified community behavioral health clinics
698.13 (CCBHCs). Entities that choose to be CCBHCs must:

698.14 (1) comply with the CCBHC criteria published by the United States Department of
698.15 Health and Human Services;

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

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

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

698.25 (5) comply with quality assurance reporting requirements and other reporting
698.26 requirements, including any required reporting of encounter data, clinical outcomes data,
698.27 and quality data;

698.28 (6) provide crisis mental health and substance use services, withdrawal management
698.29 services, emergency crisis intervention services, and stabilization services; screening,
698.30 assessment, and diagnosis services, including risk assessments and level of care
698.31 determinations; person- and family-centered treatment planning; outpatient mental health
698.32 and substance use services; targeted case management; psychiatric rehabilitation services;
699.1 peer support and counselor services and family support services; and intensive
699.2 community-based mental health services, including mental health services for members of
699.3 the armed forces and veterans;

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

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

- 699.11 (ii) other community services, supports, and providers, including schools, child welfare
699.12 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally
699.13 licensed health care and mental health facilities, urban Indian health clinics, Department of
699.14 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
699.15 and hospital outpatient clinics;
- 699.16 (8) be certified as mental health clinics under section 245.69, subdivision 2 meeting the
699.17 standards of chapter 245I;
- 699.18 (9) comply with standards relating to mental health services in Minnesota Rules, parts
699.19 9505.0370 to 9505.0372 be a co-occurring disorder specialist;
- 699.20 (10) be licensed to provide substance use disorder treatment under chapter 245G;
- 699.21 (11) be certified to provide children's therapeutic services and supports under section
699.22 256B.0943;
- 699.23 (12) be certified to provide adult rehabilitative mental health services under section
699.24 256B.0623;
- 699.25 (13) be enrolled to provide mental health crisis response services under sections section
699.26 256B.0624 and 256B.0944;
- 699.27 (14) be enrolled to provide mental health targeted case management under section
699.28 256B.0625, subdivision 20;
- 699.29 (15) comply with standards relating to mental health case management in Minnesota
699.30 Rules, parts 9520.0900 to 9520.0926;
- 699.31 (16) provide services that comply with the evidence-based practices described in
699.32 paragraph (e); and
- 700.1 (17) comply with standards relating to peer services under sections 256B.0615,
700.2 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
700.3 services are provided.
- 700.4 (b) If an entity is unable to provide one or more of the services listed in paragraph (a),
700.5 clauses (6) to (17), the commissioner may certify the entity as a CCBHC, if the entity has
700.6 a current contract with another entity that has the required authority to provide that service
700.7 and that meets federal CCBHC criteria as a designated collaborating organization, or, to
700.8 the extent allowed by the federal CCBHC criteria, the commissioner may approve a referral
700.9 arrangement. The CCBHC must meet federal requirements regarding the type and scope of
700.10 services to be provided directly by the CCBHC.
- 700.11 (c) Notwithstanding any other law that requires a county contract or other form of county
700.12 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets
700.13 CCBHC requirements may receive the prospective payment under section 256B.0625,
700.14 subdivision 5m, for those services without a county contract or county approval. As part of

700.15 the certification process in paragraph (a), the commissioner shall require a letter of support
700.16 from the CCBHC's host county confirming that the CCBHC and the county or counties it
700.17 serves have an ongoing relationship to facilitate access and continuity of care, especially
700.18 for individuals who are uninsured or who may go on and off medical assistance.

700.19 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
700.20 address similar issues in duplicative or incompatible ways, the commissioner may grant
700.21 variances to state requirements if the variances do not conflict with federal requirements.
700.22 If standards overlap, the commissioner may substitute all or a part of a licensure or
700.23 certification that is substantially the same as another licensure or certification. The
700.24 commissioner shall consult with stakeholders, as described in subdivision 4, before granting
700.25 variances under this provision. For the CCBHC that is certified but not approved for
700.26 prospective payment under section 256B.0625, subdivision 5m, the commissioner may
700.27 grant a variance under this paragraph if the variance does not increase the state share of
700.28 costs.

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

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

759.22 Sec. 46. Minnesota Statutes 2020, section 245A.04, subdivision 5, is amended to read:

759.23 Subd. 5. **Commissioner's right of access.** (a) When the commissioner is exercising the
759.24 powers conferred by this chapter, ~~sections 245.69 and~~ section 626.557, and chapter 260E,
759.25 the commissioner must be given access to:

759.26 (1) the physical plant and grounds where the program is provided;

759.27 (2) documents and records, including records maintained in electronic format;

759.28 (3) persons served by the program; and

759.29 (4) staff and personnel records of current and former staff whenever the program is in
759.30 operation and the information is relevant to inspections or investigations conducted by the
760.1 commissioner. Upon request, the license holder must provide the commissioner verification
760.2 of documentation of staff work experience, training, or educational requirements.

701.8 Sec. 47. Minnesota Statutes 2020, section 245A.04, subdivision 5, is amended to read:

701.9 Subd. 5. **Commissioner's right of access.** (a) When the commissioner is exercising the
701.10 powers conferred by this chapter, ~~sections 245.69 and~~ section 626.557, and chapter 260E,
701.11 the commissioner must be given access to:

701.12 (1) the physical plant and grounds where the program is provided;

701.13 (2) documents and records, including records maintained in electronic format;

701.14 (3) persons served by the program; and

701.15 (4) staff and personnel records of current and former staff whenever the program is in
701.16 operation and the information is relevant to inspections or investigations conducted by the
701.17 commissioner. Upon request, the license holder must provide the commissioner verification
701.18 of documentation of staff work experience, training, or educational requirements.

760.3 The commissioner must be given access without prior notice and as often as the
760.4 commissioner considers necessary if the commissioner is investigating alleged maltreatment,
760.5 conducting a licensing inspection, or investigating an alleged violation of applicable laws
760.6 or rules. In conducting inspections, the commissioner may request and shall receive assistance
760.7 from other state, county, and municipal governmental agencies and departments. The
760.8 applicant or license holder shall allow the commissioner to photocopy, photograph, and
760.9 make audio and video tape recordings during the inspection of the program at the
760.10 commissioner's expense. The commissioner shall obtain a court order or the consent of the
760.11 subject of the records or the parents or legal guardian of the subject before photocopying
760.12 hospital medical records.

760.13 (b) Persons served by the program have the right to refuse to consent to be interviewed,
760.14 photographed, or audio or videotaped. Failure or refusal of an applicant or license holder
760.15 to fully comply with this subdivision is reasonable cause for the commissioner to deny the
760.16 application or immediately suspend or revoke the license.

760.17 Sec. 47. Minnesota Statutes 2020, section 245A.10, subdivision 4, is amended to read:

760.18 Subd. 4. **License or certification fee for certain programs.** (a) Child care centers shall
760.19 pay an annual nonrefundable license fee based on the following schedule:

760.20		Child Care Center
760.21	Licensed Capacity	License Fee
760.22	1 to 24 persons	\$200
760.23	25 to 49 persons	\$300
760.24	50 to 74 persons	\$400
760.25	75 to 99 persons	\$500
760.26	100 to 124 persons	\$600
760.27	125 to 149 persons	\$700
760.28	150 to 174 persons	\$800
760.29	175 to 199 persons	\$900
760.30	200 to 224 persons	\$1,000
760.31	225 or more persons	\$1,100

760.32 (b)(1) A program licensed to provide one or more of the home and community-based
760.33 services and supports identified under chapter 245D to persons with disabilities or age 65
760.34 and older, shall pay an annual nonrefundable license fee based on revenues derived from

701.19 The commissioner must be given access without prior notice and as often as the
701.20 commissioner considers necessary if the commissioner is investigating alleged maltreatment,
701.21 conducting a licensing inspection, or investigating an alleged violation of applicable laws
701.22 or rules. In conducting inspections, the commissioner may request and shall receive assistance
701.23 from other state, county, and municipal governmental agencies and departments. The
701.24 applicant or license holder shall allow the commissioner to photocopy, photograph, and
701.25 make audio and video tape recordings during the inspection of the program at the
701.26 commissioner's expense. The commissioner shall obtain a court order or the consent of the
701.27 subject of the records or the parents or legal guardian of the subject before photocopying
701.28 hospital medical records.

701.29 (b) Persons served by the program have the right to refuse to consent to be interviewed,
701.30 photographed, or audio or videotaped. Failure or refusal of an applicant or license holder
701.31 to fully comply with this subdivision is reasonable cause for the commissioner to deny the
701.32 application or immediately suspend or revoke the license.

702.1 Sec. 48. Minnesota Statutes 2020, section 245A.10, subdivision 4, is amended to read:

702.2 Subd. 4. **License or certification fee for certain programs.** (a) Child care centers shall
702.3 pay an annual nonrefundable license fee based on the following schedule:

702.4		Child Care Center
702.5	Licensed Capacity	License Fee
702.6	1 to 24 persons	\$200
702.7	25 to 49 persons	\$300
702.8	50 to 74 persons	\$400
702.9	75 to 99 persons	\$500
702.10	100 to 124 persons	\$600
702.11	125 to 149 persons	\$700
702.12	150 to 174 persons	\$800
702.13	175 to 199 persons	\$900
702.14	200 to 224 persons	\$1,000
702.15	225 or more persons	\$1,100

702.16 (b)(1) A program licensed to provide one or more of the home and community-based
702.17 services and supports identified under chapter 245D to persons with disabilities or age 65
702.18 and older, shall pay an annual nonrefundable license fee based on revenues derived from

761.1 the provision of services that would require licensure under chapter 245D during the calendar
761.2 year immediately preceding the year in which the license fee is paid, according to the
761.3 following schedule:

761.4	License Holder Annual Revenue	License Fee
761.5	less than or equal to \$10,000	\$200
761.6	greater than \$10,000 but less than or	
761.7	equal to \$25,000	\$300
761.8	greater than \$25,000 but less than or	
761.9	equal to \$50,000	\$400
761.10	greater than \$50,000 but less than or	
761.11	equal to \$100,000	\$500
761.12	greater than \$100,000 but less than or	
761.13	equal to \$150,000	\$600
761.14	greater than \$150,000 but less than or	
761.15	equal to \$200,000	\$800
761.16	greater than \$200,000 but less than or	
761.17	equal to \$250,000	\$1,000
761.18	greater than \$250,000 but less than or	
761.19	equal to \$300,000	\$1,200
761.20	greater than \$300,000 but less than or	
761.21	equal to \$350,000	\$1,400
761.22	greater than \$350,000 but less than or	
761.23	equal to \$400,000	\$1,600
761.24	greater than \$400,000 but less than or	
761.25	equal to \$450,000	\$1,800
761.26	greater than \$450,000 but less than or	
761.27	equal to \$500,000	\$2,000
761.28	greater than \$500,000 but less than or	
761.29	equal to \$600,000	\$2,250
761.30	greater than \$600,000 but less than or	
761.31	equal to \$700,000	\$2,500

702.19 the provision of services that would require licensure under chapter 245D during the calendar
702.20 year immediately preceding the year in which the license fee is paid, according to the
702.21 following schedule:

702.22	License Holder Annual Revenue	License Fee
702.23	less than or equal to \$10,000	\$200
702.24	greater than \$10,000 but less than or	
702.25	equal to \$25,000	\$300
702.26	greater than \$25,000 but less than or	
702.27	equal to \$50,000	\$400
702.28	greater than \$50,000 but less than or	
702.29	equal to \$100,000	\$500
702.30	greater than \$100,000 but less than or	
702.31	equal to \$150,000	\$600
702.32	greater than \$150,000 but less than or	
702.33	equal to \$200,000	\$800
702.34	greater than \$200,000 but less than or	
702.35	equal to \$250,000	\$1,000
702.36	greater than \$250,000 but less than or	
702.37	equal to \$300,000	\$1,200
702.38	greater than \$300,000 but less than or	
702.39	equal to \$350,000	\$1,400
703.1	greater than \$350,000 but less than or	
703.2	equal to \$400,000	\$1,600
703.3	greater than \$400,000 but less than or	
703.4	equal to \$450,000	\$1,800
703.5	greater than \$450,000 but less than or	
703.6	equal to \$500,000	\$2,000
703.7	greater than \$500,000 but less than or	
703.8	equal to \$600,000	\$2,250
703.9	greater than \$600,000 but less than or	
703.10	equal to \$700,000	\$2,500

761.32	greater than \$700,000 but less than or	
761.33	equal to \$800,000	\$2,750
761.34	greater than \$800,000 but less than or	
761.35	equal to \$900,000	\$3,000
761.36	greater than \$900,000 but less than or	
761.37	equal to \$1,000,000	\$3,250
761.38	greater than \$1,000,000 but less than or	
761.39	equal to \$1,250,000	\$3,500
761.40	greater than \$1,250,000 but less than or	
761.41	equal to \$1,500,000	\$3,750
761.42	greater than \$1,500,000 but less than or	
761.43	equal to \$1,750,000	\$4,000
762.1	greater than \$1,750,000 but less than or	
762.2	equal to \$2,000,000	\$4,250
762.3	greater than \$2,000,000 but less than or	
762.4	equal to \$2,500,000	\$4,500
762.5	greater than \$2,500,000 but less than or	
762.6	equal to \$3,000,000	\$4,750
762.7	greater than \$3,000,000 but less than or	
762.8	equal to \$3,500,000	\$5,000
762.9	greater than \$3,500,000 but less than or	
762.10	equal to \$4,000,000	\$5,500
762.11	greater than \$4,000,000 but less than or	
762.12	equal to \$4,500,000	\$6,000
762.13	greater than \$4,500,000 but less than or	
762.14	equal to \$5,000,000	\$6,500
762.15	greater than \$5,000,000 but less than or	
762.16	equal to \$7,500,000	\$7,000
762.17	greater than \$7,500,000 but less than or	
762.18	equal to \$10,000,000	\$8,500

703.11	greater than \$700,000 but less than or	
703.12	equal to \$800,000	\$2,750
703.13	greater than \$800,000 but less than or	
703.14	equal to \$900,000	\$3,000
703.15	greater than \$900,000 but less than or	
703.16	equal to \$1,000,000	\$3,250
703.17	greater than \$1,000,000 but less than or	
703.18	equal to \$1,250,000	\$3,500
703.19	greater than \$1,250,000 but less than or	
703.20	equal to \$1,500,000	\$3,750
703.21	greater than \$1,500,000 but less than or	
703.22	equal to \$1,750,000	\$4,000
703.23	greater than \$1,750,000 but less than or	
703.24	equal to \$2,000,000	\$4,250
703.25	greater than \$2,000,000 but less than or	
703.26	equal to \$2,500,000	\$4,500
703.27	greater than \$2,500,000 but less than or	
703.28	equal to \$3,000,000	\$4,750
703.29	greater than \$3,000,000 but less than or	
703.30	equal to \$3,500,000	\$5,000
703.31	greater than \$3,500,000 but less than or	
703.32	equal to \$4,000,000	\$5,500
703.33	greater than \$4,000,000 but less than or	
703.34	equal to \$4,500,000	\$6,000
703.35	greater than \$4,500,000 but less than or	
703.36	equal to \$5,000,000	\$6,500
703.37	greater than \$5,000,000 but less than or	
703.38	equal to \$7,500,000	\$7,000
703.39	greater than \$7,500,000 but less than or	
703.40	equal to \$10,000,000	\$8,500

762.19 greater than \$10,000,000 but less than or
762.20 equal to \$12,500,000 \$10,000

762.21 greater than \$12,500,000 but less than or
762.22 equal to \$15,000,000 \$14,000

762.23 greater than \$15,000,000 \$18,000

762.24 (2) If requested, the license holder shall provide the commissioner information to verify
762.25 the license holder's annual revenues or other information as needed, including copies of
762.26 documents submitted to the Department of Revenue.

762.27 (3) At each annual renewal, a license holder may elect to pay the highest renewal fee,
762.28 and not provide annual revenue information to the commissioner.

762.29 (4) A license holder that knowingly provides the commissioner incorrect revenue amounts
762.30 for the purpose of paying a lower license fee shall be subject to a civil penalty in the amount
762.31 of double the fee the provider should have paid.

762.32 (5) Notwithstanding clause (1), a license holder providing services under one or more
762.33 licenses under chapter 245B that are in effect on May 15, 2013, shall pay an annual license
762.34 fee for calendar years 2014, 2015, and 2016, equal to the total license fees paid by the license
762.35 holder for all licenses held under chapter 245B for calendar year 2013. For calendar year
762.36 2017 and thereafter, the license holder shall pay an annual license fee according to clause
762.37 (1).

763.1 (c) A chemical dependency treatment program licensed under chapter 245G, to provide
763.2 chemical dependency treatment shall pay an annual nonrefundable license fee based on the
763.3 following schedule:

763.4	Licensed Capacity	License Fee
763.5	1 to 24 persons	\$600
763.6	25 to 49 persons	\$800
763.7	50 to 74 persons	\$1,000
763.8	75 to 99 persons	\$1,200
763.9	100 or more persons	\$1,400

763.10 (d) A chemical dependency program licensed under Minnesota Rules, parts 9530.6510
763.11 to 9530.6590, to provide detoxification services shall pay an annual nonrefundable license
763.12 fee based on the following schedule:

703.41 greater than \$10,000,000 but less than or
703.42 equal to \$12,500,000 \$10,000

703.43 greater than \$12,500,000 but less than or
703.44 equal to \$15,000,000 \$14,000

703.45 greater than \$15,000,000 \$18,000

704.1 (2) If requested, the license holder shall provide the commissioner information to verify
704.2 the license holder's annual revenues or other information as needed, including copies of
704.3 documents submitted to the Department of Revenue.

704.4 (3) At each annual renewal, a license holder may elect to pay the highest renewal fee,
704.5 and not provide annual revenue information to the commissioner.

704.6 (4) A license holder that knowingly provides the commissioner incorrect revenue amounts
704.7 for the purpose of paying a lower license fee shall be subject to a civil penalty in the amount
704.8 of double the fee the provider should have paid.

704.9 (5) Notwithstanding clause (1), a license holder providing services under one or more
704.10 licenses under chapter 245B that are in effect on May 15, 2013, shall pay an annual license
704.11 fee for calendar years 2014, 2015, and 2016, equal to the total license fees paid by the license
704.12 holder for all licenses held under chapter 245B for calendar year 2013. For calendar year
704.13 2017 and thereafter, the license holder shall pay an annual license fee according to clause
704.14 (1).

704.15 (c) A chemical dependency treatment program licensed under chapter 245G, to provide
704.16 chemical dependency treatment shall pay an annual nonrefundable license fee based on the
704.17 following schedule:

704.18	Licensed Capacity	License Fee
704.19	1 to 24 persons	\$600
704.20	25 to 49 persons	\$800
704.21	50 to 74 persons	\$1,000
704.22	75 to 99 persons	\$1,200
704.23	100 or more persons	\$1,400

704.24 (d) A chemical dependency program licensed under Minnesota Rules, parts 9530.6510
704.25 to 9530.6590, to provide detoxification services shall pay an annual nonrefundable license
704.26 fee based on the following schedule:

763.13	Licensed Capacity	License Fee
763.14	1 to 24 persons	\$760
763.15	25 to 49 persons	\$960
763.16	50 or more persons	\$1,160

763.17 (e) Except for child foster care, a residential facility licensed under Minnesota Rules,
763.18 chapter 2960, to serve children shall pay an annual nonrefundable license fee based on the
763.19 following schedule:

763.20	Licensed Capacity	License Fee
763.21	1 to 24 persons	\$1,000
763.22	25 to 49 persons	\$1,100
763.23	50 to 74 persons	\$1,200
763.24	75 to 99 persons	\$1,300
763.25	100 or more persons	\$1,400

763.26 (f) A residential facility licensed under section 2451.23 or Minnesota Rules, parts
763.27 9520.0500 to 9520.0670, to serve persons with mental illness shall pay an annual
763.28 nonrefundable license fee based on the following schedule:

763.29	Licensed Capacity	License Fee
763.30	1 to 24 persons	\$2,525
763.31	25 or more persons	\$2,725

763.32 (g) A residential facility licensed under Minnesota Rules, parts 9570.2000 to 9570.3400,
763.33 to serve persons with physical disabilities shall pay an annual nonrefundable license fee
763.34 based on the following schedule:

764.1	Licensed Capacity	License Fee
764.2	1 to 24 persons	\$450
764.3	25 to 49 persons	\$650
764.4	50 to 74 persons	\$850

704.27	Licensed Capacity	License Fee
704.28	1 to 24 persons	\$760
704.29	25 to 49 persons	\$960
704.30	50 or more persons	\$1,160

704.31 (e) Except for child foster care, a residential facility licensed under Minnesota Rules,
704.32 chapter 2960, to serve children shall pay an annual nonrefundable license fee based on the
704.33 following schedule:

705.1	Licensed Capacity	License Fee
705.2	1 to 24 persons	\$1,000
705.3	25 to 49 persons	\$1,100
705.4	50 to 74 persons	\$1,200
705.5	75 to 99 persons	\$1,300
705.6	100 or more persons	\$1,400

705.7 (f) A residential facility licensed under section 2451.23 or Minnesota Rules, parts
705.8 9520.0500 to 9520.0670, to serve persons with mental illness shall pay an annual
705.9 nonrefundable license fee based on the following schedule:

705.10	Licensed Capacity	License Fee
705.11	1 to 24 persons	\$2,525
705.12	25 or more persons	\$2,725

705.13 (g) A residential facility licensed under Minnesota Rules, parts 9570.2000 to 9570.3400,
705.14 to serve persons with physical disabilities shall pay an annual nonrefundable license fee
705.15 based on the following schedule:

705.16	Licensed Capacity	License Fee
705.17	1 to 24 persons	\$450
705.18	25 to 49 persons	\$650
705.19	50 to 74 persons	\$850

764.5 75 to 99 persons \$1,050

764.6 100 or more persons \$1,250

764.7 (h) A program licensed to provide independent living assistance for youth under section
764.8 245A.22 shall pay an annual nonrefundable license fee of \$1,500.

764.9 (i) A private agency licensed to provide foster care and adoption services under Minnesota
764.10 Rules, parts 9545.0755 to 9545.0845, shall pay an annual nonrefundable license fee of \$875.

764.11 (j) A program licensed as an adult day care center licensed under Minnesota Rules, parts
764.12 9555.9600 to 9555.9730, shall pay an annual nonrefundable license fee based on the
764.13 following schedule:

764.14	Licensed Capacity	License Fee
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764.15	1 to 24 persons	\$500
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764.16	25 to 49 persons	\$700
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764.17	50 to 74 persons	\$900
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764.18	75 to 99 persons	\$1,100
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764.19	100 or more persons	\$1,300
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764.20 (k) A program licensed to provide treatment services to persons with sexual psychopathic
764.21 personalities or sexually dangerous persons under Minnesota Rules, parts 9515.3000 to
764.22 9515.3110, shall pay an annual nonrefundable license fee of \$20,000.

764.23 (l) A ~~mental health center or mental health clinic requesting certification for purposes~~
764.24 ~~of insurance and subscriber contract reimbursement under Minnesota Rules, parts 9520.0750~~
764.25 ~~to 9520.0870~~ certified under section 245I.20, shall pay a an annual nonrefundable certification
764.26 fee of \$1,550 per year. If the ~~mental health center or mental health clinic~~ provides services
764.27 at a primary location with satellite facilities, the satellite facilities shall be certified with the
764.28 primary location without an additional charge.

764.29 Sec. 48. Minnesota Statutes 2020, section 245A.65, subdivision 2, is amended to read:

764.30 Subd. 2. **Abuse prevention plans.** All license holders shall establish and enforce ongoing
764.31 written program abuse prevention plans and individual abuse prevention plans as required
764.32 under section 626.557, subdivision 14.

765.1 (a) The scope of the program abuse prevention plan is limited to the population, physical
765.2 plant, and environment within the control of the license holder and the location where
765.3 licensed services are provided. In addition to the requirements in section 626.557, subdivision
765.4 14, the program abuse prevention plan shall meet the requirements in clauses (1) to (5).

705.20 75 to 99 persons \$1,050

705.21 100 or more persons \$1,250

705.22 (h) A program licensed to provide independent living assistance for youth under section
705.23 245A.22 shall pay an annual nonrefundable license fee of \$1,500.

705.24 (i) A private agency licensed to provide foster care and adoption services under Minnesota
705.25 Rules, parts 9545.0755 to 9545.0845, shall pay an annual nonrefundable license fee of \$875.

705.26 (j) A program licensed as an adult day care center licensed under Minnesota Rules, parts
705.27 9555.9600 to 9555.9730, shall pay an annual nonrefundable license fee based on the
705.28 following schedule:

705.29	Licensed Capacity	License Fee
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705.30	1 to 24 persons	\$500
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705.31	25 to 49 persons	\$700
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705.32	50 to 74 persons	\$900
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705.33	75 to 99 persons	\$1,100
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705.34	100 or more persons	\$1,300
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706.1 (k) A program licensed to provide treatment services to persons with sexual psychopathic
706.2 personalities or sexually dangerous persons under Minnesota Rules, parts 9515.3000 to
706.3 9515.3110, shall pay an annual nonrefundable license fee of \$20,000.

706.4 (l) A ~~mental health center or mental health clinic requesting certification for purposes~~
706.5 ~~of insurance and subscriber contract reimbursement under Minnesota Rules, parts 9520.0750~~
706.6 ~~to 9520.0870~~ certified under section 245I.20, shall pay a an annual nonrefundable certification
706.7 fee of \$1,550 per year. If the ~~mental health center or mental health clinic~~ provides services
706.8 at a primary location with satellite facilities, the satellite facilities shall be certified with the
706.9 primary location without an additional charge.

706.10 Sec. 49. Minnesota Statutes 2020, section 245A.65, subdivision 2, is amended to read:

706.11 Subd. 2. **Abuse prevention plans.** All license holders shall establish and enforce ongoing
706.12 written program abuse prevention plans and individual abuse prevention plans as required
706.13 under section 626.557, subdivision 14.

706.14 (a) The scope of the program abuse prevention plan is limited to the population, physical
706.15 plant, and environment within the control of the license holder and the location where
706.16 licensed services are provided. In addition to the requirements in section 626.557, subdivision
706.17 14, the program abuse prevention plan shall meet the requirements in clauses (1) to (5).

765.5 (1) The assessment of the population shall include an evaluation of the following factors:
765.6 age, gender, mental functioning, physical and emotional health or behavior of the client;
765.7 the need for specialized programs of care for clients; the need for training of staff to meet
765.8 identified individual needs; and the knowledge a license holder may have regarding previous
765.9 abuse that is relevant to minimizing risk of abuse for clients.

765.10 (2) The assessment of the physical plant where the licensed services are provided shall
765.11 include an evaluation of the following factors: the condition and design of the building as
765.12 it relates to the safety of the clients; and the existence of areas in the building which are
765.13 difficult to supervise.

765.14 (3) The assessment of the environment for each facility and for each site when living
765.15 arrangements are provided by the agency shall include an evaluation of the following factors:
765.16 the location of the program in a particular neighborhood or community; the type of grounds
765.17 and terrain surrounding the building; the type of internal programming; and the program's
765.18 staffing patterns.

765.19 (4) The license holder shall provide an orientation to the program abuse prevention plan
765.20 for clients receiving services. If applicable, the client's legal representative must be notified
765.21 of the orientation. The license holder shall provide this orientation for each new person
765.22 within 24 hours of admission, or for persons who would benefit more from a later orientation,
765.23 the orientation may take place within 72 hours.

765.24 (5) The license holder's governing body or the governing body's delegated representative
765.25 shall review the plan at least annually using the assessment factors in the plan and any
765.26 substantiated maltreatment findings that occurred since the last review. The governing body
765.27 or the governing body's delegated representative shall revise the plan, if necessary, to reflect
765.28 the review results.

765.29 (6) A copy of the program abuse prevention plan shall be posted in a prominent location
765.30 in the program and be available upon request to mandated reporters, persons receiving
765.31 services, and legal representatives.

765.32 (b) In addition to the requirements in section 626.557, subdivision 14, the individual
765.33 abuse prevention plan shall meet the requirements in clauses (1) and (2).

766.1 (1) The plan shall include a statement of measures that will be taken to minimize the
766.2 risk of abuse to the vulnerable adult when the individual assessment required in section
766.3 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the
766.4 specific measures identified in the program abuse prevention plan. The measures shall
766.5 include the specific actions the program will take to minimize the risk of abuse within the
766.6 scope of the licensed services, and will identify referrals made when the vulnerable adult
766.7 is susceptible to abuse outside the scope or control of the licensed services. When the
766.8 assessment indicates that the vulnerable adult does not need specific risk reduction measures
766.9 in addition to those identified in the program abuse prevention plan, the individual abuse
766.10 prevention plan shall document this determination.

706.18 (1) The assessment of the population shall include an evaluation of the following factors:
706.19 age, gender, mental functioning, physical and emotional health or behavior of the client;
706.20 the need for specialized programs of care for clients; the need for training of staff to meet
706.21 identified individual needs; and the knowledge a license holder may have regarding previous
706.22 abuse that is relevant to minimizing risk of abuse for clients.

706.23 (2) The assessment of the physical plant where the licensed services are provided shall
706.24 include an evaluation of the following factors: the condition and design of the building as
706.25 it relates to the safety of the clients; and the existence of areas in the building which are
706.26 difficult to supervise.

706.27 (3) The assessment of the environment for each facility and for each site when living
706.28 arrangements are provided by the agency shall include an evaluation of the following factors:
706.29 the location of the program in a particular neighborhood or community; the type of grounds
706.30 and terrain surrounding the building; the type of internal programming; and the program's
706.31 staffing patterns.

706.32 (4) The license holder shall provide an orientation to the program abuse prevention plan
706.33 for clients receiving services. If applicable, the client's legal representative must be notified
707.1 of the orientation. The license holder shall provide this orientation for each new person
707.2 within 24 hours of admission, or for persons who would benefit more from a later orientation,
707.3 the orientation may take place within 72 hours.

707.4 (5) The license holder's governing body or the governing body's delegated representative
707.5 shall review the plan at least annually using the assessment factors in the plan and any
707.6 substantiated maltreatment findings that occurred since the last review. The governing body
707.7 or the governing body's delegated representative shall revise the plan, if necessary, to reflect
707.8 the review results.

707.9 (6) A copy of the program abuse prevention plan shall be posted in a prominent location
707.10 in the program and be available upon request to mandated reporters, persons receiving
707.11 services, and legal representatives.

707.12 (b) In addition to the requirements in section 626.557, subdivision 14, the individual
707.13 abuse prevention plan shall meet the requirements in clauses (1) and (2).

707.14 (1) The plan shall include a statement of measures that will be taken to minimize the
707.15 risk of abuse to the vulnerable adult when the individual assessment required in section
707.16 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the
707.17 specific measures identified in the program abuse prevention plan. The measures shall
707.18 include the specific actions the program will take to minimize the risk of abuse within the
707.19 scope of the licensed services, and will identify referrals made when the vulnerable adult
707.20 is susceptible to abuse outside the scope or control of the licensed services. When the
707.21 assessment indicates that the vulnerable adult does not need specific risk reduction measures
707.22 in addition to those identified in the program abuse prevention plan, the individual abuse
707.23 prevention plan shall document this determination.

766.11 (2) An individual abuse prevention plan shall be developed for each new person as part
766.12 of the initial individual program plan or service plan required under the applicable licensing
766.13 rule or statute. The review and evaluation of the individual abuse prevention plan shall be
766.14 done as part of the review of the program plan ~~or~~ service plan, or treatment plan. The person
766.15 receiving services shall participate in the development of the individual abuse prevention
766.16 plan to the full extent of the person's abilities. If applicable, the person's legal representative
766.17 shall be given the opportunity to participate with or for the person in the development of
766.18 the plan. The interdisciplinary team shall document the review of all abuse prevention plans
766.19 at least annually, using the individual assessment and any reports of abuse relating to the
766.20 person. The plan shall be revised to reflect the results of this review.

766.21 Sec. 49. Minnesota Statutes 2020, section 245D.02, subdivision 20, is amended to read:

766.22 Subd. 20. **Mental health crisis intervention team.** "Mental health crisis intervention
766.23 team" means a mental health crisis response provider as identified in section 256B.0624;
766.24 ~~subdivision 2, paragraph (d), for adults, and in section 256B.0944, subdivision 1, paragraph~~
766.25 ~~(d), for children.~~

707.24 (2) An individual abuse prevention plan shall be developed for each new person as part
707.25 of the initial individual program plan or service plan required under the applicable licensing
707.26 rule or statute. The review and evaluation of the individual abuse prevention plan shall be
707.27 done as part of the review of the program plan ~~or~~ service plan, or treatment plan. The person
707.28 receiving services shall participate in the development of the individual abuse prevention
707.29 plan to the full extent of the person's abilities. If applicable, the person's legal representative
707.30 shall be given the opportunity to participate with or for the person in the development of
707.31 the plan. The interdisciplinary team shall document the review of all abuse prevention plans
707.32 at least annually, using the individual assessment and any reports of abuse relating to the
707.33 person. The plan shall be revised to reflect the results of this review.

708.1 Sec. 50. Minnesota Statutes 2020, section 245D.02, subdivision 20, is amended to read:

708.2 Subd. 20. **Mental health crisis intervention team.** "Mental health crisis intervention
708.3 team" means a mental health crisis response provider as identified in section 256B.0624;
708.4 ~~subdivision 2, paragraph (d), for adults, and in section 256B.0944, subdivision 1, paragraph~~
708.5 ~~(d), for children.~~

708.6 Sec. 51. Minnesota Statutes 2020, section 254B.05, subdivision 5, is amended to read:

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

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

708.10 (1) outpatient treatment services that are licensed according to sections 245G.01 to
708.11 245G.17, or applicable tribal license;

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

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

708.16 (4) peer recovery support services provided according to section 245G.07, subdivision
708.17 2, clause (8);

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

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

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

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

- 708.27 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
708.28 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
708.29 144.56;
- 708.30 (10) adolescent treatment programs that are licensed as outpatient treatment programs
708.31 according to sections 245G.01 to 245G.18 or as residential treatment programs according
709.1 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
709.2 applicable tribal license;
- 709.3 (11) high-intensity residential treatment services that are licensed according to sections
709.4 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
709.5 clinical services each week provided by a state-operated vendor or to clients who have been
709.6 civilly committed to the commissioner, present the most complex and difficult care needs,
709.7 and are a potential threat to the community; and
- 709.8 (12) room and board facilities that meet the requirements of subdivision 1a.
- 709.9 (c) The commissioner shall establish higher rates for programs that meet the requirements
709.10 of paragraph (b) and one of the following additional requirements:
- 709.11 (1) programs that serve parents with their children if the program:
- 709.12 (i) provides on-site child care during the hours of treatment activity that:
- 709.13 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
709.14 9503; or
- 709.15 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
709.16 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or
- 709.17 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
709.18 licensed under chapter 245A as:
- 709.19 (A) a child care center under Minnesota Rules, chapter 9503; or
- 709.20 (B) a family child care home under Minnesota Rules, chapter 9502;
- 709.21 (2) culturally specific programs as defined in section 254B.01, subdivision 4a, or
709.22 programs or subprograms serving special populations, if the program or subprogram meets
709.23 the following requirements:
- 709.24 (i) is designed to address the unique needs of individuals who share a common language,
709.25 racial, ethnic, or social background;
- 709.26 (ii) is governed with significant input from individuals of that specific background; and
- 709.27 (iii) employs individuals to provide individual or group therapy, at least 50 percent of
709.28 whom are of that specific background, except when the common social background of the
709.29 individuals served is a traumatic brain injury or cognitive disability and the program employs
709.30 treatment staff who have the necessary professional training, as approved by the

- 710.1 commissioner, to serve clients with the specific disabilities that the program is designed to
710.2 serve;
- 710.3 (3) programs that offer medical services delivered by appropriately credentialed health
710.4 care staff in an amount equal to two hours per client per week if the medical needs of the
710.5 client and the nature and provision of any medical services provided are documented in the
710.6 client file; and
- 710.7 (4) programs that offer services to individuals with co-occurring mental health and
710.8 chemical dependency problems if:
- 710.9 (i) the program meets the co-occurring requirements in section 245G.20;
- 710.10 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined
710.11 in section 245.462, subdivision 18, clauses (1) to (6) qualified according to section 245I.04,
710.12 subdivision 2, or are students or licensing candidates under the supervision of a licensed
710.13 alcohol and drug counselor supervisor and licensed mental health professional, except that
710.14 no more than 50 percent of the mental health staff may be students or licensing candidates
710.15 with time documented to be directly related to provisions of co-occurring services;
- 710.16 (iii) clients scoring positive on a standardized mental health screen receive a mental
710.17 health diagnostic assessment within ten days of admission;
- 710.18 (iv) the program has standards for multidisciplinary case review that include a monthly
710.19 review for each client that, at a minimum, includes a licensed mental health professional
710.20 and licensed alcohol and drug counselor, and their involvement in the review is documented;
- 710.21 (v) family education is offered that addresses mental health and substance abuse disorders
710.22 and the interaction between the two; and
- 710.23 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
710.24 training annually.
- 710.25 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
710.26 that provides arrangements for off-site child care must maintain current documentation at
710.27 the chemical dependency facility of the child care provider's current licensure to provide
710.28 child care services. Programs that provide child care according to paragraph (c), clause (1),
710.29 must be deemed in compliance with the licensing requirements in section 245G.19.
- 710.30 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
710.31 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
710.32 in paragraph (c), clause (4), items (i) to (iv).
- 711.1 (f) Subject to federal approval, chemical dependency services that are otherwise covered
711.2 as direct face-to-face services may be provided via two-way interactive video. The use of
711.3 two-way interactive video must be medically appropriate to the condition and needs of the
711.4 person being served. Reimbursement shall be at the same rates and under the same conditions
711.5 that would otherwise apply to direct face-to-face services. The interactive video equipment

766.26 Sec. 50. Minnesota Statutes 2020, section 256B.0615, subdivision 1, is amended to read:

766.27 Subdivision 1. **Scope.** Medical assistance covers mental health certified peer specialist
766.28 services, as established in subdivision 2, subject to federal approval, if provided to recipients
766.29 who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and
766.30 are provided by a mental health certified peer specialist who has completed the training
766.31 under subdivision 5 and is qualified according to section 245I.04, subdivision 10.

767.1 Sec. 51. Minnesota Statutes 2020, section 256B.0615, subdivision 5, is amended to read:

767.2 Subd. 5. **Certified peer specialist training and certification.** The commissioner of
767.3 human services shall develop a training and certification process for certified peer specialists;
767.4 who must be at least 21 years of age. The candidates must have had a primary diagnosis of
767.5 mental illness, be a current or former consumer of mental health services, and must
767.6 demonstrate leadership and advocacy skills and a strong dedication to recovery. The training
767.7 curriculum must teach participating consumers specific skills relevant to providing peer
767.8 support to other consumers. In addition to initial training and certification, the commissioner
767.9 shall develop ongoing continuing educational workshops on pertinent issues related to peer
767.10 support counseling.

767.11 Sec. 52. Minnesota Statutes 2020, section 256B.0616, subdivision 1, is amended to read:

767.12 Subdivision 1. **Scope.** Medical assistance covers mental health certified family peer
767.13 specialists services, as established in subdivision 2, subject to federal approval, if provided
767.14 to recipients who have an emotional disturbance or severe emotional disturbance under
767.15 chapter 245, and are provided by a mental health certified family peer specialist who has
767.16 completed the training under subdivision 5 and is qualified according to section 245I.04,
767.17 subdivision 12. A family peer specialist cannot provide services to the peer specialist's
767.18 family.

767.19 Sec. 53. Minnesota Statutes 2020, section 256B.0616, subdivision 3, is amended to read:

767.20 Subd. 3. **Eligibility.** Family peer support services may be ~~located in~~ provided to recipients
767.21 of inpatient hospitalization, partial hospitalization, residential treatment, intensive treatment
767.22 in foster care, day treatment, children's therapeutic services and supports, or crisis services.

711.6 and connection must comply with Medicare standards in effect at the time the service is
711.7 provided.

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

711.14 Sec. 52. Minnesota Statutes 2020, section 256B.0615, subdivision 1, is amended to read:

711.15 Subdivision 1. **Scope.** Medical assistance covers mental health certified peer specialist
711.16 services, as established in subdivision 2, subject to federal approval, if provided to recipients
711.17 who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and
711.18 are provided by a mental health certified peer specialist who has completed the training
711.19 under subdivision 5 and is qualified according to section 245I.04, subdivision 10.

711.20 Sec. 53. Minnesota Statutes 2020, section 256B.0615, subdivision 5, is amended to read:

711.21 Subd. 5. **Certified peer specialist training and certification.** The commissioner of
711.22 human services shall develop a training and certification process for certified peer specialists;
711.23 who must be at least 21 years of age. The candidates must have had a primary diagnosis of
711.24 mental illness, be a current or former consumer of mental health services, and must
711.25 demonstrate leadership and advocacy skills and a strong dedication to recovery. The training
711.26 curriculum must teach participating consumers specific skills relevant to providing peer
711.27 support to other consumers. In addition to initial training and certification, the commissioner
711.28 shall develop ongoing continuing educational workshops on pertinent issues related to peer
711.29 support counseling.

711.30 Sec. 54. Minnesota Statutes 2020, section 256B.0616, subdivision 1, is amended to read:

711.31 Subdivision 1. **Scope.** Medical assistance covers mental health certified family peer
711.32 specialists services, as established in subdivision 2, subject to federal approval, if provided
712.1 to recipients who have an emotional disturbance or severe emotional disturbance under
712.2 chapter 245, and are provided by a mental health certified family peer specialist who has
712.3 completed the training under subdivision 5 and is qualified according to section 245I.04,
712.4 subdivision 12. A family peer specialist cannot provide services to the peer specialist's
712.5 family.

712.6 Sec. 55. Minnesota Statutes 2020, section 256B.0616, subdivision 3, is amended to read:

712.7 Subd. 3. **Eligibility.** Family peer support services may be ~~located in~~ provided to recipients
712.8 of inpatient hospitalization, partial hospitalization, residential treatment, intensive treatment
712.9 in foster care, day treatment, children's therapeutic services and supports, or crisis services.

767.23 Sec. 54. Minnesota Statutes 2020, section 256B.0616, subdivision 5, is amended to read:

767.24 Subd. 5. **Certified family peer specialist training and certification.** The commissioner
767.25 shall develop a training and certification process for certified family peer specialists ~~who~~
767.26 ~~must be at least 21 years of age.~~ The candidates must have raised or be currently raising a
767.27 child with a mental illness, have had experience navigating the children's mental health
767.28 system, and must demonstrate leadership and advocacy skills and a strong dedication to
767.29 family-driven and family-focused services. The training curriculum must teach participating
767.30 family peer specialists specific skills relevant to providing peer support to other parents. In
767.31 addition to initial training and certification, the commissioner shall develop ongoing
768.1 continuing educational workshops on pertinent issues related to family peer support
768.2 counseling.

768.3 Sec. 55. Minnesota Statutes 2020, section 256B.0622, subdivision 1, is amended to read:

768.4 Subdivision 1. **Scope.** (a) Subject to federal approval, medical assistance covers medically
768.5 necessary, assertive community treatment ~~for clients as defined in subdivision 2a and~~
768.6 ~~intensive residential treatment services for clients as defined in subdivision 3,~~ when the
768.7 services are provided by an entity certified under and meeting the standards in this section.

768.8 (b) Subject to federal approval, medical assistance covers medically necessary, intensive
768.9 residential treatment services when the services are provided by an entity licensed under
768.10 and meeting the standards in section 245I.23.

768.11 (c) The provider entity must make reasonable and good faith efforts to report individual
768.12 client outcomes to the commissioner, using instruments and protocols approved by the
768.13 commissioner.

768.14 Sec. 56. Minnesota Statutes 2020, section 256B.0622, subdivision 2, is amended to read:

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

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

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

768.24 (d) "Individual treatment plan" means ~~the document that results from a person-centered~~
768.25 ~~planning process of determining real life outcomes with clients and developing strategies~~
768.26 ~~to achieve those outcomes~~ a plan described by section 245I.10, subdivisions 7 and 8.

712.10 Sec. 56. Minnesota Statutes 2020, section 256B.0616, subdivision 5, is amended to read:

712.11 Subd. 5. **Certified family peer specialist training and certification.** The commissioner
712.12 shall develop a training and certification process for certified family peer specialists ~~who~~
712.13 ~~must be at least 21 years of age.~~ The candidates must have raised or be currently raising a
712.14 child with a mental illness, have had experience navigating the children's mental health
712.15 system, and must demonstrate leadership and advocacy skills and a strong dedication to
712.16 family-driven and family-focused services. The training curriculum must teach participating
712.17 family peer specialists specific skills relevant to providing peer support to other parents. In
712.18 addition to initial training and certification, the commissioner shall develop ongoing
712.19 continuing educational workshops on pertinent issues related to family peer support
712.20 counseling.

712.21 Sec. 57. Minnesota Statutes 2020, section 256B.0622, subdivision 1, is amended to read:

712.22 Subdivision 1. **Scope.** (a) Subject to federal approval, medical assistance covers medically
712.23 necessary, assertive community treatment ~~for clients as defined in subdivision 2a and~~
712.24 ~~intensive residential treatment services for clients as defined in subdivision 3,~~ when the
712.25 services are provided by an entity certified under and meeting the standards in this section.

712.26 (b) Subject to federal approval, medical assistance covers medically necessary, intensive
712.27 residential treatment services when the services are provided by an entity licensed under
712.28 and meeting the standards in section 245I.23.

712.29 (c) The provider entity must make reasonable and good faith efforts to report individual
712.30 client outcomes to the commissioner, using instruments and protocols approved by the
712.31 commissioner.

713.1 Sec. 58. Minnesota Statutes 2020, section 256B.0622, subdivision 2, is amended to read:

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

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

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

713.11 (d) "Individual treatment plan" means ~~the document that results from a person-centered~~
713.12 ~~planning process of determining real life outcomes with clients and developing strategies~~
713.13 ~~to achieve those outcomes~~ a plan described by section 245I.10, subdivisions 7 and 8.

768.27 (e) "Assertive engagement" means the use of collaborative strategies to engage clients
768.28 to receive services.

768.29 (f) "Benefits and finance support" means assisting clients in capably managing financial
768.30 affairs. Services include, but are not limited to, assisting clients in applying for benefits;
768.31 assisting with redetermination of benefits; providing financial crisis management; teaching
769.1 and supporting budgeting skills and asset development; and coordinating with a client's
769.2 representative payee, if applicable.

769.3 (g) "Co-occurring disorder treatment" means the treatment of co-occurring mental illness
769.4 and substance use disorders and is characterized by assertive outreach, stage-wise
769.5 comprehensive treatment, treatment goal setting, and flexibility to work within each stage
769.6 of treatment. Services include, but are not limited to, assessing and tracking clients' stages
769.7 of change readiness and treatment; applying the appropriate treatment based on stages of
769.8 change, such as outreach and motivational interviewing techniques to work with clients in
769.9 earlier stages of change readiness and cognitive behavioral approaches and relapse prevention
769.10 to work with clients in later stages of change; and facilitating access to community supports.

769.11 (h) (e) "Crisis assessment and intervention" means mental health crisis response services
769.12 as defined in section 256B.0624, subdivision 2, paragraphs (e) to (e).

769.13 (i) "Employment services" means assisting clients to work at jobs of their choosing.
769.14 Services must follow the principles of the individual placement and support (IPS)
769.15 employment model, including focusing on competitive employment; emphasizing individual
769.16 client preferences and strengths; ensuring employment services are integrated with mental
769.17 health services; conducting rapid job searches and systematic job development according
769.18 to client preferences and choices; providing benefits counseling; and offering all services
769.19 in an individualized and time-unlimited manner. Services shall also include educating clients
769.20 about opportunities and benefits of work and school and assisting the client in learning job
769.21 skills, navigating the work place, and managing work relationships.

769.22 (j) "Family psychoeducation and support" means services provided to the client's family
769.23 and other natural supports to restore and strengthen the client's unique social and family
769.24 relationships. Services include, but are not limited to, individualized psychoeducation about
769.25 the client's illness and the role of the family and other significant people in the therapeutic
769.26 process; family intervention to restore contact, resolve conflict, and maintain relationships
769.27 with family and other significant people in the client's life; ongoing communication and
769.28 collaboration between the ACT team and the family; introduction and referral to family
769.29 self-help programs and advocacy organizations that promote recovery and family
769.30 engagement, individual supportive counseling, parenting training, and service coordination
769.31 to help clients fulfill parenting responsibilities; coordinating services for the child and
769.32 restoring relationships with children who are not in the client's custody; and coordinating
769.33 with child welfare and family agencies, if applicable. These services must be provided with
769.34 the client's agreement and consent.

713.14 (e) "Assertive engagement" means the use of collaborative strategies to engage clients
713.15 to receive services.

713.16 (f) "Benefits and finance support" means assisting clients in capably managing financial
713.17 affairs. Services include, but are not limited to, assisting clients in applying for benefits;
713.18 assisting with redetermination of benefits; providing financial crisis management; teaching
713.19 and supporting budgeting skills and asset development; and coordinating with a client's
713.20 representative payee, if applicable.

713.21 (g) "Co-occurring disorder treatment" means the treatment of co-occurring mental illness
713.22 and substance use disorders and is characterized by assertive outreach, stage-wise
713.23 comprehensive treatment, treatment goal setting, and flexibility to work within each stage
713.24 of treatment. Services include, but are not limited to, assessing and tracking clients' stages
713.25 of change readiness and treatment; applying the appropriate treatment based on stages of
713.26 change, such as outreach and motivational interviewing techniques to work with clients in
713.27 earlier stages of change readiness and cognitive behavioral approaches and relapse prevention
713.28 to work with clients in later stages of change; and facilitating access to community supports.

713.29 (h) (e) "Crisis assessment and intervention" means mental health crisis response services
713.30 as defined in section 256B.0624, subdivision 2, paragraphs (e) to (e).

713.31 (i) "Employment services" means assisting clients to work at jobs of their choosing.
713.32 Services must follow the principles of the individual placement and support (IPS)
713.33 employment model, including focusing on competitive employment; emphasizing individual
714.1 client preferences and strengths; ensuring employment services are integrated with mental
714.2 health services; conducting rapid job searches and systematic job development according
714.3 to client preferences and choices; providing benefits counseling; and offering all services
714.4 in an individualized and time-unlimited manner. Services shall also include educating clients
714.5 about opportunities and benefits of work and school and assisting the client in learning job
714.6 skills, navigating the work place, and managing work relationships.

714.7 (j) "Family psychoeducation and support" means services provided to the client's family
714.8 and other natural supports to restore and strengthen the client's unique social and family
714.9 relationships. Services include, but are not limited to, individualized psychoeducation about
714.10 the client's illness and the role of the family and other significant people in the therapeutic
714.11 process; family intervention to restore contact, resolve conflict, and maintain relationships
714.12 with family and other significant people in the client's life; ongoing communication and
714.13 collaboration between the ACT team and the family; introduction and referral to family
714.14 self-help programs and advocacy organizations that promote recovery and family
714.15 engagement, individual supportive counseling, parenting training, and service coordination
714.16 to help clients fulfill parenting responsibilities; coordinating services for the child and
714.17 restoring relationships with children who are not in the client's custody; and coordinating
714.18 with child welfare and family agencies, if applicable. These services must be provided with
714.19 the client's agreement and consent.

770.1 ~~(k) "Housing access support" means assisting clients to find, obtain, retain, and move~~
770.2 ~~to safe and adequate housing of their choice. Housing access support includes, but is not~~
770.3 ~~limited to, locating housing options with a focus on integrated independent settings; applying~~
770.4 ~~for housing subsidies, programs, or resources; assisting the client in developing relationships~~
770.5 ~~with local landlords; providing tenancy support and advocacy for the individual's tenancy~~
770.6 ~~rights at the client's home; and assisting with relocation.~~

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

770.10 ~~(m) "Intensive residential treatment services treatment team" means all staff who provide~~
770.11 ~~intensive residential treatment services under this section to clients. At a minimum, this~~
770.12 ~~includes the clinical supervisor; mental health professionals as defined in section 245.462,~~
770.13 ~~subdivision 18, clauses (1) to (6); mental health practitioners as defined in section 245.462,~~
770.14 ~~subdivision 17; mental health rehabilitation workers under section 256B.0623, subdivision~~
770.15 ~~5, paragraph (a), clause (4); and mental health certified peer specialists under section~~
770.16 ~~256B.0615.~~

770.17 ~~(n) "Intensive residential treatment services" means short term, time limited services~~
770.18 ~~provided in a residential setting to clients who are in need of more restrictive settings and~~
770.19 ~~are at risk of significant functional deterioration if they do not receive these services. Services~~
770.20 ~~are designed to develop and enhance psychiatric stability, personal and emotional adjustment,~~
770.21 ~~self-sufficiency, and skills to live in a more independent setting. Services must be directed~~
770.22 ~~toward a targeted discharge date with specified client outcomes.~~

770.23 ~~(o) "Medication assistance and support" means assisting clients in accessing medication,~~
770.24 ~~developing the ability to take medications with greater independence, and providing~~
770.25 ~~medication setup. This includes the prescription, administration, and order of medication~~
770.26 ~~by appropriate medical staff.~~

770.27 ~~(p) "Medication education" means educating clients on the role and effects of medications~~
770.28 ~~in treating symptoms of mental illness and the side effects of medications.~~

770.29 ~~(q) "Overnight staff" means a member of the intensive residential treatment services~~
770.30 ~~team who is responsible during hours when clients are typically asleep.~~

770.31 ~~(r) "Mental health certified peer specialist services" has the meaning given in section~~
770.32 ~~256B.0615.~~

771.1 ~~(s) "Physical health services" means any service or treatment to meet the physical health~~
771.2 ~~needs of the client to support the client's mental health recovery. Services include, but are~~
771.3 ~~not limited to, education on primary health issues, including wellness education; medication~~
771.4 ~~administration and monitoring; providing and coordinating medical screening and follow-up;~~
771.5 ~~scheduling routine and acute medical and dental care visits; tobacco cessation strategies;~~

714.20 ~~(k) "Housing access support" means assisting clients to find, obtain, retain, and move~~
714.21 ~~to safe and adequate housing of their choice. Housing access support includes, but is not~~
714.22 ~~limited to, locating housing options with a focus on integrated independent settings; applying~~
714.23 ~~for housing subsidies, programs, or resources; assisting the client in developing relationships~~
714.24 ~~with local landlords; providing tenancy support and advocacy for the individual's tenancy~~
714.25 ~~rights at the client's home; and assisting with relocation.~~

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

714.29 ~~(m) "Intensive residential treatment services treatment team" means all staff who provide~~
714.30 ~~intensive residential treatment services under this section to clients. At a minimum, this~~
714.31 ~~includes the clinical supervisor; mental health professionals as defined in section 245.462,~~
714.32 ~~subdivision 18, clauses (1) to (6); mental health practitioners as defined in section 245.462,~~
714.33 ~~subdivision 17; mental health rehabilitation workers under section 256B.0623, subdivision~~
714.34 ~~5, paragraph (a), clause (4); and mental health certified peer specialists under section~~
714.35 ~~256B.0615.~~

715.1 ~~(n) "Intensive residential treatment services" means short term, time limited services~~
715.2 ~~provided in a residential setting to clients who are in need of more restrictive settings and~~
715.3 ~~are at risk of significant functional deterioration if they do not receive these services. Services~~
715.4 ~~are designed to develop and enhance psychiatric stability, personal and emotional adjustment,~~
715.5 ~~self-sufficiency, and skills to live in a more independent setting. Services must be directed~~
715.6 ~~toward a targeted discharge date with specified client outcomes.~~

715.7 ~~(o) "Medication assistance and support" means assisting clients in accessing medication,~~
715.8 ~~developing the ability to take medications with greater independence, and providing~~
715.9 ~~medication setup. This includes the prescription, administration, and order of medication~~
715.10 ~~by appropriate medical staff.~~

715.11 ~~(p) "Medication education" means educating clients on the role and effects of medications~~
715.12 ~~in treating symptoms of mental illness and the side effects of medications.~~

715.13 ~~(q) "Overnight staff" means a member of the intensive residential treatment services~~
715.14 ~~team who is responsible during hours when clients are typically asleep.~~

715.15 ~~(r) "Mental health certified peer specialist services" has the meaning given in section~~
715.16 ~~256B.0615.~~

715.17 ~~(s) "Physical health services" means any service or treatment to meet the physical health~~
715.18 ~~needs of the client to support the client's mental health recovery. Services include, but are~~
715.19 ~~not limited to, education on primary health issues, including wellness education; medication~~
715.20 ~~administration and monitoring; providing and coordinating medical screening and follow-up;~~
715.21 ~~scheduling routine and acute medical and dental care visits; tobacco cessation strategies;~~

771.6 ~~assisting clients in attending appointments; communicating with other providers; and~~
771.7 ~~integrating all physical and mental health treatment.~~

771.8 (†) (g) "Primary team member" means the person who leads and coordinates the activities
771.9 of the individual treatment team and is the individual treatment team member who has
771.10 primary responsibility for establishing and maintaining a therapeutic relationship with the
771.11 client on a continuing basis.

771.12 (u) ~~"Rehabilitative mental health services" means mental health services that are~~
771.13 ~~rehabilitative and enable the client to develop and enhance psychiatric stability, social~~
771.14 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
771.15 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~

771.16 (v) "Symptom management" means supporting clients in identifying and targeting the
771.17 symptoms and occurrence patterns of their mental illness and developing strategies to reduce
771.18 the impact of those symptoms.

771.19 (w) "Therapeutic interventions" means empirically supported techniques to address
771.20 specific symptoms and behaviors such as anxiety, psychotic symptoms, emotional
771.21 dysregulation, and trauma symptoms. Interventions include empirically supported
771.22 psychotherapies including, but not limited to, cognitive behavioral therapy, exposure therapy,
771.23 acceptance and commitment therapy, interpersonal therapy, and motivational interviewing.

771.24 (x) "Wellness self management and prevention" means a combination of approaches to
771.25 working with the client to build and apply skills related to recovery, and to support the client
771.26 in participating in leisure and recreational activities, civic participation, and meaningful
771.27 structure.

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

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

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

772.1 (k) "Mental health practitioner" means a staff person who is qualified according to section
772.2 245I.04, subdivision 4.

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

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

715.22 ~~assisting clients in attending appointments; communicating with other providers; and~~
715.23 ~~integrating all physical and mental health treatment.~~

715.24 (†) (g) "Primary team member" means the person who leads and coordinates the activities
715.25 of the individual treatment team and is the individual treatment team member who has
715.26 primary responsibility for establishing and maintaining a therapeutic relationship with the
715.27 client on a continuing basis.

715.28 (u) ~~"Rehabilitative mental health services" means mental health services that are~~
715.29 ~~rehabilitative and enable the client to develop and enhance psychiatric stability, social~~
715.30 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
715.31 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~

716.1 (v) "Symptom management" means supporting clients in identifying and targeting the
716.2 symptoms and occurrence patterns of their mental illness and developing strategies to reduce
716.3 the impact of those symptoms.

716.4 (w) "Therapeutic interventions" means empirically supported techniques to address
716.5 specific symptoms and behaviors such as anxiety, psychotic symptoms, emotional
716.6 dysregulation, and trauma symptoms. Interventions include empirically supported
716.7 psychotherapies including, but not limited to, cognitive behavioral therapy, exposure therapy,
716.8 acceptance and commitment therapy, interpersonal therapy, and motivational interviewing.

716.9 (x) "Wellness self management and prevention" means a combination of approaches to
716.10 working with the client to build and apply skills related to recovery, and to support the client
716.11 in participating in leisure and recreational activities, civic participation, and meaningful
716.12 structure.

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

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

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

716.19 (k) "Mental health practitioner" means a staff person who is qualified according to section
716.20 245I.04, subdivision 4.

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

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

772.7 Sec. 57. Minnesota Statutes 2020, section 256B.0622, subdivision 3a, is amended to read:

772.8 Subd. 3a. **Provider certification and contract requirements for assertive community**

772.9 **treatment.** (a) The assertive community treatment provider must:

772.10 (1) have a contract with the host county to provide assertive community treatment

772.11 services; and

772.12 (2) have each ACT team be certified by the state following the certification process and

772.13 procedures developed by the commissioner. The certification process determines whether

772.14 the ACT team meets the standards for assertive community treatment under this section ~~as~~

772.15 ~~well as~~, the standards in chapter 245I as required in section 245I.011, subdivision 5, and

772.16 minimum program fidelity standards as measured by a nationally recognized fidelity tool

772.17 approved by the commissioner. Recertification must occur at least every three years.

772.18 (b) An ACT team certified under this subdivision must meet the following standards:

772.19 (1) have capacity to recruit, hire, manage, and train required ACT team members;

772.20 (2) have adequate administrative ability to ensure availability of services;

772.21 ~~(3) ensure adequate preservice and ongoing training for staff;~~

772.22 ~~(4) ensure that staff is capable of implementing culturally specific services that are~~

772.23 ~~culturally responsive and appropriate as determined by the client's culture, beliefs, values,~~

772.24 ~~and language as identified in the individual treatment plan;~~

772.25 ~~(5) (3) ensure flexibility in service delivery to respond to the changing and intermittent~~

772.26 ~~care needs of a client as identified by the client and the individual treatment plan;~~

772.27 ~~(6) develop and maintain client files, individual treatment plans, and contact charting;~~

772.28 ~~(7) develop and maintain staff training and personnel files;~~

772.29 ~~(8) submit information as required by the state;~~

772.30 ~~(9) (4) keep all necessary records required by law;~~

773.1 ~~(10) comply with all applicable laws;~~

773.2 ~~(11) (5) be an enrolled Medicaid provider; and~~

773.3 ~~(12) (6) establish and maintain a quality assurance plan to determine specific service~~

773.4 ~~outcomes and the client's satisfaction with services; and.~~

773.5 ~~(13) develop and maintain written policies and procedures regarding service provision~~

773.6 ~~and administration of the provider entity.~~

773.7 (c) The commissioner may intervene at any time and decertify an ACT team with cause.

773.8 The commissioner shall establish a process for decertification of an ACT team and shall

773.9 require corrective action, medical assistance repayment, or decertification of an ACT team

716.25 Sec. 59. Minnesota Statutes 2020, section 256B.0622, subdivision 3a, is amended to read:

716.26 Subd. 3a. **Provider certification and contract requirements for assertive community**

716.27 **treatment.** (a) The assertive community treatment provider must:

716.28 (1) have a contract with the host county to provide assertive community treatment

716.29 services; and

716.30 (2) have each ACT team be certified by the state following the certification process and

716.31 procedures developed by the commissioner. The certification process determines whether

716.32 the ACT team meets the standards for assertive community treatment under this section ~~as~~

717.1 ~~well as~~, the standards in chapter 245I as required in section 245I.011, subdivision 5, and

717.2 minimum program fidelity standards as measured by a nationally recognized fidelity tool

717.3 approved by the commissioner. Recertification must occur at least every three years.

717.4 (b) An ACT team certified under this subdivision must meet the following standards:

717.5 (1) have capacity to recruit, hire, manage, and train required ACT team members;

717.6 (2) have adequate administrative ability to ensure availability of services;

717.7 ~~(3) ensure adequate preservice and ongoing training for staff;~~

717.8 ~~(4) ensure that staff is capable of implementing culturally specific services that are~~

717.9 ~~culturally responsive and appropriate as determined by the client's culture, beliefs, values,~~

717.10 ~~and language as identified in the individual treatment plan;~~

717.11 ~~(5) (3) ensure flexibility in service delivery to respond to the changing and intermittent~~

717.12 ~~care needs of a client as identified by the client and the individual treatment plan;~~

717.13 ~~(6) develop and maintain client files, individual treatment plans, and contact charting;~~

717.14 ~~(7) develop and maintain staff training and personnel files;~~

717.15 ~~(8) submit information as required by the state;~~

717.16 ~~(9) (4) keep all necessary records required by law;~~

717.17 ~~(10) comply with all applicable laws;~~

717.18 ~~(11) (5) be an enrolled Medicaid provider; and~~

717.19 ~~(12) (6) establish and maintain a quality assurance plan to determine specific service~~

717.20 ~~outcomes and the client's satisfaction with services; and.~~

717.21 ~~(13) develop and maintain written policies and procedures regarding service provision~~

717.22 ~~and administration of the provider entity.~~

717.23 (c) The commissioner may intervene at any time and decertify an ACT team with cause.

717.24 The commissioner shall establish a process for decertification of an ACT team and shall

717.25 require corrective action, medical assistance repayment, or decertification of an ACT team

773.10 that no longer meets the requirements in this section or that fails to meet the clinical quality
773.11 standards or administrative standards provided by the commissioner in the application and
773.12 certification process. The decertification is subject to appeal to the state.

773.13 Sec. 58. Minnesota Statutes 2020, section 256B.0622, subdivision 4, is amended to read:

773.14 Subd. 4. **Provider entity licensure and contract requirements for intensive residential**
773.15 **treatment services.** ~~(a) The intensive residential treatment services provider entity must:~~

773.16 ~~(1) be licensed under Minnesota Rules, parts 9520.0500 to 9520.0670;~~

773.17 ~~(2) not exceed 16 beds per site; and~~

773.18 ~~(3) comply with the additional standards in this section.~~

773.19 ~~(b)~~ (a) The commissioner shall develop procedures for counties and providers to submit
773.20 other documentation as needed to allow the commissioner to determine whether the standards
773.21 in this section are met.

773.22 ~~(c)~~ (b) A provider entity must specify in the provider entity's application what geographic
773.23 area and populations will be served by the proposed program. A provider entity must
773.24 document that the capacity or program specialties of existing programs are not sufficient
773.25 to meet the service needs of the target population. A provider entity must submit evidence
773.26 of ongoing relationships with other providers and levels of care to facilitate referrals to and
773.27 from the proposed program.

773.28 ~~(d)~~ (c) A provider entity must submit documentation that the provider entity requested
773.29 a statement of need from each county board and tribal authority that serves as a local mental
773.30 health authority in the proposed service area. The statement of need must specify if the local
773.31 mental health authority supports or does not support the need for the proposed program and
773.32 the basis for this determination. If a local mental health authority does not respond within
774.1 60 days of the receipt of the request, the commissioner shall determine the need for the
774.2 program based on the documentation submitted by the provider entity.

774.3 Sec. 59. Minnesota Statutes 2020, section 256B.0622, subdivision 7, is amended to read:

774.4 Subd. 7. **Assertive community treatment service standards.** (a) ACT teams must offer
774.5 and have the capacity to directly provide the following services:

774.6 (1) assertive engagement using collaborative strategies to encourage clients to receive
774.7 services;

774.8 (2) benefits and finance support that assists clients to capably manage financial affairs.
774.9 Services include but are not limited to assisting clients in applying for benefits, assisting
774.10 with redetermination of benefits, providing financial crisis management, teaching and
774.11 supporting budgeting skills and asset development, and coordinating with a client's
774.12 representative payee, if applicable;

717.26 that no longer meets the requirements in this section or that fails to meet the clinical quality
717.27 standards or administrative standards provided by the commissioner in the application and
717.28 certification process. The decertification is subject to appeal to the state.

718.1 Sec. 60. Minnesota Statutes 2020, section 256B.0622, subdivision 4, is amended to read:

718.2 Subd. 4. **Provider entity licensure and contract requirements for intensive residential**
718.3 **treatment services.** ~~(a) The intensive residential treatment services provider entity must:~~

718.4 ~~(1) be licensed under Minnesota Rules, parts 9520.0500 to 9520.0670;~~

718.5 ~~(2) not exceed 16 beds per site; and~~

718.6 ~~(3) comply with the additional standards in this section.~~

718.7 ~~(b)~~ (a) The commissioner shall develop procedures for counties and providers to submit
718.8 other documentation as needed to allow the commissioner to determine whether the standards
718.9 in this section are met.

718.10 ~~(c)~~ (b) A provider entity must specify in the provider entity's application what geographic
718.11 area and populations will be served by the proposed program. A provider entity must
718.12 document that the capacity or program specialties of existing programs are not sufficient
718.13 to meet the service needs of the target population. A provider entity must submit evidence
718.14 of ongoing relationships with other providers and levels of care to facilitate referrals to and
718.15 from the proposed program.

718.16 ~~(d)~~ (c) A provider entity must submit documentation that the provider entity requested
718.17 a statement of need from each county board and tribal authority that serves as a local mental
718.18 health authority in the proposed service area. The statement of need must specify if the local
718.19 mental health authority supports or does not support the need for the proposed program and
718.20 the basis for this determination. If a local mental health authority does not respond within
718.21 60 days of the receipt of the request, the commissioner shall determine the need for the
718.22 program based on the documentation submitted by the provider entity.

718.23 Sec. 61. Minnesota Statutes 2020, section 256B.0622, subdivision 7, is amended to read:

718.24 Subd. 7. **Assertive community treatment service standards.** (a) ACT teams must offer
718.25 and have the capacity to directly provide the following services:

718.26 (1) assertive engagement using collaborative strategies to encourage clients to receive
718.27 services;

718.28 (2) benefits and finance support that assists clients to capably manage financial affairs.
718.29 Services include but are not limited to assisting clients in applying for benefits, assisting
718.30 with redetermination of benefits, providing financial crisis management, teaching and
718.31 supporting budgeting skills and asset development, and coordinating with a client's
718.32 representative payee, if applicable;

- 774.13 (3) co-occurring substance use disorder treatment as defined in section 245I.02,
774.14 subdivision 11;
- 774.15 (4) crisis assessment and intervention;
- 774.16 (5) employment services that assist clients to work at jobs of the clients' choosing.
774.17 Services must follow the principles of the individual placement and support employment
774.18 model, including focusing on competitive employment, emphasizing individual client
774.19 preferences and strengths, ensuring employment services are integrated with mental health
774.20 services, conducting rapid job searches and systematic job development according to client
774.21 preferences and choices, providing benefits counseling, and offering all services in an
774.22 individualized and time-unlimited manner. Services must also include educating clients
774.23 about opportunities and benefits of work and school and assisting the client in learning job
774.24 skills, navigating the workplace, workplace accommodations, and managing work
774.25 relationships;
- 774.26 (6) family psychoeducation and support provided to the client's family and other natural
774.27 supports to restore and strengthen the client's unique social and family relationships. Services
774.28 include but are not limited to individualized psychoeducation about the client's illness and
774.29 the role of the family and other significant people in the therapeutic process; family
774.30 intervention to restore contact, resolve conflict, and maintain relationships with family and
774.31 other significant people in the client's life; ongoing communication and collaboration between
774.32 the ACT team and the family; introduction and referral to family self-help programs and
774.33 advocacy organizations that promote recovery and family engagement, individual supportive
775.1 counseling, parenting training, and service coordination to help clients fulfill parenting
775.2 responsibilities; coordinating services for the child and restoring relationships with children
775.3 who are not in the client's custody; and coordinating with child welfare and family agencies,
775.4 if applicable. These services must be provided with the client's agreement and consent;
- 775.5 (7) housing access support that assists clients to find, obtain, retain, and move to safe
775.6 and adequate housing of their choice. Housing access support includes but is not limited to
775.7 locating housing options with a focus on integrated independent settings; applying for
775.8 housing subsidies, programs, or resources; assisting the client in developing relationships
775.9 with local landlords; providing tenancy support and advocacy for the individual's tenancy
775.10 rights at the client's home; and assisting with relocation;
- 775.11 (8) medication assistance and support that assists clients in accessing medication,
775.12 developing the ability to take medications with greater independence, and providing
775.13 medication setup. Medication assistance and support includes assisting the client with the
775.14 prescription, administration, and ordering of medication by appropriate medical staff;
- 775.15 (9) medication education that educates clients on the role and effects of medications in
775.16 treating symptoms of mental illness and the side effects of medications;
- 775.17 (10) mental health certified peer specialists services according to section 256B.0615;

- 719.1 (3) co-occurring substance use disorder treatment as defined in section 245I.02,
719.2 subdivision 11;
- 719.3 (4) crisis assessment and intervention;
- 719.4 (5) employment services that assist clients to work at jobs of the clients' choosing.
719.5 Services must follow the principles of the individual placement and support employment
719.6 model, including focusing on competitive employment, emphasizing individual client
719.7 preferences and strengths, ensuring employment services are integrated with mental health
719.8 services, conducting rapid job searches and systematic job development according to client
719.9 preferences and choices, providing benefits counseling, and offering all services in an
719.10 individualized and time-unlimited manner. Services must also include educating clients
719.11 about opportunities and benefits of work and school and assisting the client in learning job
719.12 skills, navigating the workplace, workplace accommodations, and managing work
719.13 relationships;
- 719.14 (6) family psychoeducation and support provided to the client's family and other natural
719.15 supports to restore and strengthen the client's unique social and family relationships. Services
719.16 include but are not limited to individualized psychoeducation about the client's illness and
719.17 the role of the family and other significant people in the therapeutic process; family
719.18 intervention to restore contact, resolve conflict, and maintain relationships with family and
719.19 other significant people in the client's life; ongoing communication and collaboration between
719.20 the ACT team and the family; introduction and referral to family self-help programs and
719.21 advocacy organizations that promote recovery and family engagement, individual supportive
719.22 counseling, parenting training, and service coordination to help clients fulfill parenting
719.23 responsibilities; coordinating services for the child and restoring relationships with children
719.24 who are not in the client's custody; and coordinating with child welfare and family agencies,
719.25 if applicable. These services must be provided with the client's agreement and consent;
- 719.26 (7) housing access support that assists clients to find, obtain, retain, and move to safe
719.27 and adequate housing of their choice. Housing access support includes but is not limited to
719.28 locating housing options with a focus on integrated independent settings; applying for
719.29 housing subsidies, programs, or resources; assisting the client in developing relationships
719.30 with local landlords; providing tenancy support and advocacy for the individual's tenancy
719.31 rights at the client's home; and assisting with relocation;
- 719.32 (8) medication assistance and support that assists clients in accessing medication,
719.33 developing the ability to take medications with greater independence, and providing
720.1 medication setup. Medication assistance and support includes assisting the client with the
720.2 prescription, administration, and ordering of medication by appropriate medical staff;
- 720.3 (9) medication education that educates clients on the role and effects of medications in
720.4 treating symptoms of mental illness and the side effects of medications;
- 720.5 (10) mental health certified peer specialists services according to section 256B.0615;

775.18 (11) physical health services to meet the physical health needs of the client to support
775.19 the client's mental health recovery. Services include but are not limited to education on
775.20 primary health and wellness issues, medication administration and monitoring, providing
775.21 and coordinating medical screening and follow-up, scheduling routine and acute medical
775.22 and dental care visits, tobacco cessation strategies, assisting clients in attending appointments,
775.23 communicating with other providers, and integrating all physical and mental health treatment;

775.24 (12) rehabilitative mental health services as defined in section 245I.02, subdivision 33;

775.25 (13) symptom management that supports clients in identifying and targeting the symptoms
775.26 and occurrence patterns of their mental illness and developing strategies to reduce the impact
775.27 of those symptoms;

775.28 (14) therapeutic interventions to address specific symptoms and behaviors such as
775.29 anxiety, psychotic symptoms, emotional dysregulation, and trauma symptoms. Interventions
775.30 include empirically supported psychotherapies including but not limited to cognitive
775.31 behavioral therapy, exposure therapy, acceptance and commitment therapy, interpersonal
775.32 therapy, and motivational interviewing;

776.1 (15) wellness self-management and prevention that includes a combination of approaches
776.2 to working with the client to build and apply skills related to recovery, and to support the
776.3 client in participating in leisure and recreational activities, civic participation, and meaningful
776.4 structure; and

776.5 (16) other services based on client needs as identified in a client's assertive community
776.6 treatment individual treatment plan.

776.7 (b) ACT teams must ensure the provision of all services necessary to meet a client's
776.8 needs as identified in the client's individual treatment plan.

776.9 Sec. 60. Minnesota Statutes 2020, section 256B.0622, subdivision 7a, is amended to read:

776.10 Subd. 7a. **Assertive community treatment team staff requirements and roles.** (a)
776.11 The required treatment staff qualifications and roles for an ACT team are:

776.12 (1) the team leader:

776.13 (i) shall be a licensed mental health professional who is qualified under Minnesota Rules,
776.14 ~~part 9505.0371, subpart 5, item A.~~ Individuals who are not licensed but who are eligible
776.15 for licensure and are otherwise qualified may also fulfill this role but must obtain full
776.16 licensure within 24 months of assuming the role of team leader;

776.17 (ii) must be an active member of the ACT team and provide some direct services to
776.18 clients;

776.19 (iii) must be a single full-time staff member, dedicated to the ACT team, who is
776.20 responsible for overseeing the administrative operations of the team, providing ~~clinical~~
776.21 ~~oversight treatment supervision~~ of services in conjunction with the psychiatrist or psychiatric

720.6 (11) physical health services to meet the physical health needs of the client to support
720.7 the client's mental health recovery. Services include but are not limited to education on
720.8 primary health and wellness issues, medication administration and monitoring, providing
720.9 and coordinating medical screening and follow-up, scheduling routine and acute medical
720.10 and dental care visits, tobacco cessation strategies, assisting clients in attending appointments,
720.11 communicating with other providers, and integrating all physical and mental health treatment;

720.12 (12) rehabilitative mental health services as defined in section 245I.02, subdivision 33;

720.13 (13) symptom management that supports clients in identifying and targeting the symptoms
720.14 and occurrence patterns of their mental illness and developing strategies to reduce the impact
720.15 of those symptoms;

720.16 (14) therapeutic interventions to address specific symptoms and behaviors such as
720.17 anxiety, psychotic symptoms, emotional dysregulation, and trauma symptoms. Interventions
720.18 include empirically supported psychotherapies including but not limited to cognitive
720.19 behavioral therapy, exposure therapy, acceptance and commitment therapy, interpersonal
720.20 therapy, and motivational interviewing;

720.21 (15) wellness self-management and prevention that includes a combination of approaches
720.22 to working with the client to build and apply skills related to recovery, and to support the
720.23 client in participating in leisure and recreational activities, civic participation, and meaningful
720.24 structure; and

720.25 (16) other services based on client needs as identified in a client's assertive community
720.26 treatment individual treatment plan.

720.27 (b) ACT teams must ensure the provision of all services necessary to meet a client's
720.28 needs as identified in the client's individual treatment plan.

720.29 Sec. 62. Minnesota Statutes 2020, section 256B.0622, subdivision 7a, is amended to read:

720.30 Subd. 7a. **Assertive community treatment team staff requirements and roles.** (a)
720.31 The required treatment staff qualifications and roles for an ACT team are:

720.32 (1) the team leader:

721.1 (i) shall be a licensed mental health professional who is qualified under Minnesota Rules,
721.2 ~~part 9505.0371, subpart 5, item A.~~ Individuals who are not licensed but who are eligible
721.3 for licensure and are otherwise qualified may also fulfill this role but must obtain full
721.4 licensure within 24 months of assuming the role of team leader;

721.5 (ii) must be an active member of the ACT team and provide some direct services to
721.6 clients;

721.7 (iii) must be a single full-time staff member, dedicated to the ACT team, who is
721.8 responsible for overseeing the administrative operations of the team, providing ~~clinical~~
721.9 ~~oversight treatment supervision~~ of services in conjunction with the psychiatrist or psychiatric

776.22 care provider, and supervising team members to ensure delivery of best and ethical practices;
776.23 and

776.24 (iv) must be available to provide overall ~~clinical oversight~~ treatment supervision to the
776.25 ACT team after regular business hours and on weekends and holidays. The team leader may
776.26 delegate this duty to another qualified member of the ACT team;

776.27 (2) the psychiatric care provider:

776.28 (i) must be a ~~licensed psychiatrist certified by the American Board of Psychiatry and~~
776.29 ~~Neurology or eligible for board certification or certified by the American Osteopathic Board~~
776.30 ~~of Neurology and Psychiatry or eligible for board certification, or a psychiatric nurse who~~
776.31 ~~is qualified under Minnesota Rules, part 9505.0371, subpart 5, item A mental health~~
776.32 ~~professional permitted to prescribe psychiatric medications as part of the mental health~~
777.1 ~~professional's scope of practice. The psychiatric care provider must have demonstrated~~
777.2 ~~clinical experience working with individuals with serious and persistent mental illness;~~

777.3 (ii) shall collaborate with the team leader in sharing overall clinical responsibility for
777.4 screening and admitting clients; monitoring clients' treatment and team member service
777.5 delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects,
777.6 and health-related conditions; actively collaborating with nurses; and helping provide ~~clinical~~
777.7 ~~treatment~~ supervision to the team;

777.8 (iii) shall fulfill the following functions for assertive community treatment clients:
777.9 provide assessment and treatment of clients' symptoms and response to medications, including
777.10 side effects; provide brief therapy to clients; provide diagnostic and medication education
777.11 to clients, with medication decisions based on shared decision making; monitor clients'
777.12 nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and
777.13 community visits;

777.14 (iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized
777.15 for mental health treatment and shall communicate directly with the client's inpatient
777.16 psychiatric care providers to ensure continuity of care;

777.17 (v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per
777.18 50 clients. Part-time psychiatric care providers shall have designated hours to work on the
777.19 team, with sufficient blocks of time on consistent days to carry out the provider's clinical,
777.20 supervisory, and administrative responsibilities. No more than two psychiatric care providers
777.21 may share this role;

777.22 (vi) may not provide specific roles and responsibilities by telemedicine unless approved
777.23 by the commissioner; and

777.24 (vii) shall provide psychiatric backup to the program after regular business hours and
777.25 on weekends and holidays. The psychiatric care provider may delegate this duty to another
777.26 qualified psychiatric provider;

777.27 (3) the nursing staff:

721.10 care provider, and supervising team members to ensure delivery of best and ethical practices;
721.11 and

721.12 (iv) must be available to provide overall ~~clinical oversight~~ treatment supervision to the
721.13 ACT team after regular business hours and on weekends and holidays. The team leader may
721.14 delegate this duty to another qualified member of the ACT team;

721.15 (2) the psychiatric care provider:

721.16 (i) must be a ~~licensed psychiatrist certified by the American Board of Psychiatry and~~
721.17 ~~Neurology or eligible for board certification or certified by the American Osteopathic Board~~
721.18 ~~of Neurology and Psychiatry or eligible for board certification, or a psychiatric nurse who~~
721.19 ~~is qualified under Minnesota Rules, part 9505.0371, subpart 5, item A mental health~~
721.20 ~~professional permitted to prescribe psychiatric medications as part of the mental health~~
721.21 ~~professional's scope of practice. The psychiatric care provider must have demonstrated~~
721.22 ~~clinical experience working with individuals with serious and persistent mental illness;~~

721.23 (ii) shall collaborate with the team leader in sharing overall clinical responsibility for
721.24 screening and admitting clients; monitoring clients' treatment and team member service
721.25 delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects,
721.26 and health-related conditions; actively collaborating with nurses; and helping provide ~~clinical~~
721.27 ~~treatment~~ supervision to the team;

721.28 (iii) shall fulfill the following functions for assertive community treatment clients:
721.29 provide assessment and treatment of clients' symptoms and response to medications, including
721.30 side effects; provide brief therapy to clients; provide diagnostic and medication education
721.31 to clients, with medication decisions based on shared decision making; monitor clients'
721.32 nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and
721.33 community visits;

722.1 (iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized
722.2 for mental health treatment and shall communicate directly with the client's inpatient
722.3 psychiatric care providers to ensure continuity of care;

722.4 (v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per
722.5 50 clients. Part-time psychiatric care providers shall have designated hours to work on the
722.6 team, with sufficient blocks of time on consistent days to carry out the provider's clinical,
722.7 supervisory, and administrative responsibilities. No more than two psychiatric care providers
722.8 may share this role;

722.9 (vi) may not provide specific roles and responsibilities by telemedicine unless approved
722.10 by the commissioner; and

722.11 (vii) shall provide psychiatric backup to the program after regular business hours and
722.12 on weekends and holidays. The psychiatric care provider may delegate this duty to another
722.13 qualified psychiatric provider;

722.14 (3) the nursing staff:

777.28 (i) shall consist of one to three registered nurses or advanced practice registered nurses,
777.29 of whom at least one has a minimum of one-year experience working with adults with
777.30 serious mental illness and a working knowledge of psychiatric medications. No more than
777.31 two individuals can share a full-time equivalent position;

777.32 (ii) are responsible for managing medication, administering and documenting medication
777.33 treatment, and managing a secure medication room; and

778.1 (iii) shall develop strategies, in collaboration with clients, to maximize taking medications
778.2 as prescribed; screen and monitor clients' mental and physical health conditions and
778.3 medication side effects; engage in health promotion, prevention, and education activities;
778.4 communicate and coordinate services with other medical providers; facilitate the development
778.5 of the individual treatment plan for clients assigned; and educate the ACT team in monitoring
778.6 psychiatric and physical health symptoms and medication side effects;

778.7 (4) the co-occurring disorder specialist:

778.8 (i) shall be a full-time equivalent co-occurring disorder specialist who has received
778.9 specific training on co-occurring disorders that is consistent with national evidence-based
778.10 practices. The training must include practical knowledge of common substances and how
778.11 they affect mental illnesses, the ability to assess substance use disorders and the client's
778.12 stage of treatment, motivational interviewing, and skills necessary to provide counseling to
778.13 clients at all different stages of change and treatment. The co-occurring disorder specialist
778.14 may also be an individual who is a licensed alcohol and drug counselor as described in
778.15 section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience,
778.16 and other requirements in section 245G.11, subdivision 5. No more than two co-occurring
778.17 disorder specialists may occupy this role; and

778.18 (ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients.
778.19 The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT
778.20 team members on co-occurring disorders;

778.21 (5) the vocational specialist:

778.22 (i) shall be a full-time vocational specialist who has at least one-year experience providing
778.23 employment services or advanced education that involved field training in vocational services
778.24 to individuals with mental illness. An individual who does not meet these qualifications
778.25 may also serve as the vocational specialist upon completing a training plan approved by the
778.26 commissioner;

778.27 (ii) shall provide or facilitate the provision of vocational services to clients. The vocational
778.28 specialist serves as a consultant and educator to fellow ACT team members on these services;
778.29 and

778.30 (iii) ~~should~~ **must** not refer individuals to receive any type of vocational services or linkage
778.31 by providers outside of the ACT team;

778.32 (6) the mental health certified peer specialist:

722.15 (i) shall consist of one to three registered nurses or advanced practice registered nurses,
722.16 of whom at least one has a minimum of one-year experience working with adults with
722.17 serious mental illness and a working knowledge of psychiatric medications. No more than
722.18 two individuals can share a full-time equivalent position;

722.19 (ii) are responsible for managing medication, administering and documenting medication
722.20 treatment, and managing a secure medication room; and

722.21 (iii) shall develop strategies, in collaboration with clients, to maximize taking medications
722.22 as prescribed; screen and monitor clients' mental and physical health conditions and
722.23 medication side effects; engage in health promotion, prevention, and education activities;
722.24 communicate and coordinate services with other medical providers; facilitate the development
722.25 of the individual treatment plan for clients assigned; and educate the ACT team in monitoring
722.26 psychiatric and physical health symptoms and medication side effects;

722.27 (4) the co-occurring disorder specialist:

722.28 (i) shall be a full-time equivalent co-occurring disorder specialist who has received
722.29 specific training on co-occurring disorders that is consistent with national evidence-based
722.30 practices. The training must include practical knowledge of common substances and how
722.31 they affect mental illnesses, the ability to assess substance use disorders and the client's
722.32 stage of treatment, motivational interviewing, and skills necessary to provide counseling to
722.33 clients at all different stages of change and treatment. The co-occurring disorder specialist
723.1 may also be an individual who is a licensed alcohol and drug counselor as described in
723.2 section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience,
723.3 and other requirements in section 245G.11, subdivision 5. No more than two co-occurring
723.4 disorder specialists may occupy this role; and

723.5 (ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients.
723.6 The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT
723.7 team members on co-occurring disorders;

723.8 (5) the vocational specialist:

723.9 (i) shall be a full-time vocational specialist who has at least one-year experience providing
723.10 employment services or advanced education that involved field training in vocational services
723.11 to individuals with mental illness. An individual who does not meet these qualifications
723.12 may also serve as the vocational specialist upon completing a training plan approved by the
723.13 commissioner;

723.14 (ii) shall provide or facilitate the provision of vocational services to clients. The vocational
723.15 specialist serves as a consultant and educator to fellow ACT team members on these services;
723.16 and

723.17 (iii) ~~should~~ **must** not refer individuals to receive any type of vocational services or linkage
723.18 by providers outside of the ACT team;

723.19 (6) the mental health certified peer specialist:

779.1 (i) shall be a full-time equivalent ~~mental health certified peer specialist as defined in~~
779.2 ~~section 256B.0615~~. No more than two individuals can share this position. The mental health
779.3 certified peer specialist is a fully integrated team member who provides highly individualized
779.4 services in the community and promotes the self-determination and shared decision-making
779.5 abilities of clients. This requirement may be waived due to workforce shortages upon
779.6 approval of the commissioner;

779.7 (ii) must provide coaching, mentoring, and consultation to the clients to promote recovery,
779.8 self-advocacy, and self-direction, promote wellness management strategies, and assist clients
779.9 in developing advance directives; and

779.10 (iii) must model recovery values, attitudes, beliefs, and personal action to encourage
779.11 wellness and resilience, provide consultation to team members, promote a culture where
779.12 the clients' points of view and preferences are recognized, understood, respected, and
779.13 integrated into treatment, and serve in a manner equivalent to other team members;

779.14 (7) the program administrative assistant shall be a full-time office-based program
779.15 administrative assistant position assigned to solely work with the ACT team, providing a
779.16 range of supports to the team, clients, and families; and

779.17 (8) additional staff:

779.18 (i) shall be based on team size. Additional treatment team staff may include ~~licensed~~
779.19 ~~mental health professionals as defined in Minnesota Rules, part 9505.0371, subpart 5, item~~
779.20 ~~A; clinical trainees; certified rehabilitation specialists; mental health practitioners as defined~~
779.21 ~~in section 245.462, subdivision 17; a mental health practitioner working as a clinical trainee~~
779.22 ~~according to Minnesota Rules, part 9505.0371, subpart 5, item C; or mental health~~
779.23 ~~rehabilitation workers as defined in section 256B.0623, subdivision 5, paragraph (a), clause~~
779.24 ~~(4)~~. These individuals shall have the knowledge, skills, and abilities required by the
779.25 population served to carry out rehabilitation and support functions; and

779.26 (ii) shall be selected based on specific program needs or the population served.

779.27 (b) Each ACT team must clearly document schedules for all ACT team members.

779.28 (c) Each ACT team member must serve as a primary team member for clients assigned
779.29 by the team leader and are responsible for facilitating the individual treatment plan process
779.30 for those clients. The primary team member for a client is the responsible team member
779.31 knowledgeable about the client's life and circumstances and writes the individual treatment
779.32 plan. The primary team member provides individual supportive therapy or counseling, and
779.33 provides primary support and education to the client's family and support system.

780.1 (d) Members of the ACT team must have strong clinical skills, professional qualifications,
780.2 experience, and competency to provide a full breadth of rehabilitation services. Each staff
780.3 member shall be proficient in their respective discipline and be able to work collaboratively
780.4 as a member of a multidisciplinary team to deliver the majority of the treatment,

723.20 (i) shall be a full-time equivalent ~~mental health certified peer specialist as defined in~~
723.21 ~~section 256B.0615~~. No more than two individuals can share this position. The mental health
723.22 certified peer specialist is a fully integrated team member who provides highly individualized
723.23 services in the community and promotes the self-determination and shared decision-making
723.24 abilities of clients. This requirement may be waived due to workforce shortages upon
723.25 approval of the commissioner;

723.26 (ii) must provide coaching, mentoring, and consultation to the clients to promote recovery,
723.27 self-advocacy, and self-direction, promote wellness management strategies, and assist clients
723.28 in developing advance directives; and

723.29 (iii) must model recovery values, attitudes, beliefs, and personal action to encourage
723.30 wellness and resilience, provide consultation to team members, promote a culture where
723.31 the clients' points of view and preferences are recognized, understood, respected, and
723.32 integrated into treatment, and serve in a manner equivalent to other team members;

724.1 (7) the program administrative assistant shall be a full-time office-based program
724.2 administrative assistant position assigned to solely work with the ACT team, providing a
724.3 range of supports to the team, clients, and families; and

724.4 (8) additional staff:

724.5 (i) shall be based on team size. Additional treatment team staff may include ~~licensed~~
724.6 ~~mental health professionals as defined in Minnesota Rules, part 9505.0371, subpart 5, item~~
724.7 ~~A; clinical trainees; certified rehabilitation specialists; mental health practitioners as defined~~
724.8 ~~in section 245.462, subdivision 17; a mental health practitioner working as a clinical trainee~~
724.9 ~~according to Minnesota Rules, part 9505.0371, subpart 5, item C; or mental health~~
724.10 ~~rehabilitation workers as defined in section 256B.0623, subdivision 5, paragraph (a), clause~~
724.11 ~~(4)~~. These individuals shall have the knowledge, skills, and abilities required by the
724.12 population served to carry out rehabilitation and support functions; and

724.13 (ii) shall be selected based on specific program needs or the population served.

724.14 (b) Each ACT team must clearly document schedules for all ACT team members.

724.15 (c) Each ACT team member must serve as a primary team member for clients assigned
724.16 by the team leader and are responsible for facilitating the individual treatment plan process
724.17 for those clients. The primary team member for a client is the responsible team member
724.18 knowledgeable about the client's life and circumstances and writes the individual treatment
724.19 plan. The primary team member provides individual supportive therapy or counseling, and
724.20 provides primary support and education to the client's family and support system.

724.21 (d) Members of the ACT team must have strong clinical skills, professional qualifications,
724.22 experience, and competency to provide a full breadth of rehabilitation services. Each staff
724.23 member shall be proficient in their respective discipline and be able to work collaboratively
724.24 as a member of a multidisciplinary team to deliver the majority of the treatment,

780.5 rehabilitation, and support services clients require to fully benefit from receiving assertive
780.6 community treatment.

780.7 (e) Each ACT team member must fulfill training requirements established by the
780.8 commissioner.

780.9 Sec. 61. Minnesota Statutes 2020, section 256B.0622, subdivision 7b, is amended to read:

780.10 Subd. 7b. **Assertive community treatment program size and opportunities.** (a) Each
780.11 ACT team shall maintain an annual average caseload that does not exceed 100 clients.
780.12 Staff-to-client ratios shall be based on team size as follows:

780.13 (1) a small ACT team must:

780.14 (i) employ at least six but no more than seven full-time treatment team staff, excluding
780.15 the program assistant and the psychiatric care provider;

780.16 (ii) serve an annual average maximum of no more than 50 clients;

780.17 (iii) ensure at least one full-time equivalent position for every eight clients served;

780.18 (iv) schedule ACT team staff for at least eight-hour shift coverage on weekdays and
780.19 on-call duty to provide crisis services and deliver services after hours when staff are not
780.20 working;

780.21 (v) provide crisis services during business hours if the small ACT team does not have
780.22 sufficient staff numbers to operate an after-hours on-call system. During all other hours,
780.23 the ACT team may arrange for coverage for crisis assessment and intervention services
780.24 through a reliable crisis-intervention provider as long as there is a mechanism by which the
780.25 ACT team communicates routinely with the crisis-intervention provider and the on-call
780.26 ACT team staff are available to see clients face-to-face when necessary or if requested by
780.27 the crisis-intervention services provider;

780.28 (vi) adjust schedules and provide staff to carry out the needed service activities in the
780.29 evenings or on weekend days or holidays, when necessary;

780.30 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
780.31 provider is not regularly scheduled to work. If availability of the ACT team's psychiatric
780.32 care provider during all hours is not feasible, alternative psychiatric prescriber backup must
781.1 be arranged and a mechanism of timely communication and coordination established in
781.2 writing; and

781.3 (viii) be composed of, at minimum, one full-time team leader, at least 16 hours each
781.4 week per 50 clients of psychiatric provider time, or equivalent if fewer clients, one full-time
781.5 equivalent nursing, one full-time ~~substance abuse~~ co-occurring disorder specialist, one
781.6 full-time equivalent mental health certified peer specialist, one full-time vocational specialist,
781.7 one full-time program assistant, and at least one additional full-time ACT team member

724.25 rehabilitation, and support services clients require to fully benefit from receiving assertive
724.26 community treatment.

724.27 (e) Each ACT team member must fulfill training requirements established by the
724.28 commissioner.

724.29 Sec. 63. Minnesota Statutes 2020, section 256B.0622, subdivision 7b, is amended to read:

724.30 Subd. 7b. **Assertive community treatment program size and opportunities.** (a) Each
724.31 ACT team shall maintain an annual average caseload that does not exceed 100 clients.
724.32 Staff-to-client ratios shall be based on team size as follows:

725.1 (1) a small ACT team must:

725.2 (i) employ at least six but no more than seven full-time treatment team staff, excluding
725.3 the program assistant and the psychiatric care provider;

725.4 (ii) serve an annual average maximum of no more than 50 clients;

725.5 (iii) ensure at least one full-time equivalent position for every eight clients served;

725.6 (iv) schedule ACT team staff for at least eight-hour shift coverage on weekdays and
725.7 on-call duty to provide crisis services and deliver services after hours when staff are not
725.8 working;

725.9 (v) provide crisis services during business hours if the small ACT team does not have
725.10 sufficient staff numbers to operate an after-hours on-call system. During all other hours,
725.11 the ACT team may arrange for coverage for crisis assessment and intervention services
725.12 through a reliable crisis-intervention provider as long as there is a mechanism by which the
725.13 ACT team communicates routinely with the crisis-intervention provider and the on-call
725.14 ACT team staff are available to see clients face-to-face when necessary or if requested by
725.15 the crisis-intervention services provider;

725.16 (vi) adjust schedules and provide staff to carry out the needed service activities in the
725.17 evenings or on weekend days or holidays, when necessary;

725.18 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
725.19 provider is not regularly scheduled to work. If availability of the ACT team's psychiatric
725.20 care provider during all hours is not feasible, alternative psychiatric prescriber backup must
725.21 be arranged and a mechanism of timely communication and coordination established in
725.22 writing; and

725.23 (viii) be composed of, at minimum, one full-time team leader, at least 16 hours each
725.24 week per 50 clients of psychiatric provider time, or equivalent if fewer clients, one full-time
725.25 equivalent nursing, one full-time ~~substance abuse~~ co-occurring disorder specialist, one
725.26 full-time equivalent mental health certified peer specialist, one full-time vocational specialist,
725.27 one full-time program assistant, and at least one additional full-time ACT team member

781.8 who has mental health professional, certified rehabilitation specialist, clinical trainee, or
781.9 mental health practitioner status; and

781.10 (2) a midsize ACT team shall:

781.11 (i) be composed of, at minimum, one full-time team leader, at least 16 hours of psychiatry
781.12 time for 51 clients, with an additional two hours for every six clients added to the team, 1.5
781.13 to two full-time equivalent nursing staff, one full-time ~~substance abuse co-occurring disorder~~
781.14 specialist, one full-time equivalent mental health certified peer specialist, one full-time
781.15 vocational specialist, one full-time program assistant, and at least 1.5 to two additional
781.16 full-time equivalent ACT members, with at least one dedicated full-time staff member with
781.17 mental health professional status. Remaining team members may have mental health
781.18 professional, certified rehabilitation specialist, clinical trainee, or mental health practitioner
781.19 status;

781.20 (ii) employ seven or more treatment team full-time equivalents, excluding the program
781.21 assistant and the psychiatric care provider;

781.22 (iii) serve an annual average maximum caseload of 51 to 74 clients;

781.23 (iv) ensure at least one full-time equivalent position for every nine clients served;

781.24 (v) schedule ACT team staff for a minimum of ten-hour shift coverage on weekdays
781.25 and six- to eight-hour shift coverage on weekends and holidays. In addition to these minimum
781.26 specifications, staff are regularly scheduled to provide the necessary services on a
781.27 client-by-client basis in the evenings and on weekends and holidays;

781.28 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
781.29 when staff are not working;

781.30 (vii) have the authority to arrange for coverage for crisis assessment and intervention
781.31 services through a reliable crisis-intervention provider as long as there is a mechanism by
781.32 which the ACT team communicates routinely with the crisis-intervention provider and the
782.1 on-call ACT team staff are available to see clients face-to-face when necessary or if requested
782.2 by the crisis-intervention services provider; and

782.3 (viii) arrange for and provide psychiatric backup during all hours the psychiatric care
782.4 provider is not regularly scheduled to work. If availability of the psychiatric care provider
782.5 during all hours is not feasible, alternative psychiatric prescriber backup must be arranged
782.6 and a mechanism of timely communication and coordination established in writing;

782.7 (3) a large ACT team must:

782.8 (i) be composed of, at minimum, one full-time team leader, at least 32 hours each week
782.9 per 100 clients, or equivalent of psychiatry time, three full-time equivalent nursing staff,
782.10 one full-time ~~substance abuse co-occurring disorder~~ specialist, one full-time equivalent
782.11 mental health certified peer specialist, one full-time vocational specialist, one full-time
782.12 program assistant, and at least two additional full-time equivalent ACT team members, with

725.28 who has mental health professional, certified rehabilitation specialist, clinical trainee, or
725.29 mental health practitioner status; and

725.30 (2) a midsize ACT team shall:

725.31 (i) be composed of, at minimum, one full-time team leader, at least 16 hours of psychiatry
725.32 time for 51 clients, with an additional two hours for every six clients added to the team, 1.5
725.33 to two full-time equivalent nursing staff, one full-time ~~substance abuse co-occurring disorder~~
726.1 specialist, one full-time equivalent mental health certified peer specialist, one full-time
726.2 vocational specialist, one full-time program assistant, and at least 1.5 to two additional
726.3 full-time equivalent ACT members, with at least one dedicated full-time staff member with
726.4 mental health professional status. Remaining team members may have mental health
726.5 professional, certified rehabilitation specialist, clinical trainee, or mental health practitioner
726.6 status;

726.7 (ii) employ seven or more treatment team full-time equivalents, excluding the program
726.8 assistant and the psychiatric care provider;

726.9 (iii) serve an annual average maximum caseload of 51 to 74 clients;

726.10 (iv) ensure at least one full-time equivalent position for every nine clients served;

726.11 (v) schedule ACT team staff for a minimum of ten-hour shift coverage on weekdays
726.12 and six- to eight-hour shift coverage on weekends and holidays. In addition to these minimum
726.13 specifications, staff are regularly scheduled to provide the necessary services on a
726.14 client-by-client basis in the evenings and on weekends and holidays;

726.15 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
726.16 when staff are not working;

726.17 (vii) have the authority to arrange for coverage for crisis assessment and intervention
726.18 services through a reliable crisis-intervention provider as long as there is a mechanism by
726.19 which the ACT team communicates routinely with the crisis-intervention provider and the
726.20 on-call ACT team staff are available to see clients face-to-face when necessary or if requested
726.21 by the crisis-intervention services provider; and

726.22 (viii) arrange for and provide psychiatric backup during all hours the psychiatric care
726.23 provider is not regularly scheduled to work. If availability of the psychiatric care provider
726.24 during all hours is not feasible, alternative psychiatric prescriber backup must be arranged
726.25 and a mechanism of timely communication and coordination established in writing;

726.26 (3) a large ACT team must:

726.27 (i) be composed of, at minimum, one full-time team leader, at least 32 hours each week
726.28 per 100 clients, or equivalent of psychiatry time, three full-time equivalent nursing staff,
726.29 one full-time ~~substance abuse co-occurring disorder~~ specialist, one full-time equivalent
726.30 mental health certified peer specialist, one full-time vocational specialist, one full-time
726.31 program assistant, and at least two additional full-time equivalent ACT team members, with

782.13 at least one dedicated full-time staff member with mental health professional status.
782.14 Remaining team members may have mental health professional or mental health practitioner
782.15 status;

782.16 (ii) employ nine or more treatment team full-time equivalents, excluding the program
782.17 assistant and psychiatric care provider;

782.18 (iii) serve an annual average maximum caseload of 75 to 100 clients;

782.19 (iv) ensure at least one full-time equivalent position for every nine individuals served;

782.20 (v) schedule staff to work two eight-hour shifts, with a minimum of two staff on the
782.21 second shift providing services at least 12 hours per day weekdays. For weekends and
782.22 holidays, the team must operate and schedule ACT team staff to work one eight-hour shift,
782.23 with a minimum of two staff each weekend day and every holiday;

782.24 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
782.25 when staff are not working; and

782.26 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
782.27 provider is not regularly scheduled to work. If availability of the ACT team psychiatric care
782.28 provider during all hours is not feasible, alternative psychiatric backup must be arranged
782.29 and a mechanism of timely communication and coordination established in writing.

782.30 (b) An ACT team of any size may have a staff-to-client ratio that is lower than the
782.31 requirements described in paragraph (a) upon approval by the commissioner, but may not
782.32 exceed a one-to-ten staff-to-client ratio.

783.1 Sec. 62. Minnesota Statutes 2020, section 256B.0622, subdivision 7d, is amended to read:

783.2 Subd. 7d. **Assertive community treatment assessment and individual treatment**
783.3 **plan.** (a) An initial assessment, ~~including a diagnostic assessment that meets the requirements~~
783.4 ~~of Minnesota Rules, part 9505.0372, subpart 1, and a 30-day treatment plan~~ shall be
783.5 completed the day of the client's admission to assertive community treatment by the ACT
783.6 team leader or the psychiatric care provider, with participation by designated ACT team
783.7 members and the client. The initial assessment must include obtaining or completing a
783.8 standard diagnostic assessment according to section 245I.10, subdivision 6, and completing
783.9 a 30-day individual treatment plan. The team leader, psychiatric care provider, or other
783.10 mental health professional designated by the team leader or psychiatric care provider, must
783.11 update the client's diagnostic assessment at least annually.

783.12 (b) ~~An initial A functional assessment must be completed within ten days of intake and~~
783.13 ~~updated every six months for assertive community treatment, or prior to discharge from the~~
783.14 ~~service, whichever comes first~~ according to section 245I.10, subdivision 9.

726.32 at least one dedicated full-time staff member with mental health professional status.
727.1 Remaining team members may have mental health professional or mental health practitioner
727.2 status;

727.3 (ii) employ nine or more treatment team full-time equivalents, excluding the program
727.4 assistant and psychiatric care provider;

727.5 (iii) serve an annual average maximum caseload of 75 to 100 clients;

727.6 (iv) ensure at least one full-time equivalent position for every nine individuals served;

727.7 (v) schedule staff to work two eight-hour shifts, with a minimum of two staff on the
727.8 second shift providing services at least 12 hours per day weekdays. For weekends and
727.9 holidays, the team must operate and schedule ACT team staff to work one eight-hour shift,
727.10 with a minimum of two staff each weekend day and every holiday;

727.11 (vi) schedule ACT team staff on-call duty to provide crisis services and deliver services
727.12 when staff are not working; and

727.13 (vii) arrange for and provide psychiatric backup during all hours the psychiatric care
727.14 provider is not regularly scheduled to work. If availability of the ACT team psychiatric care
727.15 provider during all hours is not feasible, alternative psychiatric backup must be arranged
727.16 and a mechanism of timely communication and coordination established in writing.

727.17 (b) An ACT team of any size may have a staff-to-client ratio that is lower than the
727.18 requirements described in paragraph (a) upon approval by the commissioner, but may not
727.19 exceed a one-to-ten staff-to-client ratio.

727.20 Sec. 64. Minnesota Statutes 2020, section 256B.0622, subdivision 7d, is amended to read:

727.21 Subd. 7d. **Assertive community treatment assessment and individual treatment**
727.22 **plan.** (a) An initial assessment, ~~including a diagnostic assessment that meets the requirements~~
727.23 ~~of Minnesota Rules, part 9505.0372, subpart 1, and a 30-day treatment plan~~ shall be
727.24 completed the day of the client's admission to assertive community treatment by the ACT
727.25 team leader or the psychiatric care provider, with participation by designated ACT team
727.26 members and the client. The initial assessment must include obtaining or completing a
727.27 standard diagnostic assessment according to section 245I.10, subdivision 6, and completing
727.28 a 30-day individual treatment plan. The team leader, psychiatric care provider, or other
727.29 mental health professional designated by the team leader or psychiatric care provider, must
727.30 update the client's diagnostic assessment at least annually.

728.1 (b) ~~An initial A functional assessment must be completed within ten days of intake and~~
728.2 ~~updated every six months for assertive community treatment, or prior to discharge from the~~
728.3 ~~service, whichever comes first~~ according to section 245I.10, subdivision 9.

783.15 ~~(c)~~ Within 30 days of the client's assertive community treatment admission, the ACT
783.16 team shall complete an in-depth assessment of the domains listed under section 245.462,
783.17 subdivision 11a.

783.18 ~~(d)~~ Each part of the in-depth functional assessment areas shall be completed by each
783.19 respective team specialist or an ACT team member with skill and knowledge in the area
783.20 being assessed. ~~The assessments are based upon all available information, including that~~
783.21 ~~from client interview family and identified natural supports, and written summaries from~~
783.22 ~~other agencies, including police, courts, county social service agencies, outpatient facilities,~~
783.23 ~~and inpatient facilities, where applicable.~~

783.24 ~~(c)~~ (c) Between 30 and 45 days after the client's admission to assertive community
783.25 treatment, the entire ACT team must hold a comprehensive case conference, where all team
783.26 members, including the psychiatric provider, present information discovered from the
783.27 completed in-depth assessments and provide treatment recommendations. The conference
783.28 must serve as the basis for the first ~~six-month~~ individual treatment plan, which must be
783.29 written by the primary team member.

783.30 ~~(d)~~ (d) The client's psychiatric care provider, primary team member, and individual
783.31 treatment team members shall assume responsibility for preparing the written narrative of
783.32 the results from the psychiatric and social functioning history timeline and the comprehensive
783.33 assessment.

784.1 ~~(c)~~ (c) The primary team member and individual treatment team members shall be
784.2 assigned by the team leader in collaboration with the psychiatric care provider by the time
784.3 of the first treatment planning meeting or 30 days after admission, whichever occurs first.

784.4 ~~(f)~~ (f) Individual treatment plans must be developed through the following treatment
784.5 planning process:

784.6 (1) The individual treatment plan shall be developed in collaboration with the client and
784.7 the client's preferred natural supports, and guardian, if applicable and appropriate. The ACT
784.8 team shall evaluate, together with each client, the client's needs, strengths, and preferences
784.9 and develop the individual treatment plan collaboratively. The ACT team shall make every
784.10 effort to ensure that the client and the client's family and natural supports, with the client's
784.11 consent, are in attendance at the treatment planning meeting, are involved in ongoing
784.12 meetings related to treatment, and have the necessary supports to fully participate. The
784.13 client's participation in the development of the individual treatment plan shall be documented.

784.14 (2) The client and the ACT team shall work together to formulate and prioritize the
784.15 issues, set goals, research approaches and interventions, and establish the plan. The plan is
784.16 individually tailored so that the treatment, rehabilitation, and support approaches and
784.17 interventions achieve optimum symptom reduction, help fulfill the personal needs and
784.18 aspirations of the client, take into account the cultural beliefs and realities of the individual,
784.19 and improve all the aspects of psychosocial functioning that are important to the client. The
784.20 process supports strengths, rehabilitation, and recovery.

728.4 ~~(c)~~ Within 30 days of the client's assertive community treatment admission, the ACT
728.5 team shall complete an in-depth assessment of the domains listed under section 245.462,
728.6 subdivision 11a.

728.7 ~~(d)~~ Each part of the in-depth functional assessment areas shall be completed by each
728.8 respective team specialist or an ACT team member with skill and knowledge in the area
728.9 being assessed. ~~The assessments are based upon all available information, including that~~
728.10 ~~from client interview family and identified natural supports, and written summaries from~~
728.11 ~~other agencies, including police, courts, county social service agencies, outpatient facilities,~~
728.12 ~~and inpatient facilities, where applicable.~~

728.13 ~~(c)~~ (c) Between 30 and 45 days after the client's admission to assertive community
728.14 treatment, the entire ACT team must hold a comprehensive case conference, where all team
728.15 members, including the psychiatric provider, present information discovered from the
728.16 completed in-depth assessments and provide treatment recommendations. The conference
728.17 must serve as the basis for the first ~~six-month~~ individual treatment plan, which must be
728.18 written by the primary team member.

728.19 ~~(d)~~ (d) The client's psychiatric care provider, primary team member, and individual
728.20 treatment team members shall assume responsibility for preparing the written narrative of
728.21 the results from the psychiatric and social functioning history timeline and the comprehensive
728.22 assessment.

728.23 ~~(c)~~ (c) The primary team member and individual treatment team members shall be
728.24 assigned by the team leader in collaboration with the psychiatric care provider by the time
728.25 of the first treatment planning meeting or 30 days after admission, whichever occurs first.

728.26 ~~(f)~~ (f) Individual treatment plans must be developed through the following treatment
728.27 planning process:

728.28 (1) The individual treatment plan shall be developed in collaboration with the client and
728.29 the client's preferred natural supports, and guardian, if applicable and appropriate. The ACT
728.30 team shall evaluate, together with each client, the client's needs, strengths, and preferences
728.31 and develop the individual treatment plan collaboratively. The ACT team shall make every
728.32 effort to ensure that the client and the client's family and natural supports, with the client's
728.33 consent, are in attendance at the treatment planning meeting, are involved in ongoing
729.1 meetings related to treatment, and have the necessary supports to fully participate. The
729.2 client's participation in the development of the individual treatment plan shall be documented.

729.3 (2) The client and the ACT team shall work together to formulate and prioritize the
729.4 issues, set goals, research approaches and interventions, and establish the plan. The plan is
729.5 individually tailored so that the treatment, rehabilitation, and support approaches and
729.6 interventions achieve optimum symptom reduction, help fulfill the personal needs and
729.7 aspirations of the client, take into account the cultural beliefs and realities of the individual,
729.8 and improve all the aspects of psychosocial functioning that are important to the client. The
729.9 process supports strengths, rehabilitation, and recovery.

784.21 (3) Each client's individual treatment plan shall identify service needs, strengths and
784.22 capacities, and barriers, and set specific and measurable short- and long-term goals for each
784.23 service need. The individual treatment plan must clearly specify the approaches and
784.24 interventions necessary for the client to achieve the individual goals, when the interventions
784.25 shall happen, and identify which ACT team member shall carry out the approaches and
784.26 interventions.

784.27 (4) The primary team member and the individual treatment team, together with the client
784.28 and the client's family and natural supports with the client's consent, are responsible for
784.29 reviewing and rewriting the treatment goals and individual treatment plan whenever there
784.30 is a major decision point in the client's course of treatment or at least every six months.

784.31 (5) The primary team member shall prepare a summary that thoroughly describes in
784.32 writing the client's and the individual treatment team's evaluation of the client's progress
784.33 and goal attainment, the effectiveness of the interventions, and the satisfaction with services
785.1 since the last individual treatment plan. The client's most recent diagnostic assessment must
785.2 be included with the treatment plan summary.

785.3 (6) The individual treatment plan and review must be ~~signed~~ approved or acknowledged
785.4 by the client, the primary team member, the team leader, the psychiatric care provider, and
785.5 all individual treatment team members. A copy of the ~~signed~~ approved individual treatment
785.6 plan ~~is~~ must be made available to the client.

785.7 Sec. 63. Minnesota Statutes 2020, section 256B.0623, subdivision 1, is amended to read:

785.8 Subdivision 1. **Scope.** Subject to federal approval, medical assistance covers medically
785.9 necessary adult rehabilitative mental health services as defined in subdivision 2, subject to
785.10 federal approval, if provided to recipients as defined in subdivision 3 and provided by a
785.11 qualified provider entity meeting the standards in this section and by a qualified individual
785.12 provider working within the provider's scope of practice and identified in the recipient's
785.13 individual treatment plan as defined in section 245.462, subdivision 14, and if determined
785.14 to be medically necessary according to section 62Q.53 when the services are provided by
785.15 an entity meeting the standards in this section. The provider entity must make reasonable
785.16 and good faith efforts to report individual client outcomes to the commissioner, using
785.17 instruments and protocols approved by the commissioner.

785.18 Sec. 64. Minnesota Statutes 2020, section 256B.0623, subdivision 2, is amended to read:

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

785.21 (a) "Adult rehabilitative mental health services" means ~~mental health services which are~~
785.22 ~~rehabilitative and enable the recipient to develop and enhance psychiatric stability, social~~
785.23 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
785.24 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~
785.25 ~~Adult rehabilitative mental health services are also appropriate when provided to enable a~~
785.26 ~~recipient to retain stability and functioning, if the recipient would be at risk of significant~~

729.10 (3) Each client's individual treatment plan shall identify service needs, strengths and
729.11 capacities, and barriers, and set specific and measurable short- and long-term goals for each
729.12 service need. The individual treatment plan must clearly specify the approaches and
729.13 interventions necessary for the client to achieve the individual goals, when the interventions
729.14 shall happen, and identify which ACT team member shall carry out the approaches and
729.15 interventions.

729.16 (4) The primary team member and the individual treatment team, together with the client
729.17 and the client's family and natural supports with the client's consent, are responsible for
729.18 reviewing and rewriting the treatment goals and individual treatment plan whenever there
729.19 is a major decision point in the client's course of treatment or at least every six months.

729.20 (5) The primary team member shall prepare a summary that thoroughly describes in
729.21 writing the client's and the individual treatment team's evaluation of the client's progress
729.22 and goal attainment, the effectiveness of the interventions, and the satisfaction with services
729.23 since the last individual treatment plan. The client's most recent diagnostic assessment must
729.24 be included with the treatment plan summary.

729.25 (6) The individual treatment plan and review must be ~~signed~~ approved or acknowledged
729.26 by the client, the primary team member, the team leader, the psychiatric care provider, and
729.27 all individual treatment team members. A copy of the ~~signed~~ approved individual treatment
729.28 plan ~~is~~ must be made available to the client.

729.29 Sec. 65. Minnesota Statutes 2020, section 256B.0623, subdivision 1, is amended to read:

729.30 Subdivision 1. **Scope.** Subject to federal approval, medical assistance covers medically
729.31 necessary adult rehabilitative mental health services as defined in subdivision 2, subject to
729.32 federal approval, if provided to recipients as defined in subdivision 3 and provided by a
729.33 qualified provider entity meeting the standards in this section and by a qualified individual
730.1 provider working within the provider's scope of practice and identified in the recipient's
730.2 individual treatment plan as defined in section 245.462, subdivision 14, and if determined
730.3 to be medically necessary according to section 62Q.53 when the services are provided by
730.4 an entity meeting the standards in this section. The provider entity must make reasonable
730.5 and good faith efforts to report individual client outcomes to the commissioner, using
730.6 instruments and protocols approved by the commissioner.

730.7 Sec. 66. Minnesota Statutes 2020, section 256B.0623, subdivision 2, is amended to read:

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

730.10 (a) "Adult rehabilitative mental health services" means ~~mental health services which are~~
730.11 ~~rehabilitative and enable the recipient to develop and enhance psychiatric stability, social~~
730.12 ~~competencies, personal and emotional adjustment, independent living, parenting skills, and~~
730.13 ~~community skills, when these abilities are impaired by the symptoms of mental illness.~~
730.14 ~~Adult rehabilitative mental health services are also appropriate when provided to enable a~~
730.15 ~~recipient to retain stability and functioning, if the recipient would be at risk of significant~~

785.27 ~~functional decompensation or more restrictive service settings without these services the~~
785.28 ~~services described in section 245I.02, subdivision 33.~~

785.29 (1) ~~Adult rehabilitative mental health services instruct, assist, and support the recipient~~
785.30 ~~in areas such as: interpersonal communication skills, community resource utilization and~~
785.31 ~~integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting~~
785.32 ~~and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,~~
785.33 ~~transportation skills, medication education and monitoring, mental illness symptom~~
786.1 ~~management skills, household management skills, employment-related skills, parenting~~
786.2 ~~skills, and transition to community living services.~~

786.3 (2) ~~These services shall be provided to the recipient on a one-to-one basis in the recipient's~~
786.4 ~~home or another community setting or in groups.~~

786.5 (b) "Medication education services" means services provided individually or in groups
786.6 which focus on educating the recipient about mental illness and symptoms; the role and
786.7 effects of medications in treating symptoms of mental illness; and the side effects of
786.8 medications. Medication education is coordinated with medication management services
786.9 and does not duplicate it. Medication education services are provided by physicians, advanced
786.10 practice registered nurses, pharmacists, physician assistants, or registered nurses.

786.11 (c) "Transition to community living services" means services which maintain continuity
786.12 of contact between the rehabilitation services provider and the recipient and which facilitate
786.13 discharge from a hospital, residential treatment program ~~under Minnesota Rules, chapter~~
786.14 ~~9505~~, board and lodging facility, or nursing home. Transition to community living services
786.15 are not intended to provide other areas of adult rehabilitative mental health services.

786.16 Sec. 65. Minnesota Statutes 2020, section 256B.0623, subdivision 3, is amended to read:

786.17 Subd. 3. **Eligibility.** An eligible recipient is an individual who:

786.18 (1) is age 18 or older;

786.19 (2) is diagnosed with a medical condition, such as mental illness or traumatic brain
786.20 injury, for which adult rehabilitative mental health services are needed;

786.21 (3) has substantial disability and functional impairment in three or more of the areas
786.22 listed in section ~~245.462, subdivision 11a~~ 245I.10, subdivision 9, clause (4), so that
786.23 self-sufficiency is markedly reduced; and

786.24 (4) has had a recent ~~standard diagnostic assessment or an adult diagnostic assessment~~
786.25 ~~update~~ by a qualified professional that documents adult rehabilitative mental health services
786.26 are medically necessary to address identified disability and functional impairments and
786.27 individual recipient goals.

730.16 ~~functional decompensation or more restrictive service settings without these services the~~
730.17 ~~services described in section 245I.02, subdivision 33.~~

730.18 (1) ~~Adult rehabilitative mental health services instruct, assist, and support the recipient~~
730.19 ~~in areas such as: interpersonal communication skills, community resource utilization and~~
730.20 ~~integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting~~
730.21 ~~and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,~~
730.22 ~~transportation skills, medication education and monitoring, mental illness symptom~~
730.23 ~~management skills, household management skills, employment-related skills, parenting~~
730.24 ~~skills, and transition to community living services.~~

730.25 (2) ~~These services shall be provided to the recipient on a one-to-one basis in the recipient's~~
730.26 ~~home or another community setting or in groups.~~

730.27 (b) "Medication education services" means services provided individually or in groups
730.28 which focus on educating the recipient about mental illness and symptoms; the role and
730.29 effects of medications in treating symptoms of mental illness; and the side effects of
730.30 medications. Medication education is coordinated with medication management services
730.31 and does not duplicate it. Medication education services are provided by physicians, advanced
730.32 practice registered nurses, pharmacists, physician assistants, or registered nurses.

731.1 (c) "Transition to community living services" means services which maintain continuity
731.2 of contact between the rehabilitation services provider and the recipient and which facilitate
731.3 discharge from a hospital, residential treatment program ~~under Minnesota Rules, chapter~~
731.4 ~~9505~~, board and lodging facility, or nursing home. Transition to community living services
731.5 are not intended to provide other areas of adult rehabilitative mental health services.

731.6 Sec. 67. Minnesota Statutes 2020, section 256B.0623, subdivision 3, is amended to read:

731.7 Subd. 3. **Eligibility.** An eligible recipient is an individual who:

731.8 (1) is age 18 or older;

731.9 (2) is diagnosed with a medical condition, such as mental illness or traumatic brain
731.10 injury, for which adult rehabilitative mental health services are needed;

731.11 (3) has substantial disability and functional impairment in three or more of the areas
731.12 listed in section ~~245.462, subdivision 11a~~ 245I.10, subdivision 9, clause (4), so that
731.13 self-sufficiency is markedly reduced; and

731.14 (4) has had a recent ~~standard diagnostic assessment or an adult diagnostic assessment~~
731.15 ~~update~~ by a qualified professional that documents adult rehabilitative mental health services
731.16 are medically necessary to address identified disability and functional impairments and
731.17 individual recipient goals.

786.28 Sec. 66. Minnesota Statutes 2020, section 256B.0623, subdivision 4, is amended to read:

786.29 Subd. 4. **Provider entity standards.** (a) The provider entity must be certified by the
786.30 state following the certification process and procedures developed by the commissioner.

787.1 (b) The certification process is a determination as to whether the entity meets the standards
787.2 in this ~~subdivision~~ section and chapter 245I, as required in section 245I.011, subdivision 5.
787.3 The certification must specify which adult rehabilitative mental health services the entity
787.4 is qualified to provide.

787.5 (c) A noncounty provider entity must obtain additional certification from each county
787.6 in which it will provide services. The additional certification must be based on the adequacy
787.7 of the entity's knowledge of that county's local health and human service system, and the
787.8 ability of the entity to coordinate its services with the other services available in that county.
787.9 A county-operated entity must obtain this additional certification from any other county in
787.10 which it will provide services.

787.11 (d) State-level recertification must occur at least every three years.

787.12 (e) The commissioner may intervene at any time and decertify providers with cause.
787.13 The decertification is subject to appeal to the state. A county board may recommend that
787.14 the state decertify a provider for cause.

787.15 (f) The adult rehabilitative mental health services provider entity must meet the following
787.16 standards:

787.17 (1) have capacity to recruit, hire, manage, and train ~~mental health professionals, mental~~
787.18 ~~health practitioners, and mental health rehabilitation workers~~ qualified staff;

787.19 (2) have adequate administrative ability to ensure availability of services;

787.20 ~~(3) ensure adequate preservice and inservice and ongoing training for staff;~~

787.21 ~~(4) (3) ensure that mental health professionals, mental health practitioners, and mental~~
787.22 ~~health rehabilitation workers~~ staff are skilled in the delivery of the specific adult rehabilitative
787.23 mental health services provided to the individual eligible recipient;

787.24 ~~(5) ensure that staff is capable of implementing culturally specific services that are~~
787.25 ~~culturally competent and appropriate as determined by the recipient's culture, beliefs, values,~~
787.26 ~~and language as identified in the individual treatment plan;~~

787.27 ~~(6) (4) ensure enough flexibility in service delivery to respond to the changing and~~
787.28 ~~intermittent care needs of a recipient as identified by the recipient and the individual treatment~~
787.29 ~~plan;~~

787.30 ~~(7) ensure that the mental health professional or mental health practitioner, who is under~~
787.31 ~~the clinical supervision of a mental health professional, involved in a recipient's services~~
787.32 ~~participates in the development of the individual treatment plan;~~

731.18 Sec. 68. Minnesota Statutes 2020, section 256B.0623, subdivision 4, is amended to read:

731.19 Subd. 4. **Provider entity standards.** (a) The provider entity must be certified by the
731.20 state following the certification process and procedures developed by the commissioner.

731.21 (b) The certification process is a determination as to whether the entity meets the standards
731.22 in this ~~subdivision~~ section and chapter 245I, as required in section 245I.011, subdivision 5.
731.23 The certification must specify which adult rehabilitative mental health services the entity
731.24 is qualified to provide.

731.25 (c) A noncounty provider entity must obtain additional certification from each county
731.26 in which it will provide services. The additional certification must be based on the adequacy
731.27 of the entity's knowledge of that county's local health and human service system, and the
731.28 ability of the entity to coordinate its services with the other services available in that county.
731.29 A county-operated entity must obtain this additional certification from any other county in
731.30 which it will provide services.

731.31 (d) State-level recertification must occur at least every three years.

732.1 (e) The commissioner may intervene at any time and decertify providers with cause.
732.2 The decertification is subject to appeal to the state. A county board may recommend that
732.3 the state decertify a provider for cause.

732.4 (f) The adult rehabilitative mental health services provider entity must meet the following
732.5 standards:

732.6 (1) have capacity to recruit, hire, manage, and train ~~mental health professionals, mental~~
732.7 ~~health practitioners, and mental health rehabilitation workers~~ qualified staff;

732.8 (2) have adequate administrative ability to ensure availability of services;

732.9 ~~(3) ensure adequate preservice and inservice and ongoing training for staff;~~

732.10 ~~(4) (3) ensure that mental health professionals, mental health practitioners, and mental~~
732.11 ~~health rehabilitation workers~~ staff are skilled in the delivery of the specific adult rehabilitative
732.12 mental health services provided to the individual eligible recipient;

732.13 ~~(5) ensure that staff is capable of implementing culturally specific services that are~~
732.14 ~~culturally competent and appropriate as determined by the recipient's culture, beliefs, values,~~
732.15 ~~and language as identified in the individual treatment plan;~~

732.16 ~~(6) (4) ensure enough flexibility in service delivery to respond to the changing and~~
732.17 ~~intermittent care needs of a recipient as identified by the recipient and the individual treatment~~
732.18 ~~plan;~~

732.19 ~~(7) ensure that the mental health professional or mental health practitioner, who is under~~
732.20 ~~the clinical supervision of a mental health professional, involved in a recipient's services~~
732.21 ~~participates in the development of the individual treatment plan;~~

788.1 ~~(8)~~ (5) assist the recipient in arranging needed crisis assessment, intervention, and
788.2 stabilization services;

788.3 ~~(9)~~ (6) ensure that services are coordinated with other recipient mental health services
788.4 providers and the county mental health authority and the federally recognized American
788.5 Indian authority and necessary others after obtaining the consent of the recipient. Services
788.6 must also be coordinated with the recipient's case manager or care coordinator if the recipient
788.7 is receiving case management or care coordination services;

788.8 ~~(10) develop and maintain recipient files, individual treatment plans, and contact charting;~~
788.9 ~~(11) develop and maintain staff training and personnel files;~~
788.10 ~~(12) submit information as required by the state;~~
788.11 ~~(13) establish and maintain a quality assurance plan to evaluate the outcome of services~~
788.12 ~~provided;~~

788.13 ~~(14)~~ (7) keep all necessary records required by law;
788.14 ~~(15)~~ (8) deliver services as required by section 245.461;
788.15 ~~(16) comply with all applicable laws;~~
788.16 ~~(17)~~ (9) be an enrolled Medicaid provider; and
788.17 ~~(18)~~ (10) maintain a quality assurance plan to determine specific service outcomes and
788.18 the recipient's satisfaction with services; and.

788.19 ~~(19) develop and maintain written policies and procedures regarding service provision~~
788.20 ~~and administration of the provider entity.~~

788.21 Sec. 67. Minnesota Statutes 2020, section 256B.0623, subdivision 5, is amended to read:
788.22 Subd. 5. **Qualifications of provider staff.** ~~(a)~~ Adult rehabilitative mental health services
788.23 must be provided by qualified individual provider staff of a certified provider entity.
788.24 Individual provider staff must be qualified under one of the following criteria as:

788.25 (1) a mental health professional ~~as defined in section 245.462, subdivision 18, clauses~~
788.26 ~~(1) to (6). If the recipient has a current diagnostic assessment by a licensed mental health~~
788.27 ~~professional as defined in section 245.462, subdivision 18, clauses (1) to (6), recommending~~
788.28 ~~receipt of adult mental health rehabilitative services, the definition of mental health~~
788.29 ~~professional for purposes of this section includes a person who is qualified under section~~
788.30 ~~245.462, subdivision 18, clause (7), and who holds a current and valid national certification~~
789.1 ~~as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner~~
789.2 ~~who is qualified according to section 245I.04, subdivision 2;~~

789.3 (2) a certified rehabilitation specialist who is qualified according to section 245I.04,
789.4 subdivision 8;

732.22 ~~(8)~~ (5) assist the recipient in arranging needed crisis assessment, intervention, and
732.23 stabilization services;

732.24 ~~(9)~~ (6) ensure that services are coordinated with other recipient mental health services
732.25 providers and the county mental health authority and the federally recognized American
732.26 Indian authority and necessary others after obtaining the consent of the recipient. Services
732.27 must also be coordinated with the recipient's case manager or care coordinator if the recipient
732.28 is receiving case management or care coordination services;

732.29 ~~(10) develop and maintain recipient files, individual treatment plans, and contact charting;~~
732.30 ~~(11) develop and maintain staff training and personnel files;~~
732.31 ~~(12) submit information as required by the state;~~
733.1 ~~(13) establish and maintain a quality assurance plan to evaluate the outcome of services~~
733.2 ~~provided;~~

733.3 ~~(14)~~ (7) keep all necessary records required by law;
733.4 ~~(15)~~ (8) deliver services as required by section 245.461;
733.5 ~~(16) comply with all applicable laws;~~
733.6 ~~(17)~~ (9) be an enrolled Medicaid provider; and
733.7 ~~(18)~~ (10) maintain a quality assurance plan to determine specific service outcomes and
733.8 the recipient's satisfaction with services; and.

733.9 ~~(19) develop and maintain written policies and procedures regarding service provision~~
733.10 ~~and administration of the provider entity.~~

733.11 Sec. 69. Minnesota Statutes 2020, section 256B.0623, subdivision 5, is amended to read:
733.12 Subd. 5. **Qualifications of provider staff.** ~~(a)~~ Adult rehabilitative mental health services
733.13 must be provided by qualified individual provider staff of a certified provider entity.
733.14 Individual provider staff must be qualified under one of the following criteria as:

733.15 (1) a mental health professional ~~as defined in section 245.462, subdivision 18, clauses~~
733.16 ~~(1) to (6). If the recipient has a current diagnostic assessment by a licensed mental health~~
733.17 ~~professional as defined in section 245.462, subdivision 18, clauses (1) to (6), recommending~~
733.18 ~~receipt of adult mental health rehabilitative services, the definition of mental health~~
733.19 ~~professional for purposes of this section includes a person who is qualified under section~~
733.20 ~~245.462, subdivision 18, clause (7), and who holds a current and valid national certification~~
733.21 ~~as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner~~
733.22 ~~who is qualified according to section 245I.04, subdivision 2;~~

733.23 (2) a certified rehabilitation specialist who is qualified according to section 245I.04,
733.24 subdivision 8;

789.5 (3) a clinical trainee who is qualified according to section 245I.04, subdivision 6;

789.6 (4) a mental health practitioner as defined in section 245.462, subdivision 17. The mental
789.7 health practitioner must work under the clinical supervision of a mental health professional
789.8 qualified according to section 245I.04, subdivision 4;

789.9 ~~(3)~~ (5) a mental health certified peer specialist under section 256B.0615. The certified
789.10 peer specialist must work under the clinical supervision of a mental health professional who
789.11 is qualified according to section 245I.04, subdivision 10; or

789.12 ~~(4)~~ (6) a mental health rehabilitation worker who is qualified according to section 245I.04,
789.13 subdivision 14. A mental health rehabilitation worker means a staff person working under
789.14 the direction of a mental health practitioner or mental health professional and under the
789.15 clinical supervision of a mental health professional in the implementation of rehabilitative
789.16 mental health services as identified in the recipient's individual treatment plan who:

789.17 (i) is at least 21 years of age;

789.18 (ii) has a high school diploma or equivalent;

789.19 (iii) has successfully completed 30 hours of training during the two years immediately
789.20 prior to the date of hire, or before provision of direct services, in all of the following areas:
789.21 recovery from mental illness, mental health de-escalation techniques, recipient rights,
789.22 recipient-centered individual treatment planning, behavioral terminology, mental illness,
789.23 co-occurring mental illness and substance abuse, psychotropic medications and side effects,
789.24 functional assessment, local community resources, adult vulnerability, recipient
789.25 confidentiality; and

789.26 (iv) meets the qualifications in paragraph (b).

789.27 (b) In addition to the requirements in paragraph (a), a mental health rehabilitation worker
789.28 must also meet the qualifications in clause (1), (2), or (3):

789.29 (1) has an associates of arts degree, two years of full-time postsecondary education, or
789.30 a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields; is
789.31 a registered nurse; or within the previous ten years has:

789.32 (i) three years of personal life experience with serious mental illness;

790.1 (ii) three years of life experience as a primary caregiver to an adult with a serious mental
790.2 illness, traumatic brain injury, substance use disorder, or developmental disability; or

790.3 (iii) 2,000 hours of supervised work experience in the delivery of mental health services
790.4 to adults with a serious mental illness, traumatic brain injury, substance use disorder, or
790.5 developmental disability;

790.6 (2)(i) is fluent in the non-English language or competent in the culture of the ethnic
790.7 group to which at least 20 percent of the mental health rehabilitation worker's clients belong;

733.25 (3) a clinical trainee who is qualified according to section 245I.04, subdivision 6;

733.26 (4) a mental health practitioner as defined in section 245.462, subdivision 17. The mental
733.27 health practitioner must work under the clinical supervision of a mental health professional
733.28 qualified according to section 245I.04, subdivision 4;

733.29 ~~(3)~~ (5) a mental health certified peer specialist under section 256B.0615. The certified
733.30 peer specialist must work under the clinical supervision of a mental health professional who
733.31 is qualified according to section 245I.04, subdivision 10; or

734.1 ~~(4)~~ (6) a mental health rehabilitation worker who is qualified according to section 245I.04,
734.2 subdivision 14. A mental health rehabilitation worker means a staff person working under
734.3 the direction of a mental health practitioner or mental health professional and under the
734.4 clinical supervision of a mental health professional in the implementation of rehabilitative
734.5 mental health services as identified in the recipient's individual treatment plan who:

734.6 (i) is at least 21 years of age;

734.7 (ii) has a high school diploma or equivalent;

734.8 (iii) has successfully completed 30 hours of training during the two years immediately
734.9 prior to the date of hire, or before provision of direct services, in all of the following areas:
734.10 recovery from mental illness, mental health de-escalation techniques, recipient rights,
734.11 recipient-centered individual treatment planning, behavioral terminology, mental illness,
734.12 co-occurring mental illness and substance abuse, psychotropic medications and side effects,
734.13 functional assessment, local community resources, adult vulnerability, recipient
734.14 confidentiality; and

734.15 (iv) meets the qualifications in paragraph (b).

734.16 (b) In addition to the requirements in paragraph (a), a mental health rehabilitation worker
734.17 must also meet the qualifications in clause (1), (2), or (3):

734.18 (1) has an associates of arts degree, two years of full-time postsecondary education, or
734.19 a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields; is
734.20 a registered nurse; or within the previous ten years has:

734.21 (i) three years of personal life experience with serious mental illness;

734.22 (ii) three years of life experience as a primary caregiver to an adult with a serious mental
734.23 illness, traumatic brain injury, substance use disorder, or developmental disability; or

734.24 (iii) 2,000 hours of supervised work experience in the delivery of mental health services
734.25 to adults with a serious mental illness, traumatic brain injury, substance use disorder, or
734.26 developmental disability;

734.27 (2)(i) is fluent in the non-English language or competent in the culture of the ethnic
734.28 group to which at least 20 percent of the mental health rehabilitation worker's clients belong;

790.8 (ii) receives during the first 2,000 hours of work, monthly documented individual clinical
790.9 supervision by a mental health professional;

790.10 (iii) has 18 hours of documented field supervision by a mental health professional or
790.11 mental health practitioner during the first 160 hours of contact work with recipients, and at
790.12 least six hours of field supervision quarterly during the following year;

790.13 (iv) has review and cosignature of charting of recipient contacts during field supervision
790.14 by a mental health professional or mental health practitioner; and

790.15 (v) has 15 hours of additional continuing education on mental health topics during the
790.16 first year of employment and 15 hours during every additional year of employment; or

790.17 (3) for providers of crisis residential services, intensive residential treatment services,
790.18 partial hospitalization, and day treatment services:

790.19 (i) satisfies clause (2), items (ii) to (iv); and

790.20 (ii) has 40 hours of additional continuing education on mental health topics during the
790.21 first year of employment.

790.22 (e) A mental health rehabilitation worker who solely acts and is scheduled as overnight
790.23 staff is not required to comply with paragraph (a), clause (4), item (iv).

790.24 (d) For purposes of this subdivision, "behavioral sciences or related fields" means an
790.25 education from an accredited college or university and includes but is not limited to social
790.26 work, psychology, sociology, community counseling, family social science, child
790.27 development, child psychology, community mental health, addiction counseling, counseling
790.28 and guidance, special education, and other fields as approved by the commissioner.

790.29 Sec. 68. Minnesota Statutes 2020, section 256B.0623, subdivision 6, is amended to read:

790.30 Subd. 6. **Required training and supervision.** (a) Mental health rehabilitation workers
790.31 must receive ongoing continuing education training of at least 30 hours every two years in
791.1 areas of mental illness and mental health services and other areas specific to the population
791.2 being served. Mental health rehabilitation workers must also be subject to the ongoing
791.3 direction and clinical supervision standards in paragraphs (e) and (d).

791.4 (b) Mental health practitioners must receive ongoing continuing education training as
791.5 required by their professional license; or if the practitioner is not licensed, the practitioner
791.6 must receive ongoing continuing education training of at least 30 hours every two years in
791.7 areas of mental illness and mental health services. Mental health practitioners must meet
791.8 the ongoing clinical supervision standards in paragraph (e).

791.9 (e) Clinical supervision may be provided by a full- or part-time qualified professional
791.10 employed by or under contract with the provider entity. Clinical supervision may be provided
791.11 by interactive videoconferencing according to procedures developed by the commissioner.

734.29 (ii) receives during the first 2,000 hours of work, monthly documented individual clinical
734.30 supervision by a mental health professional;

735.1 (iii) has 18 hours of documented field supervision by a mental health professional or
735.2 mental health practitioner during the first 160 hours of contact work with recipients, and at
735.3 least six hours of field supervision quarterly during the following year;

735.4 (iv) has review and cosignature of charting of recipient contacts during field supervision
735.5 by a mental health professional or mental health practitioner; and

735.6 (v) has 15 hours of additional continuing education on mental health topics during the
735.7 first year of employment and 15 hours during every additional year of employment; or

735.8 (3) for providers of crisis residential services, intensive residential treatment services,
735.9 partial hospitalization, and day treatment services:

735.10 (i) satisfies clause (2), items (ii) to (iv); and

735.11 (ii) has 40 hours of additional continuing education on mental health topics during the
735.12 first year of employment.

735.13 (e) A mental health rehabilitation worker who solely acts and is scheduled as overnight
735.14 staff is not required to comply with paragraph (a), clause (4), item (iv).

735.15 (d) For purposes of this subdivision, "behavioral sciences or related fields" means an
735.16 education from an accredited college or university and includes but is not limited to social
735.17 work, psychology, sociology, community counseling, family social science, child
735.18 development, child psychology, community mental health, addiction counseling, counseling
735.19 and guidance, special education, and other fields as approved by the commissioner.

735.20 Sec. 70. Minnesota Statutes 2020, section 256B.0623, subdivision 6, is amended to read:

735.21 Subd. 6. **Required training and supervision.** (a) Mental health rehabilitation workers
735.22 must receive ongoing continuing education training of at least 30 hours every two years in
735.23 areas of mental illness and mental health services and other areas specific to the population
735.24 being served. Mental health rehabilitation workers must also be subject to the ongoing
735.25 direction and clinical supervision standards in paragraphs (e) and (d).

735.26 (b) Mental health practitioners must receive ongoing continuing education training as
735.27 required by their professional license; or if the practitioner is not licensed, the practitioner
735.28 must receive ongoing continuing education training of at least 30 hours every two years in
735.29 areas of mental illness and mental health services. Mental health practitioners must meet
735.30 the ongoing clinical supervision standards in paragraph (e).

735.31 (e) Clinical supervision may be provided by a full- or part-time qualified professional
735.32 employed by or under contract with the provider entity. Clinical supervision may be provided
736.1 by interactive videoconferencing according to procedures developed by the commissioner.

791.12 A mental health professional providing clinical supervision of staff delivering adult
791.13 rehabilitative mental health services must provide the following guidance:

791.14 (1) review the information in the recipient's file;

791.15 (2) review and approve initial and updates of individual treatment plans;

791.16 (a) A treatment supervisor providing treatment supervision required by section 245I.06
791.17 must:

791.18 ~~(3) (1) meet with mental health rehabilitation workers and practitioners, individually or~~
791.19 ~~in small groups, staff receiving treatment supervision at least monthly to discuss treatment~~
791.20 ~~topics of interest to the workers and practitioners;~~

791.21 ~~(4) meet with mental health rehabilitation workers and practitioners, individually or in~~
791.22 ~~small groups, at least monthly to discuss and treatment plans of recipients, and approve by~~
791.23 ~~signature and document in the recipient's file any resulting plan updates; and~~

791.24 ~~(5) (2) meet at least monthly with the directing clinical trainee or mental health~~
791.25 ~~practitioner, if there is one, to review needs of the adult rehabilitative mental health services~~
791.26 ~~program, review staff on-site observations and evaluate mental health rehabilitation workers,~~
791.27 ~~plan staff training, review program evaluation and development, and consult with the~~
791.28 ~~directing clinical trainee or mental health practitioner; and.~~

791.29 (6) be available for urgent consultation as the individual recipient needs or the situation
791.30 necessitates.

791.31 ~~(4) (b) An adult rehabilitative mental health services provider entity must have a treatment~~
791.32 ~~director who is a mental health practitioner or mental health professional clinical trainee,~~
791.33 ~~certified rehabilitation specialist, or mental health practitioner. The treatment director must~~
791.34 ~~ensure the following:~~

792.3 (1) while delivering direct services to recipients, a newly hired mental health rehabilitation
792.4 worker must be directly observed delivering services to recipients by a mental health
792.5 practitioner or mental health professional for at least six hours per 40 hours worked during
792.6 the first 160 hours that the mental health rehabilitation worker works ensure the direct
792.7 observation of mental health rehabilitation workers required by section 245I.06, subdivision
792.8 3, is provided;

792.9 (2) the mental health rehabilitation worker must receive ongoing on-site direct service
792.10 observation by a mental health professional or mental health practitioner for at least six
792.11 hours for every six months of employment;

792.12 (3) progress notes are reviewed from on-site service observation prepared by the mental
792.13 health rehabilitation worker and mental health practitioner for accuracy and consistency
792.14 with actual recipient contact and the individual treatment plan and goals;

736.2 A mental health professional providing clinical supervision of staff delivering adult
736.3 rehabilitative mental health services must provide the following guidance:

736.4 (1) review the information in the recipient's file;

736.5 (2) review and approve initial and updates of individual treatment plans;

736.6 (a) A treatment supervisor providing treatment supervision required by section 245I.06
736.7 must:

736.8 ~~(3) (1) meet with mental health rehabilitation workers and practitioners, individually or~~
736.9 ~~in small groups, staff receiving treatment supervision at least monthly to discuss treatment~~
736.10 ~~topics of interest to the workers and practitioners;~~

736.11 ~~(4) meet with mental health rehabilitation workers and practitioners, individually or in~~
736.12 ~~small groups, at least monthly to discuss and treatment plans of recipients, and approve by~~
736.13 ~~signature and document in the recipient's file any resulting plan updates; and~~

736.14 ~~(5) (2) meet at least monthly with the directing clinical trainee or mental health~~
736.15 ~~practitioner, if there is one, to review needs of the adult rehabilitative mental health services~~
736.16 ~~program, review staff on-site observations and evaluate mental health rehabilitation workers,~~
736.17 ~~plan staff training, review program evaluation and development, and consult with the~~
736.18 ~~directing clinical trainee or mental health practitioner; and.~~

736.19 (6) be available for urgent consultation as the individual recipient needs or the situation
736.20 necessitates.

736.21 ~~(4) (b) An adult rehabilitative mental health services provider entity must have a treatment~~
736.22 ~~director who is a mental health practitioner or mental health professional clinical trainee,~~
736.23 ~~certified rehabilitation specialist, or mental health practitioner. The treatment director must~~
736.24 ~~ensure the following:~~

736.25 (1) while delivering direct services to recipients, a newly hired mental health rehabilitation
736.26 worker must be directly observed delivering services to recipients by a mental health
736.27 practitioner or mental health professional for at least six hours per 40 hours worked during
736.28 the first 160 hours that the mental health rehabilitation worker works ensure the direct
736.29 observation of mental health rehabilitation workers required by section 245I.06, subdivision
736.30 3, is provided;

736.31 (2) the mental health rehabilitation worker must receive ongoing on-site direct service
736.32 observation by a mental health professional or mental health practitioner for at least six
736.33 hours for every six months of employment;

737.1 (3) progress notes are reviewed from on-site service observation prepared by the mental
737.2 health rehabilitation worker and mental health practitioner for accuracy and consistency
737.3 with actual recipient contact and the individual treatment plan and goals;

792.15 ~~(4)~~ (2) ensure immediate availability by phone or in person for consultation by a mental
792.16 health professional, certified rehabilitation specialist, clinical trainee, or a mental health
792.17 practitioner to the mental health rehabilitation services worker during service provision;

792.18 ~~(5)~~ (5) oversee the identification of changes in individual recipient treatment strategies,
792.19 revise the plan, and communicate treatment instructions and methodologies as appropriate
792.20 to ensure that treatment is implemented correctly;

792.21 ~~(6)~~ (3) model service practices which: respect the recipient, include the recipient in
792.22 planning and implementation of the individual treatment plan, recognize the recipient's
792.23 strengths, collaborate and coordinate with other involved parties and providers;

792.24 ~~(7)~~ (4) ensure that clinical trainees, mental health practitioners, and mental health
792.25 rehabilitation workers are able to effectively communicate with the recipients, significant
792.26 others, and providers; and

792.27 ~~(8)~~ (5) oversee the record of the results of on-site direct observation and charting, progress
792.28 note evaluation, and corrective actions taken to modify the work of the clinical trainees,
792.29 mental health practitioners, and mental health rehabilitation workers.

792.30 ~~(e)~~ (c) A clinical trainee or mental health practitioner who is providing treatment direction
792.31 for a provider entity must receive treatment supervision at least monthly from a mental
792.32 health professional to:

792.33 (1) identify and plan for general needs of the recipient population served;

793.1 (2) identify and plan to address provider entity program needs and effectiveness;

793.2 (3) identify and plan provider entity staff training and personnel needs and issues; and

793.3 (4) plan, implement, and evaluate provider entity quality improvement programs.

793.4 Sec. 69. Minnesota Statutes 2020, section 256B.0623, subdivision 9, is amended to read:

793.5 Subd. 9. **Functional assessment.** (a) Providers of adult rehabilitative mental health
793.6 services must complete a written functional assessment as defined in section 245.462,
793.7 subdivision 11a according to section 245I.10, subdivision 9, for each recipient. The functional
793.8 assessment must be completed within 30 days of intake, and reviewed and updated at least
793.9 every six months after it is developed, unless there is a significant change in the functioning
793.10 of the recipient. If there is a significant change in functioning, the assessment must be
793.11 updated. A single functional assessment can meet case management and adult rehabilitative
793.12 mental health services requirements if agreed to by the recipient. Unless the recipient refuses,
793.13 the recipient must have significant participation in the development of the functional
793.14 assessment.

737.4 ~~(4)~~ (2) ensure immediate availability by phone or in person for consultation by a mental
737.5 health professional, certified rehabilitation specialist, clinical trainee, or a mental health
737.6 practitioner to the mental health rehabilitation services worker during service provision;

737.7 ~~(5)~~ (5) oversee the identification of changes in individual recipient treatment strategies,
737.8 revise the plan, and communicate treatment instructions and methodologies as appropriate
737.9 to ensure that treatment is implemented correctly;

737.10 ~~(6)~~ (3) model service practices which: respect the recipient, include the recipient in
737.11 planning and implementation of the individual treatment plan, recognize the recipient's
737.12 strengths, collaborate and coordinate with other involved parties and providers;

737.13 ~~(7)~~ (4) ensure that clinical trainees, mental health practitioners, and mental health
737.14 rehabilitation workers are able to effectively communicate with the recipients, significant
737.15 others, and providers; and

737.16 ~~(8)~~ (5) oversee the record of the results of on-site direct observation and charting, progress
737.17 note evaluation, and corrective actions taken to modify the work of the clinical trainees,
737.18 mental health practitioners, and mental health rehabilitation workers.

737.19 ~~(e)~~ (c) A clinical trainee or mental health practitioner who is providing treatment direction
737.20 for a provider entity must receive treatment supervision at least monthly from a mental
737.21 health professional to:

737.22 (1) identify and plan for general needs of the recipient population served;

737.23 (2) identify and plan to address provider entity program needs and effectiveness;

737.24 (3) identify and plan provider entity staff training and personnel needs and issues; and

737.25 (4) plan, implement, and evaluate provider entity quality improvement programs.

737.26 Sec. 71. Minnesota Statutes 2020, section 256B.0623, subdivision 9, is amended to read:

737.27 Subd. 9. **Functional assessment.** (a) Providers of adult rehabilitative mental health
737.28 services must complete a written functional assessment as defined in section 245.462,
737.29 subdivision 11a according to section 245I.10, subdivision 9, for each recipient. The functional
737.30 assessment must be completed within 30 days of intake, and reviewed and updated at least
737.31 every six months after it is developed, unless there is a significant change in the functioning
737.32 of the recipient. If there is a significant change in functioning, the assessment must be
738.1 updated. A single functional assessment can meet case management and adult rehabilitative
738.2 mental health services requirements if agreed to by the recipient. Unless the recipient refuses,
738.3 the recipient must have significant participation in the development of the functional
738.4 assessment.

793.15 (b) When a provider of adult rehabilitative mental health services completes a written
793.16 functional assessment, the provider must also complete a level of care assessment as defined
793.17 in section 245I.02, subdivision 19, for the recipient.

793.18 Sec. 70. Minnesota Statutes 2020, section 256B.0623, subdivision 12, is amended to read:

793.19 Subd. 12. **Additional requirements.** (a) Providers of adult rehabilitative mental health
793.20 services must comply with the requirements relating to referrals for case management in
793.21 section 245.467, subdivision 4.

793.22 (b) Adult rehabilitative mental health services are provided for most recipients in the
793.23 recipient's home and community. Services may also be provided at the home of a relative
793.24 or significant other, job site, psychosocial clubhouse, drop-in center, social setting, classroom,
793.25 or other places in the community. Except for "transition to community services," the place
793.26 of service does not include a regional treatment center, nursing home, residential treatment
793.27 facility licensed under Minnesota Rules, parts 9520.0500 to 9520.0670 (Rule 36), or section
793.28 245I.23, or an acute care hospital.

793.29 (c) Adult rehabilitative mental health services may be provided in group settings if
793.30 appropriate to each participating recipient's needs and individual treatment plan. A group
793.31 is defined as two to ten clients, at least one of whom is a recipient, who is concurrently
793.32 receiving a service which is identified in this section. The service and group must be specified
794.1 in the recipient's individual treatment plan. No more than two qualified staff may bill
794.2 Medicaid for services provided to the same group of recipients. If two adult rehabilitative
794.3 mental health workers bill for recipients in the same group session, they must each bill for
794.4 different recipients.

794.5 (d) Adult rehabilitative mental health services are appropriate if provided to enable a
794.6 recipient to retain stability and functioning, when the recipient is at risk of significant
794.7 functional decompensation or requiring more restrictive service settings without these
794.8 services.

794.9 (e) Adult rehabilitative mental health services instruct, assist, and support the recipient
794.10 in areas including: interpersonal communication skills, community resource utilization and
794.11 integration skills, crisis planning, relapse prevention skills, health care directives, budgeting
794.12 and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,
794.13 transportation skills, medication education and monitoring, mental illness symptom
794.14 management skills, household management skills, employment-related skills, parenting
794.15 skills, and transition to community living services.

794.16 (f) Community intervention, including consultation with relatives, guardians, friends,
794.17 employers, treatment providers, and other significant individuals, is appropriate when
794.18 directed exclusively to the treatment of the client.

738.5 (b) When a provider of adult rehabilitative mental health services completes a written
738.6 functional assessment, the provider must also complete a level of care assessment as defined
738.7 in section 245I.02, subdivision 19, for the recipient.

738.8 Sec. 72. Minnesota Statutes 2020, section 256B.0623, subdivision 12, is amended to read:

738.9 Subd. 12. **Additional requirements.** (a) Providers of adult rehabilitative mental health
738.10 services must comply with the requirements relating to referrals for case management in
738.11 section 245.467, subdivision 4.

738.12 (b) Adult rehabilitative mental health services are provided for most recipients in the
738.13 recipient's home and community. Services may also be provided at the home of a relative
738.14 or significant other, job site, psychosocial clubhouse, drop-in center, social setting, classroom,
738.15 or other places in the community. Except for "transition to community services," the place
738.16 of service does not include a regional treatment center, nursing home, residential treatment
738.17 facility licensed under Minnesota Rules, parts 9520.0500 to 9520.0670 (Rule 36), or section
738.18 245I.23, or an acute care hospital.

738.19 (c) Adult rehabilitative mental health services may be provided in group settings if
738.20 appropriate to each participating recipient's needs and individual treatment plan. A group
738.21 is defined as two to ten clients, at least one of whom is a recipient, who is concurrently
738.22 receiving a service which is identified in this section. The service and group must be specified
738.23 in the recipient's individual treatment plan. No more than two qualified staff may bill
738.24 Medicaid for services provided to the same group of recipients. If two adult rehabilitative
738.25 mental health workers bill for recipients in the same group session, they must each bill for
738.26 different recipients.

738.27 (d) Adult rehabilitative mental health services are appropriate if provided to enable a
738.28 recipient to retain stability and functioning, when the recipient is at risk of significant
738.29 functional decompensation or requiring more restrictive service settings without these
738.30 services.

738.31 (e) Adult rehabilitative mental health services instruct, assist, and support the recipient
738.32 in areas including: interpersonal communication skills, community resource utilization and
738.33 integration skills, crisis planning, relapse prevention skills, health care directives, budgeting
739.1 and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills,
739.2 transportation skills, medication education and monitoring, mental illness symptom
739.3 management skills, household management skills, employment-related skills, parenting
739.4 skills, and transition to community living services.

739.5 (f) Community intervention, including consultation with relatives, guardians, friends,
739.6 employers, treatment providers, and other significant individuals, is appropriate when
739.7 directed exclusively to the treatment of the client.

794.19 Sec. 71. Minnesota Statutes 2020, section 256B.0625, subdivision 3b, is amended to read:

794.20 Subd. 3b. **Telemedicine services.** (a) Medical assistance covers medically necessary
794.21 services and consultations delivered by a licensed health care provider via telemedicine in
794.22 the same manner as if the service or consultation was delivered in person. Coverage is
794.23 limited to three telemedicine services per enrollee per calendar week, except as provided
794.24 in paragraph (f). Telemedicine services shall be paid at the full allowable rate.

794.25 (b) The commissioner shall establish criteria that a health care provider must attest to
794.26 in order to demonstrate the safety or efficacy of delivering a particular service via
794.27 telemedicine. The attestation may include that the health care provider:

794.28 (1) has identified the categories or types of services the health care provider will provide
794.29 via telemedicine;

794.30 (2) has written policies and procedures specific to telemedicine services that are regularly
794.31 reviewed and updated;

794.32 (3) has policies and procedures that adequately address patient safety before, during,
794.33 and after the telemedicine service is rendered;

795.1 (4) has established protocols addressing how and when to discontinue telemedicine
795.2 services; and

795.3 (5) has an established quality assurance process related to telemedicine services.

795.4 (c) As a condition of payment, a licensed health care provider must document each
795.5 occurrence of a health service provided by telemedicine to a medical assistance enrollee.
795.6 Health care service records for services provided by telemedicine must meet the requirements
795.7 set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must document:

795.8 (1) the type of service provided by telemedicine;

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

795.11 (3) the licensed health care provider's basis for determining that telemedicine is an
795.12 appropriate and effective means for delivering the service to the enrollee;

795.13 (4) the mode of transmission of the telemedicine service and records evidencing that a
795.14 particular mode of transmission was utilized;

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

795.16 (6) if the claim for payment is based on a physician's telemedicine consultation with
795.17 another physician, the written opinion from the consulting physician providing the
795.18 telemedicine consultation; and

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

739.8 Sec. 73. Minnesota Statutes 2020, section 256B.0625, subdivision 3b, is amended to read:

739.9 Subd. 3b. **Telemedicine services.** (a) Medical assistance covers medically necessary
739.10 services and consultations delivered by a licensed health care provider via telemedicine in
739.11 the same manner as if the service or consultation was delivered in person. Coverage is
739.12 limited to three telemedicine services per enrollee per calendar week, except as provided
739.13 in paragraph (f). Telemedicine services shall be paid at the full allowable rate.

739.14 (b) The commissioner shall establish criteria that a health care provider must attest to
739.15 in order to demonstrate the safety or efficacy of delivering a particular service via
739.16 telemedicine. The attestation may include that the health care provider:

739.17 (1) has identified the categories or types of services the health care provider will provide
739.18 via telemedicine;

739.19 (2) has written policies and procedures specific to telemedicine services that are regularly
739.20 reviewed and updated;

739.21 (3) has policies and procedures that adequately address patient safety before, during,
739.22 and after the telemedicine service is rendered;

739.23 (4) has established protocols addressing how and when to discontinue telemedicine
739.24 services; and

739.25 (5) has an established quality assurance process related to telemedicine services.

739.26 (c) As a condition of payment, a licensed health care provider must document each
739.27 occurrence of a health service provided by telemedicine to a medical assistance enrollee.
739.28 Health care service records for services provided by telemedicine must meet the requirements
739.29 set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must document:

739.30 (1) the type of service provided by telemedicine;

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

740.1 (3) the licensed health care provider's basis for determining that telemedicine is an
740.2 appropriate and effective means for delivering the service to the enrollee;

740.3 (4) the mode of transmission of the telemedicine service and records evidencing that a
740.4 particular mode of transmission was utilized;

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

740.6 (6) if the claim for payment is based on a physician's telemedicine consultation with
740.7 another physician, the written opinion from the consulting physician providing the
740.8 telemedicine consultation; and

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

795.21 (d) For purposes of this subdivision, unless otherwise covered under this chapter,
795.22 "telemedicine" is defined as the delivery of health care services or consultations while the
795.23 patient is at an originating site and the licensed health care provider is at a distant site. A
795.24 communication between licensed health care providers, or a licensed health care provider
795.25 and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission
795.26 does not constitute telemedicine consultations or services. Telemedicine may be provided
795.27 by means of real-time two-way, interactive audio and visual communications, including the
795.28 application of secure video conferencing or store-and-forward technology to provide or
795.29 support health care delivery, which facilitate the assessment, diagnosis, consultation,
795.30 treatment, education, and care management of a patient's health care.

795.31 (e) For purposes of this section, "licensed health care provider" means a licensed health
795.32 care provider under section 62A.671, subdivision 6, a community paramedic as defined
796.1 under section 144E.001, subdivision 5f, ~~or a clinical trainee who is qualified according to~~
796.2 ~~section 245I.04, subdivision 6, a mental health practitioner defined under section 245.462,~~
796.3 ~~subdivision 17, or 245.4871, subdivision 26, working under the general supervision of a~~
796.4 ~~mental health professional qualified according to section 245I.04, subdivision 4, and a~~
796.5 community health worker who meets the criteria under subdivision 49, paragraph (a); "health
796.6 care provider" is defined under section 62A.671, subdivision 3; and "originating site" is
796.7 defined under section 62A.671, subdivision 7.

796.8 (f) The limit on coverage of three telemedicine services per enrollee per calendar week
796.9 does not apply if:

796.10 (1) the telemedicine services provided by the licensed health care provider are for the
796.11 treatment and control of tuberculosis; and

796.12 (2) the services are provided in a manner consistent with the recommendations and best
796.13 practices specified by the Centers for Disease Control and Prevention and the commissioner
796.14 of health.

796.15 Sec. 72. Minnesota Statutes 2020, section 256B.0625, subdivision 5, is amended to read:

796.16 Subd. 5. **Community mental health center services.** Medical assistance covers
796.17 community mental health center services provided by a community mental health center
796.18 that meets the requirements in paragraphs (a) to (j).

796.19 (a) The provider ~~is licensed under Minnesota Rules, parts 9520.0750 to 9520.0870~~ must
796.20 be certified as a mental health clinic under section 245I.20.

796.21 (b) ~~The provider provides mental health services under the clinical supervision of a~~
796.22 ~~mental health professional who is licensed for independent practice at the doctoral level or~~
796.23 ~~by a board-certified psychiatrist~~ In addition to the policies and procedures required by
796.24 section 245I.03, the provider must establish, enforce, and maintain the policies and procedures
796.25 for oversight of clinical services by a doctoral level psychologist or a board certified or
796.26 board eligible psychiatrist who is eligible for board certification. Clinical supervision has
796.27 the meaning given in Minnesota Rules, part 9505.0370, subpart 6. These policies and

740.11 (d) For purposes of this subdivision, unless otherwise covered under this chapter,
740.12 "telemedicine" is defined as the delivery of health care services or consultations while the
740.13 patient is at an originating site and the licensed health care provider is at a distant site. A
740.14 communication between licensed health care providers, or a licensed health care provider
740.15 and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission
740.16 does not constitute telemedicine consultations or services. Telemedicine may be provided
740.17 by means of real-time two-way, interactive audio and visual communications, including the
740.18 application of secure video conferencing or store-and-forward technology to provide or
740.19 support health care delivery, which facilitate the assessment, diagnosis, consultation,
740.20 treatment, education, and care management of a patient's health care.

740.21 (e) For purposes of this section, "licensed health care provider" means a licensed health
740.22 care provider under section 62A.671, subdivision 6, a community paramedic as defined
740.23 under section 144E.001, subdivision 5f, ~~or a clinical trainee who is qualified according to~~
740.24 ~~section 245I.04, subdivision 6, a mental health practitioner defined under section 245.462,~~
740.25 ~~subdivision 17, or 245.4871, subdivision 26, working under the general supervision of a~~
740.26 ~~mental health professional qualified according to section 245I.04, subdivision 4, and a~~
740.27 community health worker who meets the criteria under subdivision 49, paragraph (a); "health
740.28 care provider" is defined under section 62A.671, subdivision 3; and "originating site" is
740.29 defined under section 62A.671, subdivision 7.

740.30 (f) The limit on coverage of three telemedicine services per enrollee per calendar week
740.31 does not apply if:

740.32 (1) the telemedicine services provided by the licensed health care provider are for the
740.33 treatment and control of tuberculosis; and

741.1 (2) the services are provided in a manner consistent with the recommendations and best
741.2 practices specified by the Centers for Disease Control and Prevention and the commissioner
741.3 of health.

741.4 Sec. 74. Minnesota Statutes 2020, section 256B.0625, subdivision 5, is amended to read:

741.5 Subd. 5. **Community mental health center services.** Medical assistance covers
741.6 community mental health center services provided by a community mental health center
741.7 that meets the requirements in paragraphs (a) to (j).

741.8 (a) The provider ~~is licensed under Minnesota Rules, parts 9520.0750 to 9520.0870~~
741.9 certified as a mental health clinic under section 245I.20.

741.10 (b) ~~The provider provides mental health services under the clinical supervision of a~~
741.11 ~~mental health professional who is licensed for independent practice at the doctoral level or~~
741.12 ~~by a board-certified psychiatrist~~ or a psychiatrist who is eligible for board certification.
741.13 Clinical supervision has the meaning given in Minnesota Rules, part 9505.0370, subpart 6.
741.14 In addition to the policies and procedures required by section 245I.03, the provider must
741.15 establish, enforce, and maintain policies and procedures for the oversight of clinical services
741.16 by a doctoral level psychologist or a board-certified or board-eligible psychiatrist. These

796.28 procedures must be developed with the involvement of a doctoral level psychologist and a
796.29 board certified or board eligible psychiatrist, and must include:

796.30 (1) requirements for when to seek clinical consultation by doctoral level psychologist
796.31 or a board certified or board eligible psychiatrist;

796.32 (2) requirements for the involvement of a doctoral level psychologist or a board certified
796.33 or board eligible psychiatrist in the direction of clinical services; and

797.1 (3) involvement of a doctoral level psychologist or a board certified or board eligible
797.2 psychiatrist in quality improvement initiatives and review as part of a multidisciplinary care
797.3 team.

797.4 (c) The provider must be a private nonprofit corporation or a governmental agency and
797.5 have a community board of directors as specified by section 245.66.

797.6 (d) The provider must have a sliding fee scale that meets the requirements in section
797.7 245.481, and agree to serve within the limits of its capacity all individuals residing in its
797.8 service delivery area.

797.9 (e) At a minimum, the provider must provide the following outpatient mental health
797.10 services: diagnostic assessment; explanation of findings; family, group, and individual
797.11 psychotherapy, including crisis intervention psychotherapy services, ~~multiple family group~~
797.12 psychotherapy, psychological testing, and medication management. In addition, the provider
797.13 must provide or be capable of providing upon request of the local mental health authority
797.14 day treatment services, ~~multiple family group psychotherapy~~, and professional home-based
797.15 mental health services. The provider must have the capacity to provide such services to
797.16 specialized populations such as the elderly, families with children, persons who are seriously
797.17 and persistently mentally ill, and children who are seriously emotionally disturbed.

797.18 (f) The provider must be capable of providing the services specified in paragraph (e) to
797.19 individuals who are ~~diagnosed with both~~ dually diagnosed with mental illness or emotional
797.20 disturbance, and ~~chemical dependency~~ substance use disorder, and to individuals who are
797.21 dually diagnosed with a mental illness or emotional disturbance and developmental disability.

797.22 (g) The provider must provide 24-hour emergency care services or demonstrate the
797.23 capacity to assist recipients in need of such services to access such services on a 24-hour
797.24 basis.

797.25 (h) The provider must have a contract with the local mental health authority to provide
797.26 one or more of the services specified in paragraph (e).

797.27 (i) The provider must agree, upon request of the local mental health authority, to enter
797.28 into a contract with the county to provide mental health services not reimbursable under
797.29 the medical assistance program.

741.17 policies and procedures must be developed with the involvement of a doctoral level
741.18 psychologist and a board certified or board eligible psychiatrist. ~~These policies and~~
741.19 procedures must include:

741.20 (1) requirements for when to seek clinical consultation with a doctoral level psychologist
741.21 or a board certified or board eligible psychiatrist;

741.22 (2) requirements for the involvement of a doctoral level psychologist or a board certified
741.23 or board eligible psychiatrist in the direction of clinical services; and

741.24 (3) involvement of a doctoral level psychologist or a board certified or board eligible
741.25 psychiatrist in quality improvement initiatives and review as part of a multidisciplinary care
741.26 team.

741.27 (c) The provider must be a private nonprofit corporation or a governmental agency and
741.28 have a community board of directors as specified by section 245.66.

741.29 (d) The provider must have a sliding fee scale that meets the requirements in section
741.30 245.481, and agree to serve within the limits of its capacity all individuals residing in its
741.31 service delivery area.

742.1 (e) At a minimum, the provider must provide the following outpatient mental health
742.2 services: ~~a~~ diagnostic assessment; explanation of findings; family, group, and individual
742.3 psychotherapy, including crisis intervention psychotherapy services, ~~multiple family group~~
742.4 psychotherapy, psychological testing, and medication management. In addition, the provider
742.5 must provide or be capable of providing upon request of the local mental health authority
742.6 day treatment services, ~~multiple family group psychotherapy~~, and professional home-based
742.7 mental health services. The provider must have the capacity to provide such services to
742.8 specialized populations such as the elderly, families with children, persons who are seriously
742.9 and persistently mentally ill, and children who are seriously emotionally disturbed.

742.10 (f) The provider must be capable of providing the services specified in paragraph (e) to
742.11 individuals who are ~~diagnosed with both~~ dually diagnosed with mental illness or emotional
742.12 disturbance, and ~~chemical dependency~~ substance use disorder, and to individuals who are
742.13 dually diagnosed with a mental illness or emotional disturbance and developmental disability.

742.14 (g) The provider must provide 24-hour emergency care services or demonstrate the
742.15 capacity to assist recipients in need of such services to access such services on a 24-hour
742.16 basis.

742.17 (h) The provider must have a contract with the local mental health authority to provide
742.18 one or more of the services specified in paragraph (e).

742.19 (i) The provider must agree, upon request of the local mental health authority, to enter
742.20 into a contract with the county to provide mental health services not reimbursable under
742.21 the medical assistance program.

797.30 (j) The provider may not be enrolled with the medical assistance program as both a
797.31 hospital and a community mental health center. The community mental health center's
797.32 administrative, organizational, and financial structure must be separate and distinct from
797.33 that of the hospital.

798.1 (k) The commissioner may require the provider to annually attest that the provider meets
798.2 the requirements in this subdivision using a form that the commissioner provides.

798.3 EFFECTIVE DATE. Paragraphs (b), (e), (f), and (k) are effective the day following
798.4 final enactment.

798.5 Sec. 73. Minnesota Statutes 2020, section 256B.0625, subdivision 19c, is amended to
798.6 read:

798.7 Subd. 19c. **Personal care.** Medical assistance covers personal care assistance services
798.8 provided by an individual who is qualified to provide the services according to subdivision
798.9 19a and sections 256B.0651 to 256B.0654, provided in accordance with a plan, and
798.10 supervised by a qualified professional.

798.11 "Qualified professional" means a mental health professional ~~as defined in section 245.462,~~
798.12 ~~subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6);~~ a registered
798.13 nurse as defined in sections 148.171 to 148.285, a licensed social worker as defined in
798.14 sections 148E.010 and 148E.055, or a qualified designated coordinator under section
798.15 245D.081, subdivision 2. The qualified professional shall perform the duties required in
798.16 section 256B.0659.

798.17 Sec. 74. Minnesota Statutes 2020, section 256B.0625, subdivision 28a, is amended to
798.18 read:

798.19 Subd. 28a. **Licensed physician assistant services.** (a) Medical assistance covers services
798.20 performed by a licensed physician assistant if the service is otherwise covered under this
798.21 chapter as a physician service and if the service is within the scope of practice of a licensed
798.22 physician assistant as defined in section 147A.09.

798.23 (b) Licensed physician assistants, who are supervised by a physician certified by the
798.24 American Board of Psychiatry and Neurology or eligible for board certification in psychiatry,
798.25 may bill for medication management and evaluation and management services provided to
798.26 medical assistance enrollees in inpatient hospital settings, and in outpatient settings after
798.27 the licensed physician assistant completes 2,000 hours of clinical experience in the evaluation
798.28 and treatment of mental health, consistent with their authorized scope of practice, as defined
798.29 in section 147A.09, with the exception of performing psychotherapy or diagnostic
798.30 assessments or providing clinical treatment supervision.

799.1 Sec. 75. Minnesota Statutes 2020, section 256B.0625, subdivision 42, is amended to read:

799.2 Subd. 42. **Mental health professional.** Notwithstanding Minnesota Rules, part
799.3 9505.0175, subpart 28, the definition of a mental health professional ~~shall include a person~~
799.4 ~~who is qualified as specified in~~ according to section 245.462, subdivision 18, clauses (1) to

742.22 (j) The provider may not be enrolled with the medical assistance program as both a
742.23 hospital and a community mental health center. The community mental health center's
742.24 administrative, organizational, and financial structure must be separate and distinct from
742.25 that of the hospital.

742.26 (k) The commissioner may require the provider to annually attest, on forms that the
742.27 commissioner provides, to meeting the requirements in this subdivision.

742.28 EFFECTIVE DATE. Paragraphs (e), (f), and (k) are effective the day following final
742.29 enactment.

742.30 Sec. 75. Minnesota Statutes 2020, section 256B.0625, subdivision 19c, is amended to
742.31 read:

742.32 Subd. 19c. **Personal care.** Medical assistance covers personal care assistance services
742.33 provided by an individual who is qualified to provide the services according to subdivision
743.1 19a and sections 256B.0651 to 256B.0654, provided in accordance with a plan, and
743.2 supervised by a qualified professional.

743.3 "Qualified professional" means a mental health professional ~~as defined in section 245.462,~~
743.4 ~~subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6);~~ a registered
743.5 nurse as defined in sections 148.171 to 148.285, a licensed social worker as defined in
743.6 sections 148E.010 and 148E.055, or a qualified designated coordinator under section
743.7 245D.081, subdivision 2. The qualified professional shall perform the duties required in
743.8 section 256B.0659.

743.9 Sec. 76. Minnesota Statutes 2020, section 256B.0625, subdivision 28a, is amended to
743.10 read:

743.11 Subd. 28a. **Licensed physician assistant services.** (a) Medical assistance covers services
743.12 performed by a licensed physician assistant if the service is otherwise covered under this
743.13 chapter as a physician service and if the service is within the scope of practice of a licensed
743.14 physician assistant as defined in section 147A.09.

743.15 (b) Licensed physician assistants, who are supervised by a physician certified by the
743.16 American Board of Psychiatry and Neurology or eligible for board certification in psychiatry,
743.17 may bill for medication management and evaluation and management services provided to
743.18 medical assistance enrollees in inpatient hospital settings, and in outpatient settings after
743.19 the licensed physician assistant completes 2,000 hours of clinical experience in the evaluation
743.20 and treatment of mental health, consistent with their authorized scope of practice, as defined
743.21 in section 147A.09, with the exception of performing psychotherapy or diagnostic
743.22 assessments or providing clinical treatment supervision.

743.23 Sec. 77. Minnesota Statutes 2020, section 256B.0625, subdivision 42, is amended to read:

743.24 Subd. 42. **Mental health professional.** Notwithstanding Minnesota Rules, part
743.25 9505.0175, subpart 28, the definition of a mental health professional ~~shall include a person~~
743.26 ~~who is qualified as specified in~~ according to section 245.462, subdivision 18, clauses (1) to

799.5 ~~(6); or 245.4871, subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2, for the purpose
799.6 of this section and Minnesota Rules, parts 9505.0170 to 9505.0475.

799.7 Sec. 76. Minnesota Statutes 2020, section 256B.0625, subdivision 48, is amended to read:

799.8 Subd. 48. **Psychiatric consultation to primary care practitioners.** Medical assistance
799.9 covers consultation provided by a ~~psychiatrist, a psychologist, an advanced practice registered~~
799.10 ~~nurse certified in psychiatric mental health, a licensed independent clinical social worker,~~
799.11 ~~as defined in section 245.462, subdivision 18, clause (2), or a licensed marriage and family~~
799.12 ~~therapist, as defined in section 245.462, subdivision 18, clause (5)~~ mental health professional
799.13 ~~who is~~ qualified according to section 245I.04, subdivision 2, except a licensed professional
799.14 clinical counselor licensed under section 148B.5301, via telephone, e-mail, facsimile, or
799.15 other means of communication to primary care practitioners, including pediatricians. The
799.16 need for consultation and the receipt of the consultation must be documented in the patient
799.17 record maintained by the primary care practitioner. If the patient consents, and subject to
799.18 federal limitations and data privacy provisions, the consultation may be provided without
799.19 the patient present.

799.20 Sec. 77. Minnesota Statutes 2020, section 256B.0625, subdivision 49, is amended to read:

799.21 Subd. 49. **Community health worker.** (a) Medical assistance covers the care
799.22 coordination and patient education services provided by a community health worker if the
799.23 community health worker has:

799.24 ~~(1)~~ received a certificate from the Minnesota State Colleges and Universities System
799.25 approved community health worker curriculum; ~~or,~~

799.26 ~~(2) at least five years of supervised experience with an enrolled physician, registered~~
799.27 ~~nurse, advanced practice registered nurse, mental health professional as defined in section~~
799.28 ~~245.462, subdivision 18, clauses (1) to (6), and section 245.4871, subdivision 27, clauses~~
799.29 ~~(1) to (5), or dentist, or at least five years of supervised experience by a certified public~~
799.30 ~~health nurse operating under the direct authority of an enrolled unit of government.~~

799.31 ~~Community health workers eligible for payment under clause (2) must complete the~~
799.32 ~~certification program by January 1, 2010, to continue to be eligible for payment.~~

800.1 (b) Community health workers must work under the supervision of a medical assistance
800.2 enrolled physician, registered nurse, advanced practice registered nurse, mental health
800.3 professional ~~as defined in section 245.462, subdivision 18, clauses (1) to (6), and section~~
800.4 ~~245.4871, subdivision 27, clauses (1) to (5), or dentist, or work under the supervision of a~~
800.5 certified public health nurse operating under the direct authority of an enrolled unit of
800.6 government.

800.7 (c) Care coordination and patient education services covered under this subdivision
800.8 include, but are not limited to, services relating to oral health and dental care.

743.27 ~~(6); or 245.4871, subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2, for the purpose
743.28 of this section and Minnesota Rules, parts 9505.0170 to 9505.0475.

743.29 Sec. 78. Minnesota Statutes 2020, section 256B.0625, subdivision 48, is amended to read:

743.30 Subd. 48. **Psychiatric consultation to primary care practitioners.** Medical assistance
743.31 covers consultation provided by a ~~psychiatrist, a psychologist, an advanced practice registered~~
743.32 ~~nurse certified in psychiatric mental health, a licensed independent clinical social worker,~~
744.1 ~~as defined in section 245.462, subdivision 18, clause (2), or a licensed marriage and family~~
744.2 ~~therapist, as defined in section 245.462, subdivision 18, clause (5)~~ mental health professional
744.3 qualified according to section 245I.04, subdivision 2, except a licensed professional clinical
744.4 counselor licensed under section 148B.5301, via telephone, e-mail, facsimile, or other means
744.5 of communication to primary care practitioners, including pediatricians. The need for
744.6 consultation and the receipt of the consultation must be documented in the patient record
744.7 maintained by the primary care practitioner. If the patient consents, and subject to federal
744.8 limitations and data privacy provisions, the consultation may be provided without the patient
744.9 present.

744.10 Sec. 79. Minnesota Statutes 2020, section 256B.0625, subdivision 49, is amended to read:

744.11 Subd. 49. **Community health worker.** (a) Medical assistance covers the care
744.12 coordination and patient education services provided by a community health worker if the
744.13 community health worker has:

744.14 ~~(1)~~ received a certificate from the Minnesota State Colleges and Universities System
744.15 approved community health worker curriculum; ~~or,~~

744.16 ~~(2) at least five years of supervised experience with an enrolled physician, registered~~
744.17 ~~nurse, advanced practice registered nurse, mental health professional as defined in section~~
744.18 ~~245.462, subdivision 18, clauses (1) to (6), and section 245.4871, subdivision 27, clauses~~
744.19 ~~(1) to (5), or dentist, or at least five years of supervised experience by a certified public~~
744.20 ~~health nurse operating under the direct authority of an enrolled unit of government.~~

744.21 ~~Community health workers eligible for payment under clause (2) must complete the~~
744.22 ~~certification program by January 1, 2010, to continue to be eligible for payment.~~

744.23 (b) Community health workers must work under the supervision of a medical assistance
744.24 enrolled physician, registered nurse, advanced practice registered nurse, mental health
744.25 professional ~~as defined in section 245.462, subdivision 18, clauses (1) to (6), and section~~
744.26 ~~245.4871, subdivision 27, clauses (1) to (5), or dentist, or work under the supervision of a~~
744.27 certified public health nurse operating under the direct authority of an enrolled unit of
744.28 government.

744.29 (c) Care coordination and patient education services covered under this subdivision
744.30 include, but are not limited to, services relating to oral health and dental care.

800.9 Sec. 78. Minnesota Statutes 2020, section 256B.0625, subdivision 56a, is amended to
800.10 read:

800.11 Subd. 56a. **Officer-involved community-based care coordination.** (a) Medical
800.12 assistance covers officer-involved community-based care coordination for an individual
800.13 who:

800.14 (1) has screened positive for benefiting from treatment for a mental illness or substance
800.15 use disorder using a tool approved by the commissioner;

800.16 (2) does not require the security of a public detention facility and is not considered an
800.17 inmate of a public institution as defined in Code of Federal Regulations, title 42, section
800.18 435.1010;

800.19 (3) meets the eligibility requirements in section 256B.056; and

800.20 (4) has agreed to participate in officer-involved community-based care coordination.

800.21 (b) Officer-involved community-based care coordination means navigating services to
800.22 address a client's mental health, chemical health, social, economic, and housing needs, or
800.23 any other activity targeted at reducing the incidence of jail utilization and connecting
800.24 individuals with existing covered services available to them, including, but not limited to,
800.25 targeted case management, waiver case management, or care coordination.

800.26 (c) Officer-involved community-based care coordination must be provided by an
800.27 individual who is an employee of or is under contract with a county, or is an employee of
800.28 or under contract with an Indian health service facility or facility owned and operated by a
800.29 tribe or a tribal organization operating under Public Law 93-638 as a 638 facility to provide
800.30 officer-involved community-based care coordination and is qualified under one of the
800.31 following criteria:

801.1 (1) a ~~licensed~~ mental health professional as defined in section 245.462, subdivision 18,
801.2 ~~clauses (1) to (6)~~;

801.3 (2) a clinical trainee who is qualified according to section 245I.04, subdivision 6, working
801.4 under the treatment supervision of a mental health professional according to section 245I.06;

801.5 (3) a mental health practitioner ~~as defined in section 245.462, subdivision 17 who is~~
801.6 qualified according to section 245I.04, subdivision 4, working under the clinical treatment
801.7 supervision of a mental health professional according to section 245I.06;

801.8 ~~(3)~~ (4) a mental health certified peer specialist ~~under section 256B.0615 who is~~ qualified
801.9 according to section 245I.04, subdivision 10, working under the clinical treatment supervision
801.10 of a mental health professional according to section 245I.06;

801.11 (4) an individual qualified as an alcohol and drug counselor under section 245G.11,
801.12 subdivision 5; or

745.1 Sec. 80. Minnesota Statutes 2020, section 256B.0625, subdivision 56a, is amended to
745.2 read:

745.3 Subd. 56a. **Officer-involved community-based care coordination.** (a) Medical
745.4 assistance covers officer-involved community-based care coordination for an individual
745.5 who:

745.6 (1) has screened positive for benefiting from treatment for a mental illness or substance
745.7 use disorder using a tool approved by the commissioner;

745.8 (2) does not require the security of a public detention facility and is not considered an
745.9 inmate of a public institution as defined in Code of Federal Regulations, title 42, section
745.10 435.1010;

745.11 (3) meets the eligibility requirements in section 256B.056; and

745.12 (4) has agreed to participate in officer-involved community-based care coordination.

745.13 (b) Officer-involved community-based care coordination means navigating services to
745.14 address a client's mental health, chemical health, social, economic, and housing needs, or
745.15 any other activity targeted at reducing the incidence of jail utilization and connecting
745.16 individuals with existing covered services available to them, including, but not limited to,
745.17 targeted case management, waiver case management, or care coordination.

745.18 (c) Officer-involved community-based care coordination must be provided by an
745.19 individual who is an employee of or is under contract with a county, or is an employee of
745.20 or under contract with an Indian health service facility or facility owned and operated by a
745.21 tribe or a tribal organization operating under Public Law 93-638 as a 638 facility to provide
745.22 officer-involved community-based care coordination and is qualified under one of the
745.23 following criteria:

745.24 (1) a ~~licensed~~ mental health professional as defined in section 245.462, subdivision 18,
745.25 ~~clauses (1) to (6)~~;

745.26 (2) a clinical trainee qualified according to section 245I.04, subdivision 6, working under
745.27 the treatment supervision of a mental health professional according to section 245I.06;

745.28 (3) a mental health practitioner ~~as defined in section 245.462, subdivision 17 who is~~
745.29 qualified according to section 245I.04, subdivision 4, working under the clinical treatment supervision
745.30 of a mental health professional according to section 245I.06;

746.1 ~~(3)~~ (4) a mental health certified peer specialist ~~under section 256B.0615 who is~~ qualified
746.2 according to section 245I.04, subdivision 10, working under the clinical treatment supervision
746.3 of a mental health professional according to section 245I.06;

746.4 (4) an individual qualified as an alcohol and drug counselor under section 245G.11,
746.5 subdivision 5; or

801.13 (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the
801.14 supervision of an individual qualified as an alcohol and drug counselor under section
801.15 245G.11, subdivision 5.

801.16 (d) Reimbursement is allowed for up to 60 days following the initial determination of
801.17 eligibility.

801.18 (e) Providers of officer-involved community-based care coordination shall annually
801.19 report to the commissioner on the number of individuals served, and number of the
801.20 community-based services that were accessed by recipients. The commissioner shall ensure
801.21 that services and payments provided under officer-involved community-based care
801.22 coordination do not duplicate services or payments provided under section 256B.0625,
801.23 subdivision 20, 256B.0753, 256B.0755, or 256B.0757.

801.24 (f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for
801.25 officer-involved community-based care coordination services shall be provided by the
801.26 county providing the services, from sources other than federal funds or funds used to match
801.27 other federal funds.

801.28 Sec. 79. Minnesota Statutes 2020, section 256B.0757, subdivision 4c, is amended to read:

801.29 Subd. 4c. **Behavioral health home services staff qualifications.** (a) A behavioral health
801.30 home services provider must maintain staff with required professional qualifications
801.31 appropriate to the setting.

802.1 (b) If behavioral health home services are offered in a mental health setting, the
802.2 integration specialist must be a registered nurse licensed under the Minnesota Nurse Practice
802.3 Act, sections 148.171 to 148.285.

802.4 (c) If behavioral health home services are offered in a primary care setting, the integration
802.5 specialist must be a mental health professional ~~as defined in who is qualified according to~~
802.6 ~~section 245.462, subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1)~~
802.7 ~~to (6) 245I.04, subdivision 2.~~

802.8 (d) If behavioral health home services are offered in either a primary care setting or
802.9 mental health setting, the systems navigator must be a mental health practitioner ~~as defined~~
802.10 ~~in who is qualified according to section 245.462, subdivision 17 245I.04, subdivision 4, or~~
802.11 ~~a community health worker as defined in section 256B.0625, subdivision 49.~~

802.12 (e) If behavioral health home services are offered in either a primary care setting or
802.13 mental health setting, the qualified health home specialist must be one of the following:

802.14 (1) a mental health certified peer support specialist as defined in who is qualified
802.15 according to section ~~256B.0615~~ 245I.04, subdivision 10;

802.16 (2) a mental health certified family peer support specialist as defined in who is qualified
802.17 according to section ~~256B.0616~~ 245I.04, subdivision 12;

746.6 (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the
746.7 supervision of an individual qualified as an alcohol and drug counselor under section
746.8 245G.11, subdivision 5.

746.9 (d) Reimbursement is allowed for up to 60 days following the initial determination of
746.10 eligibility.

746.11 (e) Providers of officer-involved community-based care coordination shall annually
746.12 report to the commissioner on the number of individuals served, and number of the
746.13 community-based services that were accessed by recipients. The commissioner shall ensure
746.14 that services and payments provided under officer-involved community-based care
746.15 coordination do not duplicate services or payments provided under section 256B.0625,
746.16 subdivision 20, 256B.0753, 256B.0755, or 256B.0757.

746.17 (f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for
746.18 officer-involved community-based care coordination services shall be provided by the
746.19 county providing the services, from sources other than federal funds or funds used to match
746.20 other federal funds.

746.21 Sec. 81. Minnesota Statutes 2020, section 256B.0757, subdivision 4c, is amended to read:

746.22 Subd. 4c. **Behavioral health home services staff qualifications.** (a) A behavioral health
746.23 home services provider must maintain staff with required professional qualifications
746.24 appropriate to the setting.

746.25 (b) If behavioral health home services are offered in a mental health setting, the
746.26 integration specialist must be a registered nurse licensed under the Minnesota Nurse Practice
746.27 Act, sections 148.171 to 148.285.

746.28 (c) If behavioral health home services are offered in a primary care setting, the integration
746.29 specialist must be a mental health professional ~~as defined in who is qualified according to~~
746.30 ~~section 245.462, subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1)~~
746.31 ~~to (6) 245I.04, subdivision 2.~~

747.1 (d) If behavioral health home services are offered in either a primary care setting or
747.2 mental health setting, the systems navigator must be a mental health practitioner ~~as defined~~
747.3 ~~in who is qualified according to section 245.462, subdivision 17 245I.04, subdivision 4, or~~
747.4 ~~a community health worker as defined in section 256B.0625, subdivision 49.~~

747.5 (e) If behavioral health home services are offered in either a primary care setting or
747.6 mental health setting, the qualified health home specialist must be one of the following:

747.7 (1) a mental health certified peer support specialist as defined in who is qualified
747.8 according to section ~~256B.0615~~ 245I.04, subdivision 10;

747.9 (2) a mental health certified family peer support specialist as defined in who is qualified
747.10 according to section ~~256B.0616~~ 245I.04, subdivision 12;

802.18 (3) a case management associate as defined in section 245.462, subdivision 4, paragraph
802.19 (g), or 245.4871, subdivision 4, paragraph (j);

802.20 (4) a mental health rehabilitation worker ~~as defined in who is qualified according to~~
802.21 ~~section 256B.0623, subdivision 5, clause (4)~~ 245I.04, subdivision 14;

802.22 (5) a community paramedic as defined in section 144E.28, subdivision 9;

802.23 (6) a peer recovery specialist as defined in section 245G.07, subdivision 1, clause (5);
802.24 or

802.25 (7) a community health worker as defined in section 256B.0625, subdivision 49.

802.26 Sec. 80. Minnesota Statutes 2020, section 256B.0941, subdivision 1, is amended to read:

802.27 Subdivision 1. **Eligibility.** (a) An individual who is eligible for mental health treatment
802.28 services in a psychiatric residential treatment facility must meet all of the following criteria:

802.29 (1) before admission, services are determined to be medically necessary according to
802.30 Code of Federal Regulations, title 42, section 441.152;

803.1 (2) is younger than 21 years of age at the time of admission. Services may continue until
803.2 the individual meets criteria for discharge or reaches 22 years of age, whichever occurs
803.3 first;

803.4 (3) has a mental health diagnosis as defined in the most recent edition of the Diagnostic
803.5 and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression,
803.6 or a finding that the individual is a risk to self or others;

803.7 (4) has functional impairment and a history of difficulty in functioning safely and
803.8 successfully in the community, school, home, or job; an inability to adequately care for
803.9 one's physical needs; or caregivers, guardians, or family members are unable to safely fulfill
803.10 the individual's needs;

803.11 (5) requires psychiatric residential treatment under the direction of a physician to improve
803.12 the individual's condition or prevent further regression so that services will no longer be
803.13 needed;

803.14 (6) utilized and exhausted other community-based mental health services, or clinical
803.15 evidence indicates that such services cannot provide the level of care needed; and

803.16 (7) was referred for treatment in a psychiatric residential treatment facility by a ~~qualified~~
803.17 ~~mental health professional licensed as defined in~~ who is qualified according to section
803.18 ~~245.4871, subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

803.19 (b) The commissioner shall provide oversight and review the use of referrals for clients
803.20 admitted to psychiatric residential treatment facilities to ensure that eligibility criteria,
803.21 clinical services, and treatment planning reflect clinical, state, and federal standards for
803.22 psychiatric residential treatment facility level of care. The commissioner shall coordinate

747.11 (3) a case management associate as defined in section 245.462, subdivision 4, paragraph
747.12 (g), or 245.4871, subdivision 4, paragraph (j);

747.13 (4) a mental health rehabilitation worker ~~as defined in who is qualified according to~~
747.14 ~~section 256B.0623, subdivision 5, clause (4)~~ 245I.04, subdivision 14;

747.15 (5) a community paramedic as defined in section 144E.28, subdivision 9;

747.16 (6) a peer recovery specialist as defined in section 245G.07, subdivision 1, clause (5);
747.17 or

747.18 (7) a community health worker as defined in section 256B.0625, subdivision 49.

747.19 Sec. 82. Minnesota Statutes 2020, section 256B.0941, subdivision 1, is amended to read:

747.20 Subdivision 1. **Eligibility.** (a) An individual who is eligible for mental health treatment
747.21 services in a psychiatric residential treatment facility must meet all of the following criteria:

747.22 (1) before admission, services are determined to be medically necessary according to
747.23 Code of Federal Regulations, title 42, section 441.152;

747.24 (2) is younger than 21 years of age at the time of admission. Services may continue until
747.25 the individual meets criteria for discharge or reaches 22 years of age, whichever occurs
747.26 first;

747.27 (3) has a mental health diagnosis as defined in the most recent edition of the Diagnostic
747.28 and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression,
747.29 or a finding that the individual is a risk to self or others;

747.30 (4) has functional impairment and a history of difficulty in functioning safely and
747.31 successfully in the community, school, home, or job; an inability to adequately care for
748.1 one's physical needs; or caregivers, guardians, or family members are unable to safely fulfill
748.2 the individual's needs;

748.3 (5) requires psychiatric residential treatment under the direction of a physician to improve
748.4 the individual's condition or prevent further regression so that services will no longer be
748.5 needed;

748.6 (6) utilized and exhausted other community-based mental health services, or clinical
748.7 evidence indicates that such services cannot provide the level of care needed; and

748.8 (7) was referred for treatment in a psychiatric residential treatment facility by a ~~qualified~~
748.9 ~~mental health professional licensed as defined in~~ qualified according to section 245.4871,
748.10 ~~subdivision 27, clauses (1) to (6)~~ 245I.04, subdivision 2.

748.11 (b) The commissioner shall provide oversight and review the use of referrals for clients
748.12 admitted to psychiatric residential treatment facilities to ensure that eligibility criteria,
748.13 clinical services, and treatment planning reflect clinical, state, and federal standards for
748.14 psychiatric residential treatment facility level of care. The commissioner shall coordinate

803.23 the production of a statewide list of children and youth who meet the medical necessity
803.24 criteria for psychiatric residential treatment facility level of care and who are awaiting
803.25 admission. The commissioner and any recipient of the list shall not use the statewide list to
803.26 direct admission of children and youth to specific facilities.

803.27 Sec. 81. Minnesota Statutes 2020, section 256B.0943, subdivision 1, is amended to read:

803.28 Subdivision 1. **Definitions.** For purposes of this section, the following terms have the
803.29 meanings given them.

803.30 (a) "Children's therapeutic services and supports" means the flexible package of mental
803.31 health services for children who require varying therapeutic and rehabilitative levels of
803.32 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,
803.33 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision
804.1 20. The services are time-limited interventions that are delivered using various treatment
804.2 modalities and combinations of services designed to reach treatment outcomes identified
804.3 in the individual treatment plan.

804.4 (b) "~~Clinical supervision~~" means the overall responsibility of the mental health
804.5 professional for the control and direction of individualized treatment planning, service
804.6 delivery, and treatment review for each client. A mental health professional who is an
804.7 enrolled Minnesota health care program provider accepts full professional responsibility
804.8 for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work,
804.9 and oversees or directs the supervisee's work.

804.10 ~~(e)~~ (b) "Clinical trainee" means a mental health practitioner who meets the qualifications
804.11 specified in Minnesota Rules, part 9505.0371, subpart 5, item C staff person who is qualified
804.12 according to section 2451.04, subdivision 6.

804.13 ~~(d)~~ (c) "~~Crisis assistance planning~~" has the meaning given in section 245.4871, subdivision
804.14 9a. ~~Crisis assistance entails the development of a written plan to assist a child's family to~~
804.15 ~~contend with a potential crisis and is distinct from the immediate provision of crisis~~
804.16 ~~intervention services.~~

804.17 ~~(e)~~ (d) "Culturally competent provider" means a provider who understands and can
804.18 utilize to a client's benefit the client's culture when providing services to the client. A provider
804.19 may be culturally competent because the provider is of the same cultural or ethnic group
804.20 as the client or the provider has developed the knowledge and skills through training and
804.21 experience to provide services to culturally diverse clients.

804.22 ~~(f)~~ (e) "Day treatment program" for children means a site-based structured mental health
804.23 program consisting of psychotherapy for three or more individuals and individual or group
804.24 skills training provided by a multidisciplinary team, under the clinical treatment supervision
804.25 of a mental health professional.

804.26 ~~(g)~~ (f) "~~Standard diagnostic assessment~~" has the meaning given in Minnesota Rules, part
804.27 9505.0372, subpart 1 means the assessment described in 2451.10, subdivision 6.

748.15 the production of a statewide list of children and youth who meet the medical necessity
748.16 criteria for psychiatric residential treatment facility level of care and who are awaiting
748.17 admission. The commissioner and any recipient of the list shall not use the statewide list to
748.18 direct admission of children and youth to specific facilities.

748.19 Sec. 83. Minnesota Statutes 2020, section 256B.0943, subdivision 1, is amended to read:

748.20 Subdivision 1. **Definitions.** For purposes of this section, the following terms have the
748.21 meanings given them.

748.22 (a) "Children's therapeutic services and supports" means the flexible package of mental
748.23 health services for children who require varying therapeutic and rehabilitative levels of
748.24 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,
748.25 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision
748.26 20. The services are time-limited interventions that are delivered using various treatment
748.27 modalities and combinations of services designed to reach treatment outcomes identified
748.28 in the individual treatment plan.

748.29 (b) "~~Clinical supervision~~" means the overall responsibility of the mental health
748.30 professional for the control and direction of individualized treatment planning, service
748.31 delivery, and treatment review for each client. A mental health professional who is an
748.32 enrolled Minnesota health care program provider accepts full professional responsibility
749.1 for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work,
749.2 and oversees or directs the supervisee's work.

749.3 ~~(e)~~ (b) "Clinical trainee" means a mental health practitioner who meets the qualifications
749.4 specified in Minnesota Rules, part 9505.0371, subpart 5, item C staff person who is qualified
749.5 according to section 2451.04, subdivision 6.

749.6 ~~(d)~~ (c) "~~Crisis assistance planning~~" has the meaning given in section 245.4871, subdivision
749.7 9a. ~~Crisis assistance entails the development of a written plan to assist a child's family to~~
749.8 ~~contend with a potential crisis and is distinct from the immediate provision of crisis~~
749.9 ~~intervention services.~~

749.10 ~~(e)~~ (d) "Culturally competent provider" means a provider who understands and can
749.11 utilize to a client's benefit the client's culture when providing services to the client. A provider
749.12 may be culturally competent because the provider is of the same cultural or ethnic group
749.13 as the client or the provider has developed the knowledge and skills through training and
749.14 experience to provide services to culturally diverse clients.

749.15 ~~(f)~~ (e) "Day treatment program" for children means a site-based structured mental health
749.16 program consisting of psychotherapy for three or more individuals and individual or group
749.17 skills training provided by a multidisciplinary team, under the clinical treatment supervision
749.18 of a mental health professional.

749.19 ~~(g)~~ (f) "~~Standard diagnostic assessment~~" has the meaning given in Minnesota Rules, part
749.20 9505.0372, subpart 1 means the assessment described in 2451.10, subdivision 6.

804.28 ~~(h)~~ (g) "Direct service time" means the time that a mental health professional, clinical
804.29 trainee, mental health practitioner, or mental health behavioral aide spends face-to-face with
804.30 a client and the client's family or providing covered telemedicine services. Direct service
804.31 time includes time in which the provider obtains a client's history, develops a client's
804.32 treatment plan, records individual treatment outcomes, or provides service components of
804.33 children's therapeutic services and supports. Direct service time does not include time doing
805.1 work before and after providing direct services, including scheduling or maintaining clinical
805.2 records.

805.3 ~~(h)~~ (h) "Direction of mental health behavioral aide" means the activities of a mental
805.4 health professional, clinical trainee, or mental health practitioner in guiding the mental
805.5 health behavioral aide in providing services to a client. The direction of a mental health
805.6 behavioral aide must be based on the client's ~~individualized~~ individual treatment plan and
805.7 meet the requirements in subdivision 6, paragraph (b), clause (5).

805.8 ~~(i)~~ (i) "Emotional disturbance" has the meaning given in section 245.4871, subdivision
805.9 15.

805.10 ~~(j)~~ (j) "Individual behavioral plan" means a plan of intervention, treatment, and services
805.11 for a child written by a mental health professional or a clinical trainee or mental health
805.12 practitioner; under the ~~clinical treatment~~ supervision of a mental health professional, to
805.13 guide the work of the mental health behavioral aide. The individual behavioral plan may
805.14 be incorporated into the child's individual treatment plan so long as the behavioral plan is
805.15 separately communicable to the mental health behavioral aide.

805.16 ~~(k)~~ (k) "Individual treatment plan" has the meaning given in Minnesota Rules, part
805.17 ~~9505.0371, subpart 7~~ means the plan described in section 245I.10, subdivisions 7 and 8.

805.18 ~~(l)~~ (l) "Mental health behavioral aide services" means medically necessary one-on-one
805.19 activities performed by a ~~trained paraprofessional qualified as provided in subdivision 7,~~
805.20 ~~paragraph (b), clause (3)~~ mental health behavioral aide qualified according to section 245I.04,
805.21 subdivision 16, to assist a child retain or generalize psychosocial skills as previously trained
805.22 by a mental health professional, clinical trainee, or mental health practitioner and as described
805.23 in the child's individual treatment plan and individual behavior plan. Activities involve
805.24 working directly with the child or child's family as provided in subdivision 9, paragraph
805.25 (b), clause (4).

805.26 ~~(m)~~ (m) "Mental health certified family peer specialist" means a staff person who is qualified
805.27 according to section 245I.04, subdivision 12.

805.28 ~~(n)~~ (n) "Mental health practitioner" has the meaning given in section 245.462, subdivision
805.29 17, except that a practitioner working in a day treatment setting may qualify as a mental
805.30 health practitioner if the practitioner holds a bachelor's degree in one of the behavioral
805.31 sciences or related fields from an accredited college or university, and: (1) has at least 2,000
805.32 hours of clinically supervised experience in the delivery of mental health services to clients
805.33 with mental illness; (2) is fluent in the language, other than English, of the cultural group

749.21 ~~(h)~~ (g) "Direct service time" means the time that a mental health professional, clinical
749.22 trainee, mental health practitioner, or mental health behavioral aide spends face-to-face with
749.23 a client and the client's family or providing covered telemedicine services. Direct service
749.24 time includes time in which the provider obtains a client's history, develops a client's
749.25 treatment plan, records individual treatment outcomes, or provides service components of
749.26 children's therapeutic services and supports. Direct service time does not include time doing
749.27 work before and after providing direct services, including scheduling or maintaining clinical
749.28 records.

749.29 ~~(h)~~ (h) "Direction of mental health behavioral aide" means the activities of a mental
749.30 health professional, clinical trainee, or mental health practitioner in guiding the mental
749.31 health behavioral aide in providing services to a client. The direction of a mental health
749.32 behavioral aide must be based on the client's ~~individualized~~ individual treatment plan and
749.33 meet the requirements in subdivision 6, paragraph (b), clause (5).

750.1 ~~(i)~~ (i) "Emotional disturbance" has the meaning given in section 245.4871, subdivision
750.2 15.

750.3 ~~(j)~~ (j) "Individual behavioral plan" means a plan of intervention, treatment, and services
750.4 for a child written by a mental health professional or a clinical trainee or mental health
750.5 practitioner; under the ~~clinical treatment~~ supervision of a mental health professional, to
750.6 guide the work of the mental health behavioral aide. The individual behavioral plan may
750.7 be incorporated into the child's individual treatment plan so long as the behavioral plan is
750.8 separately communicable to the mental health behavioral aide.

750.9 ~~(k)~~ (k) "Individual treatment plan" has the meaning given in Minnesota Rules, part
750.10 ~~9505.0371, subpart 7~~ means the plan described in section 245I.10, subdivisions 7 and 8.

750.11 ~~(l)~~ (l) "Mental health behavioral aide services" means medically necessary one-on-one
750.12 activities performed by a ~~trained paraprofessional qualified as provided in subdivision 7,~~
750.13 ~~paragraph (b), clause (3)~~ mental health behavioral aide qualified according to section 245I.04,
750.14 subdivision 16, to assist a child retain or generalize psychosocial skills as previously trained
750.15 by a mental health professional, clinical trainee, or mental health practitioner and as described
750.16 in the child's individual treatment plan and individual behavior plan. Activities involve
750.17 working directly with the child or child's family as provided in subdivision 9, paragraph
750.18 (b), clause (4).

750.19 ~~(m)~~ (m) "Mental health certified family peer specialist" means a staff person who is qualified
750.20 according to section 245I.04, subdivision 12.

750.21 ~~(n)~~ (n) "Mental health practitioner" has the meaning given in section 245.462, subdivision
750.22 17, except that a practitioner working in a day treatment setting may qualify as a mental
750.23 health practitioner if the practitioner holds a bachelor's degree in one of the behavioral
750.24 sciences or related fields from an accredited college or university, and: (1) has at least 2,000
750.25 hours of clinically supervised experience in the delivery of mental health services to clients
750.26 with mental illness; (2) is fluent in the language, other than English, of the cultural group

805.34 that makes up at least 50 percent of the practitioner's clients, completes 40 hours of training
806.1 on the delivery of services to clients with mental illness, and receives clinical supervision
806.2 from a mental health professional at least once per week until meeting the required 2,000
806.3 hours of supervised experience; or (3) receives 40 hours of training on the delivery of
806.4 services to clients with mental illness within six months of employment, and clinical
806.5 supervision from a mental health professional at least once per week until meeting the
806.6 required 2,000 hours of supervised experience means a staff person who is qualified according
806.7 to section 245I.04, subdivision 4.

806.8 (o) "Mental health professional" means ~~an individual as defined in Minnesota Rules,~~
806.9 ~~part 9505.0370, subpart 18~~ a staff person who is qualified according to section 245I.04,
806.10 subdivision 2.

806.11 (p) "Mental health service plan development" includes:

806.12 (1) the development, review, and revision of a child's individual treatment plan, ~~as~~
806.13 ~~provided in Minnesota Rules, part 9505.0371, subpart 7,~~ including involvement of the client
806.14 or client's parents, primary caregiver, or other person authorized to consent to mental health
806.15 services for the client, and including arrangement of treatment and support activities specified
806.16 in the individual treatment plan; and

806.17 (2) administering and reporting the standardized outcome measurement instruments;
806.18 determined and updated by the commissioner measurements in section 245I.10, subdivision
806.19 6, paragraph (d), clauses (3) and (4), and other standardized outcome measurements approved
806.20 by the commissioner, as periodically needed to evaluate the effectiveness of treatment ~~for~~
806.21 ~~children receiving clinical services and reporting outcome measures, as required by the~~
806.22 ~~commissioner.~~

806.23 (q) "Mental illness," for persons at least age 18 but under age 21, has the meaning given
806.24 in section 245.462, subdivision 20, paragraph (a).

806.25 (r) "Psychotherapy" means the treatment ~~of mental or emotional disorders or~~
806.26 ~~maladjustment by psychological means. Psychotherapy may be provided in many modalities~~
806.27 ~~in accordance with Minnesota Rules, part 9505.0372, subpart 6, including patient and/or~~
806.28 ~~family psychotherapy; family psychotherapy; psychotherapy for crisis; group psychotherapy;~~
806.29 ~~or multiple-family psychotherapy. Beginning with the American Medical Association's~~
806.30 ~~Current Procedural Terminology, standard edition, 2014, the procedure "individual~~
806.31 ~~psychotherapy" is replaced with "patient and/or family psychotherapy," a substantive change~~
806.32 ~~that permits the therapist to work with the client's family without the client present to obtain~~
806.33 ~~information about the client or to explain the client's treatment plan to the family.~~
806.34 ~~Psychotherapy is appropriate for crisis response when a child has become dysregulated or~~
807.1 ~~experienced new trauma since the diagnostic assessment was completed and needs~~
807.2 ~~psychotherapy to address issues not currently included in the child's individual treatment~~
807.3 ~~plan~~ described in section 256B.0671, subdivision 11.

750.27 that makes up at least 50 percent of the practitioner's clients, completes 40 hours of training
750.28 on the delivery of services to clients with mental illness, and receives clinical supervision
750.29 from a mental health professional at least once per week until meeting the required 2,000
750.30 hours of supervised experience; or (3) receives 40 hours of training on the delivery of
750.31 services to clients with mental illness within six months of employment, and clinical
750.32 supervision from a mental health professional at least once per week until meeting the
750.33 required 2,000 hours of supervised experience means a staff person who is qualified according
750.34 to section 245I.04, subdivision 4.

751.1 (o) "Mental health professional" means ~~an individual as defined in Minnesota Rules,~~
751.2 ~~part 9505.0370, subpart 18~~ a staff person who is qualified according to section 245I.04,
751.3 subdivision 2.

751.4 (p) "Mental health service plan development" includes:

751.5 (1) the development, review, and revision of a child's individual treatment plan, ~~as~~
751.6 ~~provided in Minnesota Rules, part 9505.0371, subpart 7,~~ including involvement of the client
751.7 or client's parents, primary caregiver, or other person authorized to consent to mental health
751.8 services for the client, and including arrangement of treatment and support activities specified
751.9 in the individual treatment plan; and

751.10 (2) administering and reporting the standardized outcome measurement instruments;
751.11 determined and updated by the commissioner measurements in section 245I.10, subdivision
751.12 6, paragraph (d), clauses (3) and (4), and other standardized outcome measurements approved
751.13 by the commissioner, as periodically needed to evaluate the effectiveness of treatment ~~for~~
751.14 ~~children receiving clinical services and reporting outcome measures, as required by the~~
751.15 ~~commissioner.~~

751.16 (q) "Mental illness," for persons at least age 18 but under age 21, has the meaning given
751.17 in section 245.462, subdivision 20, paragraph (a).

751.18 (r) "Psychotherapy" means the treatment ~~of mental or emotional disorders or~~
751.19 ~~maladjustment by psychological means. Psychotherapy may be provided in many modalities~~
751.20 ~~in accordance with Minnesota Rules, part 9505.0372, subpart 6, including patient and/or~~
751.21 ~~family psychotherapy; family psychotherapy; psychotherapy for crisis; group psychotherapy;~~
751.22 ~~or multiple-family psychotherapy. Beginning with the American Medical Association's~~
751.23 ~~Current Procedural Terminology, standard edition, 2014, the procedure "individual~~
751.24 ~~psychotherapy" is replaced with "patient and/or family psychotherapy," a substantive change~~
751.25 ~~that permits the therapist to work with the client's family without the client present to obtain~~
751.26 ~~information about the client or to explain the client's treatment plan to the family.~~
751.27 ~~Psychotherapy is appropriate for crisis response when a child has become dysregulated or~~
751.28 ~~experienced new trauma since the diagnostic assessment was completed and needs~~
751.29 ~~psychotherapy to address issues not currently included in the child's individual treatment~~
751.30 ~~plan~~ described in section 256B.0671, subdivision 11.

807.4 (s) "Rehabilitative services" or "psychiatric rehabilitation services" means ~~a series or~~
807.5 ~~multidisciplinary combination of psychiatric and psychosocial~~ interventions to: (1) restore
807.6 a child or adolescent to an age-appropriate developmental trajectory that had been disrupted
807.7 by a psychiatric illness; or (2) enable the child to self-monitor, compensate for, cope with,
807.8 counteract, or replace psychosocial skills deficits or maladaptive skills acquired over the
807.9 course of a psychiatric illness. Psychiatric rehabilitation services for children combine
807.10 coordinated psychotherapy to address internal psychological, emotional, and intellectual
807.11 processing deficits, and skills training to restore personal and social functioning. Psychiatric
807.12 rehabilitation services establish a progressive series of goals with each achievement building
807.13 upon a prior achievement. ~~Continuing progress toward goals is expected, and rehabilitative~~
807.14 ~~potential ceases when successive improvement is not observable over a period of time.~~

807.15 (t) "Skills training" means individual, family, or group training, delivered by or under
807.16 the supervision of a mental health professional, designed to facilitate the acquisition of
807.17 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate
807.18 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child
807.19 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or
807.20 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject
807.21 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

807.22 (u) "Treatment supervision" means the supervision described in section 245I.06.

807.23 Sec. 82. Minnesota Statutes 2020, section 256B.0943, subdivision 2, is amended to read:

807.24 Subd. 2. **Covered service components of children's therapeutic services and**
807.25 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary
807.26 children's therapeutic services and supports ~~as defined in this section that~~ when the services
807.27 ~~are provided by an eligible provider entity certified under subdivision 4 provides to a client~~
807.28 ~~eligible under subdivision 3 and meeting the standards in this section. The provider entity~~
807.29 must make reasonable and good faith efforts to report individual client outcomes to the
807.30 commissioner, using instruments and protocols approved by the commissioner.

807.31 (b) The service components of children's therapeutic services and supports are:

807.32 (1) patient and/or family psychotherapy, family psychotherapy, psychotherapy for crisis,
807.33 and group psychotherapy;

808.1 (2) individual, family, or group skills training provided by a mental health professional,
808.2 clinical trainee, or mental health practitioner;

808.3 (3) crisis ~~assistance~~ planning;

808.4 (4) mental health behavioral aide services;

808.5 (5) direction of a mental health behavioral aide;

808.6 (6) mental health service plan development; and

751.31 (s) "Rehabilitative services" or "psychiatric rehabilitation services" means ~~a series or~~
751.32 ~~multidisciplinary combination of psychiatric and psychosocial~~ interventions to: (1) restore
751.33 a child or adolescent to an age-appropriate developmental trajectory that had been disrupted
751.34 by a psychiatric illness; or (2) enable the child to self-monitor, compensate for, cope with,
752.1 counteract, or replace psychosocial skills deficits or maladaptive skills acquired over the
752.2 course of a psychiatric illness. Psychiatric rehabilitation services for children combine
752.3 coordinated psychotherapy to address internal psychological, emotional, and intellectual
752.4 processing deficits, and skills training to restore personal and social functioning. Psychiatric
752.5 rehabilitation services establish a progressive series of goals with each achievement building
752.6 upon a prior achievement. ~~Continuing progress toward goals is expected, and rehabilitative~~
752.7 ~~potential ceases when successive improvement is not observable over a period of time.~~

752.8 (t) "Skills training" means individual, family, or group training, delivered by or under
752.9 the supervision of a mental health professional, designed to facilitate the acquisition of
752.10 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate
752.11 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child
752.12 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or
752.13 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject
752.14 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

752.15 (u) "Treatment supervision" means the supervision described in section 245I.06.

752.16 Sec. 84. Minnesota Statutes 2020, section 256B.0943, subdivision 2, is amended to read:

752.17 Subd. 2. **Covered service components of children's therapeutic services and**
752.18 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary
752.19 children's therapeutic services and supports ~~as defined in this section that~~ when the services
752.20 ~~are provided by an eligible provider entity certified under subdivision 4 provides to a client~~
752.21 ~~eligible under subdivision 3 and meeting the standards in this section. The provider entity~~
752.22 must make reasonable and good faith efforts to report individual client outcomes to the
752.23 commissioner, using instruments and protocols approved by the commissioner.

752.24 (b) The service components of children's therapeutic services and supports are:

752.25 (1) patient and/or family psychotherapy, family psychotherapy, psychotherapy for crisis,
752.26 and group psychotherapy;

752.27 (2) individual, family, or group skills training provided by a mental health professional,
752.28 clinical trainee, or mental health practitioner;

752.29 (3) crisis ~~assistance~~ planning;

752.30 (4) mental health behavioral aide services;

752.31 (5) direction of a mental health behavioral aide;

752.32 (6) mental health service plan development; and

808.7 (7) children's day treatment.

808.8 Sec. 83. Minnesota Statutes 2020, section 256B.0943, subdivision 3, is amended to read:

808.9 Subd. 3. **Determination of client eligibility.** (a) A client's eligibility to receive children's
808.10 therapeutic services and supports under this section shall be determined based on a standard
808.11 diagnostic assessment by a mental health professional or a ~~mental health practitioner who~~
808.12 ~~meets the requirements of a clinical trainee as defined in Minnesota Rules, part 9505.0371,~~
808.13 ~~subpart 5, item C, clinical trainee~~ that is performed within one year before the initial start
808.14 of service. The standard diagnostic assessment must ~~meet the requirements for a standard~~
808.15 ~~or extended diagnostic assessment as defined in Minnesota Rules, part 9505.0372, subpart~~
808.16 ~~1, items B and C, and:~~

808.17 (1) ~~include current diagnoses, including any differential diagnosis, in accordance with~~
808.18 ~~all criteria for a complete diagnosis and diagnostic profile as specified in the current edition~~
808.19 ~~of the Diagnostic and Statistical Manual of the American Psychiatric Association, or, for~~
808.20 ~~children under age five, as specified in the current edition of the Diagnostic Classification~~
808.21 ~~of Mental Health Disorders of Infancy and Early Childhood;~~

808.22 (2) ~~(1)~~ determine whether a child under age 18 has a diagnosis of emotional disturbance
808.23 or, if the person is between the ages of 18 and 21, whether the person has a mental illness;

808.24 (3) ~~(2)~~ document children's therapeutic services and supports as medically necessary to
808.25 address an identified disability, functional impairment, and the individual client's needs and
808.26 goals; and

808.27 (4) ~~(3)~~ be used in the development of the individualized individual treatment plan, ~~and,~~

808.28 (5) ~~be completed annually until age 18. For individuals between age 18 and 21, unless~~
808.29 ~~a client's mental health condition has changed markedly since the client's most recent~~
808.30 ~~diagnostic assessment, annual updating is necessary. For the purpose of this section,~~
808.31 ~~"updating" means an adult diagnostic update as defined in Minnesota Rules, part 9505.0371,~~
808.32 ~~subpart 2, item E.~~

809.1 (b) Notwithstanding paragraph (a), a client may be determined to be eligible for up to
809.2 five days of day treatment under this section based on a hospital's medical history and
809.3 presentation examination of the client.

809.4 Sec. 84. Minnesota Statutes 2020, section 256B.0943, subdivision 4, is amended to read:

809.5 Subd. 4. **Provider entity certification.** (a) The commissioner shall establish an initial
809.6 provider entity application and certification process and recertification process to determine
809.7 whether a provider entity has an administrative and clinical infrastructure that meets the
809.8 requirements in subdivisions 5 and 6. A provider entity must be certified for the three core
809.9 rehabilitation services of psychotherapy, skills training, and crisis ~~assistance~~ planning. The
809.10 commissioner shall recertify a provider entity at least every three years. The commissioner
809.11 shall establish a process for decertification of a provider entity and shall require corrective
809.12 action, medical assistance repayment, or decertification of a provider entity that no longer

753.1 (7) children's day treatment.

753.2 Sec. 85. Minnesota Statutes 2020, section 256B.0943, subdivision 3, is amended to read:

753.3 Subd. 3. **Determination of client eligibility.** (a) A client's eligibility to receive children's
753.4 therapeutic services and supports under this section shall be determined based on a standard
753.5 diagnostic assessment by a mental health professional or a ~~mental health practitioner who~~
753.6 ~~meets the requirements of a clinical trainee as defined in Minnesota Rules, part 9505.0371,~~
753.7 ~~subpart 5, item C, clinical trainee~~ that is performed within one year before the initial start
753.8 of service. The standard diagnostic assessment must ~~meet the requirements for a standard~~
753.9 ~~or extended diagnostic assessment as defined in Minnesota Rules, part 9505.0372, subpart~~
753.10 ~~1, items B and C, and:~~

753.11 (1) ~~include current diagnoses, including any differential diagnosis, in accordance with~~
753.12 ~~all criteria for a complete diagnosis and diagnostic profile as specified in the current edition~~
753.13 ~~of the Diagnostic and Statistical Manual of the American Psychiatric Association, or, for~~
753.14 ~~children under age five, as specified in the current edition of the Diagnostic Classification~~
753.15 ~~of Mental Health Disorders of Infancy and Early Childhood;~~

753.16 (2) ~~(1)~~ determine whether a child under age 18 has a diagnosis of emotional disturbance
753.17 or, if the person is between the ages of 18 and 21, whether the person has a mental illness;

753.18 (3) ~~(2)~~ document children's therapeutic services and supports as medically necessary to
753.19 address an identified disability, functional impairment, and the individual client's needs and
753.20 goals; and

753.21 (4) ~~(3)~~ be used in the development of the individualized individual treatment plan, ~~and,~~

753.22 (5) ~~be completed annually until age 18. For individuals between age 18 and 21, unless~~
753.23 ~~a client's mental health condition has changed markedly since the client's most recent~~
753.24 ~~diagnostic assessment, annual updating is necessary. For the purpose of this section,~~
753.25 ~~"updating" means an adult diagnostic update as defined in Minnesota Rules, part 9505.0371,~~
753.26 ~~subpart 2, item E.~~

753.27 (b) Notwithstanding paragraph (a), a client may be determined to be eligible for up to
753.28 five days of day treatment under this section based on a hospital's medical history and
753.29 presentation examination of the client.

753.30 Sec. 86. Minnesota Statutes 2020, section 256B.0943, subdivision 4, is amended to read:

753.31 Subd. 4. **Provider entity certification.** (a) The commissioner shall establish an initial
753.32 provider entity application and certification process and recertification process to determine
754.1 whether a provider entity has an administrative and clinical infrastructure that meets the
754.2 requirements in subdivisions 5 and 6. A provider entity must be certified for the three core
754.3 rehabilitation services of psychotherapy, skills training, and crisis ~~assistance~~ planning. The
754.4 commissioner shall recertify a provider entity at least every three years. The commissioner
754.5 shall establish a process for decertification of a provider entity and shall require corrective
754.6 action, medical assistance repayment, or decertification of a provider entity that no longer

809.13 meets the requirements in this section or that fails to meet the clinical quality standards or
809.14 administrative standards provided by the commissioner in the application and certification
809.15 process.

809.16 (b) For purposes of this section, a provider entity must meet the standards in this section
809.17 and chapter 245I, as required by section 245I.011, subdivision 5, and be:

809.18 (1) an Indian health services facility or a facility owned and operated by a tribe or tribal
809.19 organization operating as a 638 facility under Public Law 93-638 certified by the state;

809.20 (2) a county-operated entity certified by the state; or

809.21 (3) a noncounty entity certified by the state.

809.22 Sec. 85. Minnesota Statutes 2020, section 256B.0943, subdivision 5, is amended to read:

809.23 Subd. 5. **Provider entity administrative infrastructure requirements.** ~~(a) To be an~~
809.24 ~~eligible provider entity under this section, a provider entity must have an administrative~~
809.25 ~~infrastructure that establishes authority and accountability for decision making and oversight~~
809.26 ~~of functions, including finance, personnel, system management, clinical practice, and~~
809.27 ~~individual treatment outcomes measurement. An eligible provider entity shall demonstrate~~
809.28 ~~the availability, by means of employment or contract, of at least one backup mental health~~
809.29 ~~professional in the event of the primary mental health professional's absence. The provider~~
809.30 ~~must have written policies and procedures that it reviews and updates every three years and~~
809.31 ~~distributes to staff initially and upon each subsequent update.~~

810.1 (b) ~~The administrative infrastructure written~~ In addition to the policies and procedures
810.2 required in section 245I.03, the policies and procedures must include:

810.3 ~~(1) personnel procedures, including a process for: (i) recruiting, hiring, training, and~~
810.4 ~~retention of culturally and linguistically competent providers; (ii) conducting a criminal~~
810.5 ~~background check on all direct service providers and volunteers; (iii) investigating, reporting,~~
810.6 ~~and acting on violations of ethical conduct standards; (iv) investigating, reporting, and acting~~
810.7 ~~on violations of data privacy policies that are compliant with federal and state laws; (v)~~
810.8 ~~utilizing volunteers, including screening applicants, training and supervising volunteers,~~
810.9 ~~and providing liability coverage for volunteers; and (vi) documenting that each mental~~
810.10 ~~health professional, mental health practitioner, or mental health behavioral aide meets the~~
810.11 ~~applicable provider qualification criteria, training criteria under subdivision 8, and clinical~~
810.12 ~~supervision or direction of a mental health behavioral aide requirements under subdivision~~
810.13 ~~6;~~

810.14 ~~(2)~~ (1) fiscal procedures, including internal fiscal control practices and a process for
810.15 collecting revenue that is compliant with federal and state laws; and

810.16 ~~(2)~~ (2) a client-specific treatment outcomes measurement system, including baseline
810.17 measures, to measure a client's progress toward achieving mental health rehabilitation goals.
810.18 ~~Effective July 1, 2017, to be eligible for medical assistance payment, a provider entity must~~

754.7 meets the requirements in this section or that fails to meet the clinical quality standards or
754.8 administrative standards provided by the commissioner in the application and certification
754.9 process.

754.10 (b) For purposes of this section, a provider entity must meet the standards in this section
754.11 and chapter 245I, as required in section 245I.011, subdivision 5, and be:

754.12 (1) an Indian health services facility or a facility owned and operated by a tribe or tribal
754.13 organization operating as a 638 facility under Public Law 93-638 certified by the state;

754.14 (2) a county-operated entity certified by the state; or

754.15 (3) a noncounty entity certified by the state.

754.16 Sec. 87. Minnesota Statutes 2020, section 256B.0943, subdivision 5, is amended to read:

754.17 Subd. 5. **Provider entity administrative infrastructure requirements.** ~~(a) To be an~~
754.18 ~~eligible provider entity under this section, a provider entity must have an administrative~~
754.19 ~~infrastructure that establishes authority and accountability for decision making and oversight~~
754.20 ~~of functions, including finance, personnel, system management, clinical practice, and~~
754.21 ~~individual treatment outcomes measurement. An eligible provider entity shall demonstrate~~
754.22 ~~the availability, by means of employment or contract, of at least one backup mental health~~
754.23 ~~professional in the event of the primary mental health professional's absence. The provider~~
754.24 ~~must have written policies and procedures that it reviews and updates every three years and~~
754.25 ~~distributes to staff initially and upon each subsequent update.~~

754.26 (b) ~~The administrative infrastructure written~~ In addition to the policies and procedures
754.27 required by section 245I.03, the policies and procedures must include:

754.28 ~~(1) personnel procedures, including a process for: (i) recruiting, hiring, training, and~~
754.29 ~~retention of culturally and linguistically competent providers; (ii) conducting a criminal~~
754.30 ~~background check on all direct service providers and volunteers; (iii) investigating, reporting,~~
754.31 ~~and acting on violations of ethical conduct standards; (iv) investigating, reporting, and acting~~
754.32 ~~on violations of data privacy policies that are compliant with federal and state laws; (v)~~
754.33 ~~utilizing volunteers, including screening applicants, training and supervising volunteers,~~
755.1 ~~and providing liability coverage for volunteers; and (vi) documenting that each mental~~
755.2 ~~health professional, mental health practitioner, or mental health behavioral aide meets the~~
755.3 ~~applicable provider qualification criteria, training criteria under subdivision 8, and clinical~~
755.4 ~~supervision or direction of a mental health behavioral aide requirements under subdivision~~
755.5 ~~6;~~

755.6 ~~(2)~~ (1) fiscal procedures, including internal fiscal control practices and a process for
755.7 collecting revenue that is compliant with federal and state laws; and

755.8 ~~(2)~~ (2) a client-specific treatment outcomes measurement system, including baseline
755.9 measures, to measure a client's progress toward achieving mental health rehabilitation goals.
755.10 ~~Effective July 1, 2017, to be eligible for medical assistance payment, a provider entity must~~

810.19 report individual client outcomes to the commissioner, using instruments and protocols
810.20 approved by the commissioner; and

810.21 ~~(4) a process to establish and maintain individual client records. The client's records~~
810.22 ~~must include:~~

810.23 ~~(i) the client's personal information;~~

810.24 ~~(ii) forms applicable to data privacy;~~

810.25 ~~(iii) the client's diagnostic assessment, updates, results of tests, individual treatment~~
810.26 ~~plan, and individual behavior plan, if necessary;~~

810.27 ~~(iv) documentation of service delivery as specified under subdivision 6;~~

810.28 ~~(v) telephone contacts;~~

810.29 ~~(vi) discharge plan; and~~

810.30 ~~(vii) if applicable, insurance information.~~

810.31 (c) A provider entity that uses a restrictive procedure with a client must meet the
810.32 requirements of section 245.8261.

811.1 Sec. 86. Minnesota Statutes 2020, section 256B.0943, subdivision 5a, is amended to read:

811.2 Subd. 5a. **Background studies.** The requirements for background studies under ~~this~~
811.3 section 245I.011, subdivision 4, paragraph (d), may be met by a children's therapeutic
811.4 services and supports services agency through the commissioner's NETStudy system as
811.5 provided under sections 245C.03, subdivision 7, and 245C.10, subdivision 8.

811.6 Sec. 87. Minnesota Statutes 2020, section 256B.0943, subdivision 6, is amended to read:

811.7 Subd. 6. **Provider entity clinical infrastructure requirements.** (a) To be an eligible
811.8 provider entity under this section, a provider entity must have a clinical infrastructure that
811.9 utilizes diagnostic assessment, ~~individualized individual~~ treatment plans, service delivery,
811.10 and individual treatment plan review that are culturally competent, child-centered, and
811.11 family-driven to achieve maximum benefit for the client. The provider entity must review,
811.12 and update as necessary, the clinical policies and procedures every three years, must distribute
811.13 the policies and procedures to staff initially and upon each subsequent update, and must
811.14 train staff accordingly.

811.15 (b) The clinical infrastructure written policies and procedures must include policies and
811.16 procedures for meeting the requirements in this subdivision:

811.17 (1) providing or obtaining a client's standard diagnostic assessment, including a standard
811.18 diagnostic assessment ~~performed by an outside or independent clinician, that identifies acute~~
811.19 ~~and chronic clinical disorders, co-occurring medical conditions, and sources of psychological~~
811.20 ~~and environmental problems, including baselines, and a functional assessment. The functional~~
811.21 ~~assessment component must clearly summarize the client's individual strengths and needs.~~

755.11 report individual client outcomes to the commissioner, using instruments and protocols
755.12 approved by the commissioner; and

755.13 ~~(4) a process to establish and maintain individual client records. The client's records~~
755.14 ~~must include:~~

755.15 ~~(i) the client's personal information;~~

755.16 ~~(ii) forms applicable to data privacy;~~

755.17 ~~(iii) the client's diagnostic assessment, updates, results of tests, individual treatment~~
755.18 ~~plan, and individual behavior plan, if necessary;~~

755.19 ~~(iv) documentation of service delivery as specified under subdivision 6;~~

755.20 ~~(v) telephone contacts;~~

755.21 ~~(vi) discharge plan; and~~

755.22 ~~(vii) if applicable, insurance information.~~

755.23 (c) A provider entity that uses a restrictive procedure with a client must meet the
755.24 requirements of section 245.8261.

755.25 Sec. 88. Minnesota Statutes 2020, section 256B.0943, subdivision 5a, is amended to read:

755.26 Subd. 5a. **Background studies.** The requirements for background studies under ~~this~~
755.27 section 245I.011, subdivision 4, paragraph (d), may be met by a children's therapeutic
755.28 services and supports services agency through the commissioner's NETStudy system as
755.29 provided under sections 245C.03, subdivision 7, and 245C.10, subdivision 8.

756.1 Sec. 89. Minnesota Statutes 2020, section 256B.0943, subdivision 6, is amended to read:

756.2 Subd. 6. **Provider entity clinical infrastructure requirements.** (a) To be an eligible
756.3 provider entity under this section, a provider entity must have a clinical infrastructure that
756.4 utilizes diagnostic assessment, ~~individualized individual~~ treatment plans, service delivery,
756.5 and individual treatment plan review that are culturally competent, child-centered, and
756.6 family-driven to achieve maximum benefit for the client. The provider entity must review,
756.7 and update as necessary, the clinical policies and procedures every three years, must distribute
756.8 the policies and procedures to staff initially and upon each subsequent update, and must
756.9 train staff accordingly.

756.10 (b) The clinical infrastructure written policies and procedures must include policies and
756.11 procedures for meeting the requirements in this subdivision:

756.12 (1) providing or obtaining a client's standard diagnostic assessment, including a standard
756.13 diagnostic assessment ~~performed by an outside or independent clinician, that identifies acute~~
756.14 ~~and chronic clinical disorders, co-occurring medical conditions, and sources of psychological~~
756.15 ~~and environmental problems, including baselines, and a functional assessment. The functional~~
756.16 ~~assessment component must clearly summarize the client's individual strengths and needs.~~

811.22 When required components of the ~~standard~~ diagnostic assessment, ~~such as baseline measures,~~
811.23 are not provided in an outside or independent assessment or ~~when baseline measures cannot~~
811.24 be attained ~~in a one-session standard diagnostic assessment~~ immediately, the provider entity
811.25 must determine the missing information within 30 days and amend the child's standard
811.26 diagnostic assessment or incorporate the baselines information into the child's individual
811.27 treatment plan;

811.28 (2) developing an individual treatment plan ~~that:~~;

811.29 (i) ~~is based on the information in the client's diagnostic assessment and baselines;~~

811.30 (ii) ~~identified goals and objectives of treatment, treatment strategy, schedule for~~
811.31 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
811.32 ~~treatment services and supports;~~

812.1 (iii) ~~is developed after completion of the client's diagnostic assessment by a mental health~~
812.2 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
812.3 ~~and supports;~~

812.4 (iv) ~~is developed through a child-centered, family-driven, culturally appropriate planning~~
812.5 ~~process, including allowing parents and guardians to observe or participate in individual~~
812.6 ~~and family treatment services, assessment, and treatment planning;~~

812.7 (v) ~~is reviewed at least once every 90 days and revised to document treatment progress~~
812.8 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
812.9 ~~changes in treatment; and~~

812.10 (vi) ~~is signed by the clinical supervisor and by the client or by the client's parent or other~~
812.11 ~~person authorized by statute to consent to mental health services for the client. A client's~~
812.12 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
812.13 ~~by documented oral approval that is later verified by written signature;~~

812.14 (3) developing an individual behavior plan that documents treatment strategies and
812.15 describes interventions to be provided by the mental health behavioral aide. The individual
812.16 behavior plan must include:

812.17 (i) detailed instructions on the ~~treatment strategies to be provided~~ psychosocial skills to
812.18 be practiced;

812.19 (ii) time allocated to each treatment strategy intervention;

812.20 (iii) methods of documenting the child's behavior;

812.21 (iv) methods of monitoring the child's progress in reaching objectives; and

812.22 (v) goals to increase or decrease targeted behavior as identified in the individual treatment
812.23 plan;

756.17 When required components of the ~~standard~~ diagnostic assessment, ~~such as baseline measures,~~
756.18 are not provided in an outside or independent assessment or ~~when baseline measures cannot~~
756.19 be attained ~~in a one-session standard diagnostic assessment~~ immediately, the provider entity
756.20 must determine the missing information within 30 days and amend the child's standard
756.21 diagnostic assessment or incorporate the baselines information into the child's individual
756.22 treatment plan;

756.23 (2) developing an individual treatment plan ~~that:~~;

756.24 (i) ~~is based on the information in the client's diagnostic assessment and baselines;~~

756.25 (ii) ~~identified goals and objectives of treatment, treatment strategy, schedule for~~
756.26 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
756.27 ~~treatment services and supports;~~

756.28 (iii) ~~is developed after completion of the client's diagnostic assessment by a mental health~~
756.29 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
756.30 ~~and supports;~~

756.31 (iv) ~~is developed through a child-centered, family-driven, culturally appropriate planning~~
756.32 ~~process, including allowing parents and guardians to observe or participate in individual~~
756.33 ~~and family treatment services, assessment, and treatment planning;~~

757.1 (v) ~~is reviewed at least once every 90 days and revised to document treatment progress~~
757.2 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
757.3 ~~changes in treatment; and~~

757.4 (vi) ~~is signed by the clinical supervisor and by the client or by the client's parent or other~~
757.5 ~~person authorized by statute to consent to mental health services for the client. A client's~~
757.6 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
757.7 ~~by documented oral approval that is later verified by written signature;~~

757.8 (3) developing an individual behavior plan that documents treatment strategies and
757.9 describes interventions to be provided by the mental health behavioral aide. The individual
757.10 behavior plan must include:

757.11 (i) detailed instructions on the ~~treatment strategies to be provided~~ psychosocial skills to
757.12 be practiced;

757.13 (ii) time allocated to each treatment strategy intervention;

757.14 (iii) methods of documenting the child's behavior;

757.15 (iv) methods of monitoring the child's progress in reaching objectives; and

757.16 (v) goals to increase or decrease targeted behavior as identified in the individual treatment
757.17 plan;

812.24 (4) providing clinical treatment supervision plans for mental health practitioners and
812.25 mental health behavioral aides. A mental health professional must document the clinical
812.26 supervision the professional provides by cosigning individual treatment plans and making
812.27 entries in the client's record on supervisory activities. The clinical supervisor also shall
812.28 document supervisee-specific supervision in the supervisee's personnel file. Clinical staff
812.29 according to section 245I.06. Treatment supervision does not include the authority to make
812.30 or terminate court-ordered placements of the child. A clinical treatment supervisor must be
812.31 available for urgent consultation as required by the individual client's needs or the situation:
812.32 Clinical supervision may occur individually or in a small group to discuss treatment and
812.33 review progress toward goals. The focus of clinical supervision must be the client's treatment
813.1 needs and progress and the mental health practitioner's or behavioral aide's ability to provide
813.2 services;

813.3 (4a) meeting day treatment program conditions in items (i) ~~to (iii)~~ and (ii):

813.4 (i) the clinical treatment supervisor must be present and available on the premises more
813.5 than 50 percent of the time in a provider's standard working week during which the supervisee
813.6 is providing a mental health service; and

813.7 (ii) ~~the diagnosis and the client's individual treatment plan or a change in the diagnosis~~
813.8 ~~or individual treatment plan must be made by or reviewed, approved, and signed by the~~
813.9 ~~clinical supervisor; and~~

813.10 ~~(iii)~~ (ii) every 30 days, the clinical treatment supervisor must review and sign the record
813.11 indicating the supervisor has reviewed the client's care for all activities in the preceding
813.12 30-day period;

813.13 (4b) meeting the clinical treatment supervision standards in items (i) ~~to (iv)~~ and (ii) for
813.14 all other services provided under CTSS:

813.15 (i) ~~medical assistance shall reimburse for services provided by a mental health practitioner~~
813.16 ~~who is delivering services that fall within the scope of the practitioner's practice and who~~
813.17 ~~is supervised by a mental health professional who accepts full professional responsibility;~~

813.18 (ii) ~~medical assistance shall reimburse for services provided by a mental health behavioral~~
813.19 ~~aide who is delivering services that fall within the scope of the aide's practice and who is~~
813.20 ~~supervised by a mental health professional who accepts full professional responsibility and~~
813.21 ~~has an approved plan for clinical supervision of the behavioral aide. Plans must be developed~~
813.22 ~~in accordance with supervision standards defined in Minnesota Rules, part 9505.0371,~~
813.23 ~~subpart 4, items A to D;~~

813.24 ~~(iii)~~ (i) the mental health professional is required to be present at the site of service
813.25 delivery for observation as clinically appropriate when the clinical trainee, mental health
813.26 practitioner, or mental health behavioral aide is providing CTSS services; and

757.18 (4) providing clinical treatment supervision plans for mental health practitioners and
757.19 mental health behavioral aides. A mental health professional must document the clinical
757.20 supervision the professional provides by cosigning individual treatment plans and making
757.21 entries in the client's record on supervisory activities. The clinical supervisor also shall
757.22 document supervisee-specific supervision in the supervisee's personnel file. Clinical staff
757.23 according to section 245I.06. Treatment supervision does not include the authority to make
757.24 or terminate court-ordered placements of the child. A clinical treatment supervisor must be
757.25 available for urgent consultation as required by the individual client's needs or the situation:
757.26 Clinical supervision may occur individually or in a small group to discuss treatment and
757.27 review progress toward goals. The focus of clinical supervision must be the client's treatment
757.28 needs and progress and the mental health practitioner's or behavioral aide's ability to provide
757.29 services;

757.30 (4a) meeting day treatment program conditions in items (i) ~~to (iii)~~ and (ii):

757.31 (i) the clinical treatment supervisor must be present and available on the premises more
757.32 than 50 percent of the time in a provider's standard working week during which the supervisee
757.33 is providing a mental health service; and

758.1 (ii) ~~the diagnosis and the client's individual treatment plan or a change in the diagnosis~~
758.2 ~~or individual treatment plan must be made by or reviewed, approved, and signed by the~~
758.3 ~~clinical supervisor; and~~

758.4 ~~(iii)~~ (ii) every 30 days, the clinical treatment supervisor must review and sign the record
758.5 indicating the supervisor has reviewed the client's care for all activities in the preceding
758.6 30-day period;

758.7 (4b) meeting the clinical treatment supervision standards in items (i) ~~to (iv)~~ and (ii) for
758.8 all other services provided under CTSS:

758.9 (i) ~~medical assistance shall reimburse for services provided by a mental health practitioner~~
758.10 ~~who is delivering services that fall within the scope of the practitioner's practice and who~~
758.11 ~~is supervised by a mental health professional who accepts full professional responsibility;~~

758.12 (ii) ~~medical assistance shall reimburse for services provided by a mental health behavioral~~
758.13 ~~aide who is delivering services that fall within the scope of the aide's practice and who is~~
758.14 ~~supervised by a mental health professional who accepts full professional responsibility and~~
758.15 ~~has an approved plan for clinical supervision of the behavioral aide. Plans must be developed~~
758.16 ~~in accordance with supervision standards defined in Minnesota Rules, part 9505.0371,~~
758.17 ~~subpart 4, items A to D;~~

758.18 ~~(iii)~~ (i) the mental health professional is required to be present at the site of service
758.19 delivery for observation as clinically appropriate when the clinical trainee, mental health
758.20 practitioner, or mental health behavioral aide is providing CTSS services; and

813.27 ~~(iv)~~ (ii) when conducted, the on-site presence of the mental health professional must be
813.28 documented in the child's record and signed by the mental health professional who accepts
813.29 full professional responsibility;

813.30 (5) providing direction to a mental health behavioral aide. For entities that employ mental
813.31 health behavioral aides, the ~~clinical~~ treatment supervisor must be employed by the provider
813.32 entity or other provider certified to provide mental health behavioral aide services to ensure
813.33 necessary and appropriate oversight for the client's treatment and continuity of care. The
814.1 ~~mental health professional or mental health practitioner~~ staff giving direction must begin
814.2 with the goals on the ~~individualized individual~~ individual treatment plan, and instruct the mental health
814.3 behavioral aide on how to implement therapeutic activities and interventions that will lead
814.4 to goal attainment. The ~~professional or practitioner~~ staff giving direction must also instruct
814.5 the mental health behavioral aide about the client's diagnosis, functional status, and other
814.6 characteristics that are likely to affect service delivery. Direction must also include
814.7 determining that the mental health behavioral aide has the skills to interact with the client
814.8 and the client's family in ways that convey personal and cultural respect and that the aide
814.9 actively solicits information relevant to treatment from the family. The aide must be able
814.10 to clearly explain or demonstrate the activities the aide is doing with the client and the
814.11 activities' relationship to treatment goals. Direction is more didactic than is supervision and
814.12 requires the ~~professional or practitioner~~ staff providing it to continuously evaluate the mental
814.13 health behavioral aide's ability to carry out the activities of the ~~individualized individual~~ individual
814.14 treatment plan and the ~~individualized individual~~ individual behavior plan. When providing direction,
814.15 the ~~professional or practitioner~~ staff must:

814.16 (i) review progress notes prepared by the mental health behavioral aide for accuracy and
814.17 consistency with diagnostic assessment, treatment plan, and behavior goals and the
814.18 ~~professional or practitioner~~ staff must approve and sign the progress notes;

814.19 (ii) identify changes in treatment strategies, revise the individual behavior plan, and
814.20 communicate treatment instructions and methodologies as appropriate to ensure that treatment
814.21 is implemented correctly;

814.22 (iii) demonstrate family-friendly behaviors that support healthy collaboration among
814.23 the child, the child's family, and providers as treatment is planned and implemented;

814.24 (iv) ensure that the mental health behavioral aide is able to effectively communicate
814.25 with the child, the child's family, and the provider; ~~and~~

814.26 (v) record the results of any evaluation and corrective actions taken to modify the work
814.27 of the mental health behavioral aide; and

814.28 (vi) ensure the immediate accessibility of a mental health professional, clinical trainee,
814.29 or mental health practitioner to the behavioral aide during service delivery;

814.30 (6) providing service delivery that implements the individual treatment plan and meets
814.31 the requirements under subdivision 9; and

758.21 ~~(iv)~~ (ii) when conducted, the on-site presence of the mental health professional must be
758.22 documented in the child's record and signed by the mental health professional who accepts
758.23 full professional responsibility;

758.24 (5) providing direction to a mental health behavioral aide. For entities that employ mental
758.25 health behavioral aides, the ~~clinical~~ treatment supervisor must be employed by the provider
758.26 entity or other provider certified to provide mental health behavioral aide services to ensure
758.27 necessary and appropriate oversight for the client's treatment and continuity of care. The
758.28 ~~mental health professional or mental health practitioner~~ staff giving direction must begin
758.29 with the goals on the ~~individualized individual~~ individual treatment plan, and instruct the mental health
758.30 behavioral aide on how to implement therapeutic activities and interventions that will lead
758.31 to goal attainment. The ~~professional or practitioner~~ staff giving direction must also instruct
758.32 the mental health behavioral aide about the client's diagnosis, functional status, and other
758.33 characteristics that are likely to affect service delivery. Direction must also include
758.34 determining that the mental health behavioral aide has the skills to interact with the client
759.1 and the client's family in ways that convey personal and cultural respect and that the aide
759.2 actively solicits information relevant to treatment from the family. The aide must be able
759.3 to clearly explain or demonstrate the activities the aide is doing with the client and the
759.4 activities' relationship to treatment goals. Direction is more didactic than is supervision and
759.5 requires the ~~professional or practitioner~~ staff providing it to continuously evaluate the mental
759.6 health behavioral aide's ability to carry out the activities of the ~~individualized individual~~ individual
759.7 treatment plan and the ~~individualized individual~~ individual behavior plan. When providing direction,
759.8 the ~~professional or practitioner~~ staff must:

759.9 (i) review progress notes prepared by the mental health behavioral aide for accuracy and
759.10 consistency with diagnostic assessment, treatment plan, and behavior goals and the
759.11 ~~professional or practitioner~~ staff must approve and sign the progress notes;

759.12 (ii) identify changes in treatment strategies, revise the individual behavior plan, and
759.13 communicate treatment instructions and methodologies as appropriate to ensure that treatment
759.14 is implemented correctly;

759.15 (iii) demonstrate family-friendly behaviors that support healthy collaboration among
759.16 the child, the child's family, and providers as treatment is planned and implemented;

759.17 (iv) ensure that the mental health behavioral aide is able to effectively communicate
759.18 with the child, the child's family, and the provider; ~~and~~

759.19 (v) record the results of any evaluation and corrective actions taken to modify the work
759.20 of the mental health behavioral aide; and

759.21 (vi) ensure the immediate accessibility of a mental health professional, clinical trainee,
759.22 or mental health practitioner to the behavioral aide during service delivery;

759.23 (6) providing service delivery that implements the individual treatment plan and meets
759.24 the requirements under subdivision 9; and

814.32 (7) individual treatment plan review. The review must determine the extent to which
814.33 the services have met each of the goals and objectives in the treatment plan. The review
815.1 must assess the client's progress and ensure that services and treatment goals continue to
815.2 be necessary and appropriate to the client and the client's family or foster family. ~~Revision~~
815.3 ~~of the individual treatment plan does not require a new diagnostic assessment unless the~~
815.4 ~~client's mental health status has changed markedly. The updated treatment plan must be~~
815.5 ~~signed by the clinical supervisor and by the client, if appropriate, and by the client's parent~~
815.6 ~~or other person authorized by statute to give consent to the mental health services for the~~
815.7 ~~child.~~

815.8 Sec. 88. Minnesota Statutes 2020, section 256B.0943, subdivision 7, is amended to read:

815.9 Subd. 7. **Qualifications of individual and team providers.** (a) An individual or team
815.10 provider working within the scope of the provider's practice or qualifications may provide
815.11 service components of children's therapeutic services and supports that are identified as
815.12 medically necessary in a client's individual treatment plan.

815.13 (b) An individual provider must be qualified as a:

815.14 (1) ~~a~~ mental health professional as defined in subdivision 1, paragraph (o); or

815.15 (2) ~~a~~ clinical trainee;

815.16 (3) ~~mental health practitioner or clinical trainee. The mental health practitioner or clinical~~
815.17 ~~trainee must work under the clinical supervision of a mental health professional; or~~

815.18 (4) mental health certified family peer specialist; or

815.19 ~~(3)-a (5) mental health behavioral aide working under the clinical supervision of a mental~~
815.20 ~~health professional to implement the rehabilitative mental health services previously~~
815.21 ~~introduced by a mental health professional or practitioner and identified in the client's~~
815.22 ~~individual treatment plan and individual behavior plan.~~

815.23 (A) A level I mental health behavioral aide must:

815.24 (i) be at least 18 years old;

815.25 (ii) have a high school diploma or commissioner of education selected high school
815.26 equivalency certification or two years of experience as a primary caregiver to a child with
815.27 severe emotional disturbance within the previous ten years; and

815.28 (iii) meet preservice and continuing education requirements under subdivision 8.

815.29 (B) A level II mental health behavioral aide must:

815.30 (i) be at least 18 years old;

759.25 (7) individual treatment plan review. The review must determine the extent to which
759.26 the services have met each of the goals and objectives in the treatment plan. The review
759.27 must assess the client's progress and ensure that services and treatment goals continue to
759.28 be necessary and appropriate to the client and the client's family or foster family. ~~Revision~~
759.29 ~~of the individual treatment plan does not require a new diagnostic assessment unless the~~
759.30 ~~client's mental health status has changed markedly. The updated treatment plan must be~~
759.31 ~~signed by the clinical supervisor and by the client, if appropriate, and by the client's parent~~
759.32 ~~or other person authorized by statute to give consent to the mental health services for the~~
759.33 ~~child.~~

760.1 Sec. 90. Minnesota Statutes 2020, section 256B.0943, subdivision 7, is amended to read:

760.2 Subd. 7. **Qualifications of individual and team providers.** (a) An individual or team
760.3 provider working within the scope of the provider's practice or qualifications may provide
760.4 service components of children's therapeutic services and supports that are identified as
760.5 medically necessary in a client's individual treatment plan.

760.6 (b) An individual provider must be qualified as a:

760.7 (1) ~~a~~ mental health professional as defined in subdivision 1, paragraph (o); or

760.8 (2) ~~a~~ clinical trainee;

760.9 (3) ~~mental health practitioner or clinical trainee. The mental health practitioner or clinical~~
760.10 ~~trainee must work under the clinical supervision of a mental health professional; or~~

760.11 (4) mental health certified family peer specialist; or

760.12 ~~(3)-a (5) mental health behavioral aide working under the clinical supervision of a mental~~
760.13 ~~health professional to implement the rehabilitative mental health services previously~~
760.14 ~~introduced by a mental health professional or practitioner and identified in the client's~~
760.15 ~~individual treatment plan and individual behavior plan.~~

760.16 (A) A level I mental health behavioral aide must:

760.17 (i) be at least 18 years old;

760.18 (ii) have a high school diploma or commissioner of education selected high school
760.19 equivalency certification or two years of experience as a primary caregiver to a child with
760.20 severe emotional disturbance within the previous ten years; and

760.21 (iii) meet preservice and continuing education requirements under subdivision 8.

760.22 (B) A level II mental health behavioral aide must:

760.23 (i) be at least 18 years old;

816.1 ~~(ii) have an associate or bachelor's degree or 4,000 hours of experience in delivering~~
816.2 ~~clinical services in the treatment of mental illness concerning children or adolescents or~~
816.3 ~~complete a certificate program established under subdivision 8a; and~~
816.4 ~~(iii) meet preservice and continuing education requirements in subdivision 8.~~
816.5 (c) A day treatment ~~multidisciplinary~~ team must include at least one mental health
816.6 professional or clinical trainee and one mental health practitioner.
816.7 Sec. 89. Minnesota Statutes 2020, section 256B.0943, subdivision 9, is amended to read:
816.8 Subd. 9. **Service delivery criteria.** (a) In delivering services under this section, a certified
816.9 provider entity must ensure that:
816.10 (1) ~~each individual provider's caseload size permits the provider to deliver services to~~
816.11 ~~both clients with severe, complex needs and clients with less intensive needs;~~ the provider's
816.12 caseload size should reasonably enable the provider to play an active role in service planning,
816.13 monitoring, and delivering services to meet the client's and client's family's needs, as specified
816.14 in each client's individual treatment plan;
816.15 (2) site-based programs, including day treatment programs, provide staffing and facilities
816.16 to ensure the client's health, safety, and protection of rights, and that the programs are able
816.17 to implement each client's individual treatment plan; and
816.18 (3) a day treatment program is provided to a group of clients by a ~~multidisciplinary~~ team
816.19 under the ~~clinical~~ treatment supervision of a mental health professional. The day treatment
816.20 program must be provided in and by: (i) an outpatient hospital accredited by the Joint
816.21 Commission on Accreditation of Health Organizations and licensed under sections 144.50
816.22 to 144.55; (ii) a community mental health center under section 245.62; or (iii) an entity that
816.23 is certified under subdivision 4 to operate a program that meets the requirements of section
816.24 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475. The day
816.25 treatment program must stabilize the client's mental health status while developing and
816.26 improving the client's independent living and socialization skills. The goal of the day
816.27 treatment program must be to reduce or relieve the effects of mental illness and provide
816.28 training to enable the client to live in the community. The program must be available
816.29 year-round at least three to five days per week, two or three hours per day, unless the normal
816.30 five-day school week is shortened by a holiday, weather-related cancellation, or other
816.31 districtwide reduction in a school week. A child transitioning into or out of day treatment
816.32 must receive a minimum treatment of one day a week for a two-hour time block. The
816.33 two-hour time block must include at least one hour of patient and/or family or group
817.1 psychotherapy. The remainder of the structured treatment program may include patient
817.2 and/or family or group psychotherapy, and individual or group skills training, if included
817.3 in the client's individual treatment plan. Day treatment programs are not part of inpatient
817.4 or residential treatment services. When a day treatment group that meets the minimum group
817.5 size requirement temporarily falls below the minimum group size because of a member's
817.6 temporary absence, medical assistance covers a group session conducted for the group

760.24 ~~(ii) have an associate or bachelor's degree or 4,000 hours of experience in delivering~~
760.25 ~~clinical services in the treatment of mental illness concerning children or adolescents or~~
760.26 ~~complete a certificate program established under subdivision 8a; and~~
760.27 ~~(iii) meet preservice and continuing education requirements in subdivision 8.~~
760.28 (c) A day treatment ~~multidisciplinary~~ team must include at least one mental health
760.29 professional or clinical trainee and one mental health practitioner.
761.1 Sec. 91. Minnesota Statutes 2020, section 256B.0943, subdivision 9, is amended to read:
761.2 Subd. 9. **Service delivery criteria.** (a) In delivering services under this section, a certified
761.3 provider entity must ensure that:
761.4 (1) ~~each individual provider's caseload size permits the provider to deliver services to~~
761.5 ~~both clients with severe, complex needs and clients with less intensive needs;~~ the provider's
761.6 caseload size should reasonably enable the provider to play an active role in service planning,
761.7 monitoring, and delivering services to meet the client's and client's family's needs, as specified
761.8 in each client's individual treatment plan;
761.9 (2) site-based programs, including day treatment programs, provide staffing and facilities
761.10 to ensure the client's health, safety, and protection of rights, and that the programs are able
761.11 to implement each client's individual treatment plan; and
761.12 (3) a day treatment program is provided to a group of clients by a ~~multidisciplinary~~ team
761.13 under the ~~clinical~~ treatment supervision of a mental health professional. The day treatment
761.14 program must be provided in and by: (i) an outpatient hospital accredited by the Joint
761.15 Commission on Accreditation of Health Organizations and licensed under sections 144.50
761.16 to 144.55; (ii) a community mental health center under section 245.62; or (iii) an entity that
761.17 is certified under subdivision 4 to operate a program that meets the requirements of section
761.18 245.4884, subdivision 2, and Minnesota Rules, parts 9505.0170 to 9505.0475. The day
761.19 treatment program must stabilize the client's mental health status while developing and
761.20 improving the client's independent living and socialization skills. The goal of the day
761.21 treatment program must be to reduce or relieve the effects of mental illness and provide
761.22 training to enable the client to live in the community. The program must be available
761.23 year-round at least three to five days per week, two or three hours per day, unless the normal
761.24 five-day school week is shortened by a holiday, weather-related cancellation, or other
761.25 districtwide reduction in a school week. A child transitioning into or out of day treatment
761.26 must receive a minimum treatment of one day a week for a two-hour time block. The
761.27 two-hour time block must include at least one hour of patient and/or family or group
761.28 psychotherapy. The remainder of the structured treatment program may include patient
761.29 and/or family or group psychotherapy, and individual or group skills training, if included
761.30 in the client's individual treatment plan. Day treatment programs are not part of inpatient
761.31 or residential treatment services. When a day treatment group that meets the minimum group
761.32 size requirement temporarily falls below the minimum group size because of a member's
761.33 temporary absence, medical assistance covers a group session conducted for the group

817.7 members in attendance. A day treatment program may provide fewer than the minimally
817.8 required hours for a particular child during a billing period in which the child is transitioning
817.9 into, or out of, the program.

817.10 (b) To be eligible for medical assistance payment, a provider entity must deliver the
817.11 service components of children's therapeutic services and supports in compliance with the
817.12 following requirements:

817.13 (1) ~~patient and/or family, family, and group psychotherapy must be delivered as specified~~
817.14 ~~in Minnesota Rules, part 9505.0372, subpart 6.~~ psychotherapy to address the child's
817.15 underlying mental health disorder must be documented as part of the child's ongoing
817.16 treatment. A provider must deliver, or arrange for, medically necessary psychotherapy,
817.17 unless the child's parent or caregiver chooses not to receive it. When a provider delivering
817.18 other services to a child under this section deems it not medically necessary to provide
817.19 psychotherapy to the child for a period of 90 days or longer, the provider entity must
817.20 document the medical reasons why psychotherapy is not necessary. When a provider
817.21 determines that a child needs psychotherapy but psychotherapy cannot be delivered due to
817.22 a shortage of licensed mental health professionals in the child's community, the provider
817.23 must document the lack of access in the child's medical record;

817.24 (2) individual, family, or group skills training ~~must be provided by a mental health~~
817.25 ~~professional or a mental health practitioner who is delivering services that fall within the~~
817.26 ~~scope of the provider's practice and is supervised by a mental health professional who~~
817.27 ~~accepts full professional responsibility for the training.~~ Skills training is subject to the
817.28 following requirements:

817.29 (i) a mental health professional, clinical trainee, or mental health practitioner shall provide
817.30 skills training;

817.31 (ii) skills training delivered to a child or the child's family must be targeted to the specific
817.32 deficits or maladaptations of the child's mental health disorder and must be prescribed in
817.33 the child's individual treatment plan;

818.1 (iii) the mental health professional delivering or supervising the delivery of skills training
818.2 must document any underlying psychiatric condition and must document how skills training
818.3 is being used in conjunction with psychotherapy to address the underlying condition;

818.4 (iv) skills training delivered to the child's family must teach skills needed by parents to
818.5 enhance the child's skill development, to help the child utilize daily life skills taught by a
818.6 mental health professional, clinical trainee, or mental health practitioner, and to develop or
818.7 maintain a home environment that supports the child's progressive use of skills;

818.8 (v) group skills training may be provided to multiple recipients who, because of the
818.9 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from
818.10 interaction in a group setting, which must be staffed as follows:

761.34 members in attendance. A day treatment program may provide fewer than the minimally
762.1 required hours for a particular child during a billing period in which the child is transitioning
762.2 into, or out of, the program.

762.3 (b) To be eligible for medical assistance payment, a provider entity must deliver the
762.4 service components of children's therapeutic services and supports in compliance with the
762.5 following requirements:

762.6 (1) ~~patient and/or family, family, and group psychotherapy must be delivered as specified~~
762.7 ~~in Minnesota Rules, part 9505.0372, subpart 6.~~ psychotherapy to address the child's
762.8 underlying mental health disorder must be documented as part of the child's ongoing
762.9 treatment. A provider must deliver, or arrange for, medically necessary psychotherapy,
762.10 unless the child's parent or caregiver chooses not to receive it. When a provider delivering
762.11 other services to a child under this section deems it not medically necessary to provide
762.12 psychotherapy to the child for a period of 90 days or longer, the provider entity must
762.13 document the medical reasons why psychotherapy is not necessary. When a provider
762.14 determines that a child needs psychotherapy but psychotherapy cannot be delivered due to
762.15 a shortage of licensed mental health professionals in the child's community, the provider
762.16 must document the lack of access in the child's medical record;

762.17 (2) individual, family, or group skills training ~~must be provided by a mental health~~
762.18 ~~professional or a mental health practitioner who is delivering services that fall within the~~
762.19 ~~scope of the provider's practice and is supervised by a mental health professional who~~
762.20 ~~accepts full professional responsibility for the training.~~ Skills training is subject to the
762.21 following requirements:

762.22 (i) a mental health professional, clinical trainee, or mental health practitioner shall provide
762.23 skills training;

762.24 (ii) skills training delivered to a child or the child's family must be targeted to the specific
762.25 deficits or maladaptations of the child's mental health disorder and must be prescribed in
762.26 the child's individual treatment plan;

762.27 (iii) the mental health professional delivering or supervising the delivery of skills training
762.28 must document any underlying psychiatric condition and must document how skills training
762.29 is being used in conjunction with psychotherapy to address the underlying condition;

762.30 (iv) skills training delivered to the child's family must teach skills needed by parents to
762.31 enhance the child's skill development, to help the child utilize daily life skills taught by a
762.32 mental health professional, clinical trainee, or mental health practitioner, and to develop or
762.33 maintain a home environment that supports the child's progressive use of skills;

763.1 (v) group skills training may be provided to multiple recipients who, because of the
763.2 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from
763.3 interaction in a group setting, which must be staffed as follows:

818.11 (A) one mental health professional ~~or one~~ clinical trainee₂ or mental health practitioner
818.12 ~~under supervision of a licensed mental health professional~~ must work with a group of three
818.13 to eight clients; or

818.14 (B) any combination of two mental health professionals, ~~two~~ clinical trainees₂ or mental
818.15 health practitioners ~~under supervision of a licensed mental health professional, or one mental~~
818.16 ~~health professional or clinical trainee and one mental health practitioner~~ must work with a
818.17 group of nine to 12 clients;

818.18 (vi) a mental health professional, clinical trainee, or mental health practitioner must have
818.19 taught the psychosocial skill before a mental health behavioral aide may practice that skill
818.20 with the client; and

818.21 (vii) for group skills training, when a skills group that meets the minimum group size
818.22 requirement temporarily falls below the minimum group size because of a group member's
818.23 temporary absence, the provider may conduct the session for the group members in
818.24 attendance;

818.25 (3) crisis ~~assistance~~ planning to a child and family must include development of a written
818.26 plan that anticipates the particular factors specific to the child that may precipitate a
818.27 psychiatric crisis for the child in the near future. The written plan must document actions
818.28 that the family should be prepared to take to resolve or stabilize a crisis, such as advance
818.29 arrangements for direct intervention and support services to the child and the child's family.
818.30 Crisis ~~assistance~~ planning must include preparing resources designed to address abrupt or
818.31 substantial changes in the functioning of the child or the child's family when sudden change
818.32 in behavior or a loss of usual coping mechanisms is observed, or the child begins to present
818.33 a danger to self or others;

819.1 (4) mental health behavioral aide services must be medically necessary treatment services,
819.2 identified in the child's individual treatment plan and individual behavior plan, ~~which are~~
819.3 ~~performed minimally by a paraprofessional qualified according to subdivision 7, paragraph~~
819.4 ~~(b), clause (3),~~ and which are designed to improve the functioning of the child in the
819.5 progressive use of developmentally appropriate psychosocial skills. Activities involve
819.6 working directly with the child, child-peer groupings, or child-family groupings to practice,
819.7 repeat, reintroduce, and master the skills defined in subdivision 1, paragraph (t), as previously
819.8 taught by a mental health professional, clinical trainee, or mental health practitioner including:

819.9 (i) providing cues or prompts in skill-building peer-to-peer or parent-child interactions
819.10 so that the child progressively recognizes and responds to the cues independently;

819.11 (ii) performing as a practice partner or role-play partner;

819.12 (iii) reinforcing the child's accomplishments;

819.13 (iv) generalizing skill-building activities in the child's multiple natural settings;

819.14 (v) assigning further practice activities; and

763.4 (A) one mental health professional ~~or one~~ clinical trainee₂ or mental health practitioner
763.5 ~~under supervision of a licensed mental health professional~~ must work with a group of three
763.6 to eight clients; or

763.7 (B) any combination of two mental health professionals, ~~two~~ clinical trainees₂ or mental
763.8 health practitioners ~~under supervision of a licensed mental health professional, or one mental~~
763.9 ~~health professional or clinical trainee and one mental health practitioner~~ must work with a
763.10 group of nine to 12 clients;

763.11 (vi) a mental health professional, clinical trainee, or mental health practitioner must have
763.12 taught the psychosocial skill before a mental health behavioral aide may practice that skill
763.13 with the client; and

763.14 (vii) for group skills training, when a skills group that meets the minimum group size
763.15 requirement temporarily falls below the minimum group size because of a group member's
763.16 temporary absence, the provider may conduct the session for the group members in
763.17 attendance;

763.18 (3) crisis ~~assistance~~ planning to a child and family must include development of a written
763.19 plan that anticipates the particular factors specific to the child that may precipitate a
763.20 psychiatric crisis for the child in the near future. The written plan must document actions
763.21 that the family should be prepared to take to resolve or stabilize a crisis, such as advance
763.22 arrangements for direct intervention and support services to the child and the child's family.
763.23 Crisis ~~assistance~~ planning must include preparing resources designed to address abrupt or
763.24 substantial changes in the functioning of the child or the child's family when sudden change
763.25 in behavior or a loss of usual coping mechanisms is observed, or the child begins to present
763.26 a danger to self or others;

763.27 (4) mental health behavioral aide services must be medically necessary treatment services,
763.28 identified in the child's individual treatment plan and individual behavior plan, ~~which are~~
763.29 ~~performed minimally by a paraprofessional qualified according to subdivision 7, paragraph~~
763.30 ~~(b), clause (3),~~ and which are designed to improve the functioning of the child in the
763.31 progressive use of developmentally appropriate psychosocial skills. Activities involve
763.32 working directly with the child, child-peer groupings, or child-family groupings to practice,
763.33 repeat, reintroduce, and master the skills defined in subdivision 1, paragraph (t), as previously
763.34 taught by a mental health professional, clinical trainee, or mental health practitioner including:

764.1 (i) providing cues or prompts in skill-building peer-to-peer or parent-child interactions
764.2 so that the child progressively recognizes and responds to the cues independently;

764.3 (ii) performing as a practice partner or role-play partner;

764.4 (iii) reinforcing the child's accomplishments;

764.5 (iv) generalizing skill-building activities in the child's multiple natural settings;

764.6 (v) assigning further practice activities; and

819.15 (vi) intervening as necessary to redirect the child's target behavior and to de-escalate
819.16 behavior that puts the child or other person at risk of injury.

819.17 To be eligible for medical assistance payment, mental health behavioral aide services must
819.18 be delivered to a child who has been diagnosed with an emotional disturbance or a mental
819.19 illness, as provided in subdivision 1, paragraph (a). The mental health behavioral aide must
819.20 implement treatment strategies in the individual treatment plan and the individual behavior
819.21 plan as developed by the mental health professional, clinical trainee, or mental health
819.22 practitioner providing direction for the mental health behavioral aide. The mental health
819.23 behavioral aide must document the delivery of services in written progress notes. Progress
819.24 notes must reflect implementation of the treatment strategies, as performed by the mental
819.25 health behavioral aide and the child's responses to the treatment strategies; and

819.26 ~~(5) direction of a mental health behavioral aide must include the following:~~

819.27 ~~(i) ongoing face-to-face observation of the mental health behavioral aide delivering~~
819.28 ~~services to a child by a mental health professional or mental health practitioner for at least~~
819.29 ~~a total of one hour during every 40 hours of service provided to a child; and~~

819.30 ~~(ii) immediate accessibility of the mental health professional, clinical trainee, or mental~~
819.31 ~~health practitioner to the mental health behavioral aide during service provision;~~

820.1 ~~(6) (5) mental health service plan development must be performed in consultation with~~
820.2 ~~the child's family and, when appropriate, with other key participants in the child's life by~~
820.3 ~~the child's treating mental health professional or clinical trainee or by a mental health~~
820.4 ~~practitioner and approved by the treating mental health professional. Treatment plan drafting~~
820.5 ~~consists of development, review, and revision by face-to-face or electronic communication.~~
820.6 ~~The provider must document events, including the time spent with the family and other key~~
820.7 ~~participants in the child's life to review, revise, and sign approve the individual treatment~~
820.8 ~~plan. Notwithstanding Minnesota Rules, part 9505.0371, subpart 7, Medical assistance~~
820.9 ~~covers service plan development before completion of the child's individual treatment plan.~~
820.10 ~~Service plan development is covered only if a treatment plan is completed for the child. If~~
820.11 ~~upon review it is determined that a treatment plan was not completed for the child, the~~
820.12 ~~commissioner shall recover the payment for the service plan development; and.~~

820.13 ~~(7) to be eligible for payment, a diagnostic assessment must be complete with regard to~~
820.14 ~~all required components, including multiple assessment appointments required for an~~
820.15 ~~extended diagnostic assessment and the written report. Dates of the multiple assessment~~
820.16 ~~appointments must be noted in the client's clinical record.~~

820.17 Sec. 90. Minnesota Statutes 2020, section 256B.0943, subdivision 11, is amended to read:

820.18 Subd. 11. **Documentation and billing.** ~~(a)~~ A provider entity must document the services
820.19 it provides under this section. The provider entity must ensure that documentation complies
820.20 with Minnesota Rules, parts 9505.2175 and 9505.2197. Services billed under this section
820.21 that are not documented according to this subdivision shall be subject to monetary recovery

764.7 (vi) intervening as necessary to redirect the child's target behavior and to de-escalate
764.8 behavior that puts the child or other person at risk of injury.

764.9 To be eligible for medical assistance payment, mental health behavioral aide services must
764.10 be delivered to a child who has been diagnosed with an emotional disturbance or a mental
764.11 illness, as provided in subdivision 1, paragraph (a). The mental health behavioral aide must
764.12 implement treatment strategies in the individual treatment plan and the individual behavior
764.13 plan as developed by the mental health professional, clinical trainee, or mental health
764.14 practitioner providing direction for the mental health behavioral aide. The mental health
764.15 behavioral aide must document the delivery of services in written progress notes. Progress
764.16 notes must reflect implementation of the treatment strategies, as performed by the mental
764.17 health behavioral aide and the child's responses to the treatment strategies; and

764.18 ~~(5) direction of a mental health behavioral aide must include the following:~~

764.19 ~~(i) ongoing face-to-face observation of the mental health behavioral aide delivering~~
764.20 ~~services to a child by a mental health professional or mental health practitioner for at least~~
764.21 ~~a total of one hour during every 40 hours of service provided to a child; and~~

764.22 ~~(ii) immediate accessibility of the mental health professional, clinical trainee, or mental~~
764.23 ~~health practitioner to the mental health behavioral aide during service provision;~~

764.24 ~~(6) (5) mental health service plan development must be performed in consultation with~~
764.25 ~~the child's family and, when appropriate, with other key participants in the child's life by~~
764.26 ~~the child's treating mental health professional or clinical trainee or by a mental health~~
764.27 ~~practitioner and approved by the treating mental health professional. Treatment plan drafting~~
764.28 ~~consists of development, review, and revision by face-to-face or electronic communication.~~
764.29 ~~The provider must document events, including the time spent with the family and other key~~
764.30 ~~participants in the child's life to review, revise, and sign approve the individual treatment~~
764.31 ~~plan. Notwithstanding Minnesota Rules, part 9505.0371, subpart 7, Medical assistance~~
764.32 ~~covers service plan development before completion of the child's individual treatment plan.~~
764.33 ~~Service plan development is covered only if a treatment plan is completed for the child. If~~
765.1 ~~upon review it is determined that a treatment plan was not completed for the child, the~~
765.2 ~~commissioner shall recover the payment for the service plan development; and.~~

765.3 ~~(7) to be eligible for payment, a diagnostic assessment must be complete with regard to~~
765.4 ~~all required components, including multiple assessment appointments required for an~~
765.5 ~~extended diagnostic assessment and the written report. Dates of the multiple assessment~~
765.6 ~~appointments must be noted in the client's clinical record.~~

765.7 Sec. 92. Minnesota Statutes 2020, section 256B.0943, subdivision 11, is amended to read:

765.8 Subd. 11. **Documentation and billing.** ~~(a)~~ A provider entity must document the services
765.9 it provides under this section. The provider entity must ensure that documentation complies
765.10 with Minnesota Rules, parts 9505.2175 and 9505.2197. Services billed under this section
765.11 that are not documented according to this subdivision shall be subject to monetary recovery

820.22 by the commissioner. Billing for covered service components under subdivision 2, paragraph
820.23 (b), must not include anything other than direct service time.

820.24 (b) ~~An individual mental health provider must promptly document the following in a~~
820.25 ~~client's record after providing services to the client:~~

820.26 (1) ~~each occurrence of the client's mental health service, including the date, type, start~~
820.27 ~~and stop times, scope of the service as described in the child's individual treatment plan,~~
820.28 ~~and outcome of the service compared to baselines and objectives;~~

820.29 (2) ~~the name, dated signature, and credentials of the person who delivered the service;~~

820.30 (3) ~~contact made with other persons interested in the client, including representatives~~
820.31 ~~of the courts, corrections systems, or schools. The provider must document the name and~~
820.32 ~~date of each contact;~~

821.1 (4) ~~any contact made with the client's other mental health providers, case manager,~~
821.2 ~~family members, primary caregiver, legal representative, or the reason the provider did not~~
821.3 ~~contact the client's family members, primary caregiver, or legal representative, if applicable;~~

821.4 (5) ~~required clinical supervision directly related to the identified client's services and~~
821.5 ~~needs, as appropriate, with co-signatures of the supervisor and supervisee; and~~

821.6 (6) ~~the date when services are discontinued and reasons for discontinuation of services.~~

821.7 Sec. 91. Minnesota Statutes 2020, section 256B.0946, subdivision 1, is amended to read:

821.8 Subdivision 1. **Required covered service components.** (a) ~~Effective May 23, 2013,~~
821.9 ~~and~~ Subject to federal approval, medical assistance covers medically necessary intensive
821.10 treatment services ~~described under paragraph (b) that when the services are provided by a~~
821.11 ~~provider entity eligible under subdivision 3 to a client eligible under subdivision 2 who is~~
821.12 ~~placed in a foster home licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or~~
821.13 ~~placed in a foster home licensed under the regulations established by a federally recognized~~
821.14 ~~Minnesota tribe certified under and meeting the standards in this section. The provider entity~~
821.15 ~~must make reasonable and good faith efforts to report individual client outcomes to the~~
821.16 ~~commissioner, using instruments and protocols approved by the commissioner.~~

821.17 (b) Intensive treatment services to children with mental illness residing in foster family
821.18 settings that comprise specific required service components provided in clauses (1) to (5)
821.19 are reimbursed by medical assistance when they meet the following standards:

821.20 (1) psychotherapy provided by a mental health professional ~~as defined in Minnesota~~
821.21 ~~Rules, part 9505.0371, subpart 5, item A,~~ or a clinical trainee, ~~as defined in Minnesota~~
821.22 ~~Rules, part 9505.0371, subpart 5, item C;~~

821.23 (2) ~~crisis assistance provided according to standards for children's therapeutic services~~
821.24 ~~and supports in section 256B.0943 planning;~~

765.12 by the commissioner. Billing for covered service components under subdivision 2, paragraph
765.13 (b), must not include anything other than direct service time.

765.14 (b) ~~An individual mental health provider must promptly document the following in a~~
765.15 ~~client's record after providing services to the client:~~

765.16 (1) ~~each occurrence of the client's mental health service, including the date, type, start~~
765.17 ~~and stop times, scope of the service as described in the child's individual treatment plan,~~
765.18 ~~and outcome of the service compared to baselines and objectives;~~

765.19 (2) ~~the name, dated signature, and credentials of the person who delivered the service;~~

765.20 (3) ~~contact made with other persons interested in the client, including representatives~~
765.21 ~~of the courts, corrections systems, or schools. The provider must document the name and~~
765.22 ~~date of each contact;~~

765.23 (4) ~~any contact made with the client's other mental health providers, case manager,~~
765.24 ~~family members, primary caregiver, legal representative, or the reason the provider did not~~
765.25 ~~contact the client's family members, primary caregiver, or legal representative, if applicable;~~

765.26 (5) ~~required clinical supervision directly related to the identified client's services and~~
765.27 ~~needs, as appropriate, with co-signatures of the supervisor and supervisee; and~~

765.28 (6) ~~the date when services are discontinued and reasons for discontinuation of services.~~

765.29 Sec. 93. Minnesota Statutes 2020, section 256B.0946, subdivision 1, is amended to read:

765.30 Subdivision 1. **Required covered service components.** (a) ~~Effective May 23, 2013,~~
765.31 ~~and~~ Subject to federal approval, medical assistance covers medically necessary intensive
766.1 treatment services ~~described under paragraph (b) that when the services are provided by a~~
766.2 ~~provider entity eligible under subdivision 3 to a client eligible under subdivision 2 who is~~
766.3 ~~placed in a foster home licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or~~
766.4 ~~placed in a foster home licensed under the regulations established by a federally recognized~~
766.5 ~~Minnesota tribe certified under and meeting the standards in this section. The provider entity~~
766.6 ~~must make reasonable and good faith efforts to report individual client outcomes to the~~
766.7 ~~commissioner, using instruments and protocols approved by the commissioner.~~

766.8 (b) Intensive treatment services to children with mental illness residing in foster family
766.9 settings that comprise specific required service components provided in clauses (1) to (5)
766.10 are reimbursed by medical assistance when they meet the following standards:

766.11 (1) psychotherapy provided by a mental health professional ~~as defined in Minnesota~~
766.12 ~~Rules, part 9505.0371, subpart 5, item A,~~ or a clinical trainee, ~~as defined in Minnesota~~
766.13 ~~Rules, part 9505.0371, subpart 5, item C;~~

766.14 (2) ~~crisis assistance provided according to standards for children's therapeutic services~~
766.15 ~~and supports in section 256B.0943 planning;~~

821.25 (3) individual, family, and group psychoeducation services, ~~defined in subdivision 1a,~~
821.26 ~~paragraph (e)~~, provided by a mental health professional or a clinical trainee;

821.27 (4) clinical care consultation, ~~as defined in subdivision 1a, and~~ provided by a mental
821.28 health professional or a clinical trainee; and

821.29 (5) service delivery payment requirements as provided under subdivision 4.

822.1 Sec. 92. Minnesota Statutes 2020, section 256B.0946, subdivision 1a, is amended to read:

822.2 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the
822.3 meanings given them.

822.4 (a) "Clinical care consultation" means communication from a treating clinician to other
822.5 providers working with the same client to inform, inquire, and instruct regarding the client's
822.6 symptoms, strategies for effective engagement, care and intervention needs, and treatment
822.7 expectations across service settings, including but not limited to the client's school, social
822.8 services, day care, probation, home, primary care, medication prescribers, disabilities
822.9 services, and other mental health providers and to direct and coordinate clinical service
822.10 components provided to the client and family.

822.11 (b) "Clinical supervision" means the documented time a clinical supervisor and supervisee
822.12 spend together to discuss the supervisee's work, to review individual client cases, and for
822.13 the supervisee's professional development. It includes the documented oversight and
822.14 supervision responsibility for planning, implementation, and evaluation of services for a
822.15 client's mental health treatment.

822.16 (e) "Clinical supervisor" means the mental health professional who is responsible for
822.17 clinical supervision.

822.18 ~~(d)~~ (b) "Clinical trainee" has the meaning given in Minnesota Rules, part 9505.0371,
822.19 ~~subpart 5, item C~~; means a staff person who is qualified according to section 245I.04,
822.20 subdivision 6.

822.21 ~~(e)~~ (c) "Crisis assistance planning" has the meaning given in section 245.4871, subdivision
822.22 9a, ~~including the development of a plan that addresses prevention and intervention strategies~~
822.23 ~~to be used in a potential crisis, but does not include actual crisis intervention.~~

822.24 ~~(f)~~ (d) "Culturally appropriate" means providing mental health services in a manner that
822.25 incorporates the child's cultural influences, ~~as defined in Minnesota Rules, part 9505.0370,~~
822.26 ~~subpart 9~~, into interventions as a way to maximize resiliency factors and utilize cultural
822.27 strengths and resources to promote overall wellness.

822.28 ~~(g)~~ (e) "Culture" means the distinct ways of living and understanding the world that are
822.29 used by a group of people and are transmitted from one generation to another or adopted
822.30 by an individual.

766.16 (3) individual, family, and group psychoeducation services, ~~defined in subdivision 1a,~~
766.17 ~~paragraph (e)~~, provided by a mental health professional or a clinical trainee;

766.18 (4) clinical care consultation, ~~as defined in subdivision 1a, and~~ provided by a mental
766.19 health professional or a clinical trainee; and

766.20 (5) service delivery payment requirements as provided under subdivision 4.

766.21 Sec. 94. Minnesota Statutes 2020, section 256B.0946, subdivision 1a, is amended to read:

766.22 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the
766.23 meanings given them.

766.24 (a) "Clinical care consultation" means communication from a treating clinician to other
766.25 providers working with the same client to inform, inquire, and instruct regarding the client's
766.26 symptoms, strategies for effective engagement, care and intervention needs, and treatment
766.27 expectations across service settings, including but not limited to the client's school, social
766.28 services, day care, probation, home, primary care, medication prescribers, disabilities
766.29 services, and other mental health providers and to direct and coordinate clinical service
766.30 components provided to the client and family.

766.31 (b) "Clinical supervision" means the documented time a clinical supervisor and supervisee
766.32 spend together to discuss the supervisee's work, to review individual client cases, and for
767.1 the supervisee's professional development. It includes the documented oversight and
767.2 supervision responsibility for planning, implementation, and evaluation of services for a
767.3 client's mental health treatment.

767.4 (e) "Clinical supervisor" means the mental health professional who is responsible for
767.5 clinical supervision.

767.6 ~~(d)~~ (b) "Clinical trainee" has the meaning given in Minnesota Rules, part 9505.0371,
767.7 ~~subpart 5, item C~~; means a staff person who is qualified according to section 245I.04,
767.8 subdivision 6.

767.9 ~~(e)~~ (c) "Crisis assistance planning" has the meaning given in section 245.4871, subdivision
767.10 9a, ~~including the development of a plan that addresses prevention and intervention strategies~~
767.11 ~~to be used in a potential crisis, but does not include actual crisis intervention.~~

767.12 ~~(f)~~ (d) "Culturally appropriate" means providing mental health services in a manner that
767.13 incorporates the child's cultural influences, ~~as defined in Minnesota Rules, part 9505.0370,~~
767.14 ~~subpart 9~~, into interventions as a way to maximize resiliency factors and utilize cultural
767.15 strengths and resources to promote overall wellness.

767.16 ~~(g)~~ (e) "Culture" means the distinct ways of living and understanding the world that are
767.17 used by a group of people and are transmitted from one generation to another or adopted
767.18 by an individual.

822.31 ~~(h) (f) "Standard diagnostic assessment" has the meaning given in Minnesota Rules, part~~
822.32 ~~9505.0370, subpart 11~~ means the assessment described in section 245I.10, subdivision 6.

823.1 ~~(+)~~ (g) "Family" means a person who is identified by the client or the client's parent or
823.2 guardian as being important to the client's mental health treatment. Family may include,
823.3 but is not limited to, parents, foster parents, children, spouse, committed partners, former
823.4 spouses, persons related by blood or adoption, persons who are a part of the client's
823.5 permanency plan, or persons who are presently residing together as a family unit.

823.6 ~~(+)~~ (h) "Foster care" has the meaning given in section 260C.007, subdivision 18.

823.7 ~~(+)~~ (i) "Foster family setting" means the foster home in which the license holder resides.

823.8 ~~(+)~~ (j) "Individual treatment plan" has the meaning given in Minnesota Rules, part
823.9 ~~9505.0370, subpart 15~~ means the plan described in section 245I.10, subdivisions 7 and 8.

823.10 ~~(m) "Mental health practitioner" has the meaning given in section 245.462, subdivision~~
823.11 ~~17, and a mental health practitioner working as a clinical trainee according to Minnesota~~
823.12 ~~Rules, part 9505.0371, subpart 5, item C.~~

823.13 (k) "Mental health certified family peer specialist" means a staff person who is qualified
823.14 according to section 245I.04, subdivision 12.

823.15 ~~(+)~~ (l) "Mental health professional" has the meaning given in Minnesota Rules, part
823.16 ~~9505.0370, subpart 18~~ means a staff person who is qualified according to section 245I.04,
823.17 subdivision 2.

823.18 ~~(+)~~ (m) "Mental illness" has the meaning given in Minnesota Rules, part 9505.0370,
823.19 ~~subpart 20~~ section 245I.02, subdivision 29.

823.20 ~~(+)~~ (n) "Parent" has the meaning given in section 260C.007, subdivision 25.

823.21 ~~(+)~~ (o) "Psychoeducation services" means information or demonstration provided to an
823.22 individual, family, or group to explain, educate, and support the individual, family, or group
823.23 in understanding a child's symptoms of mental illness, the impact on the child's development,
823.24 and needed components of treatment and skill development so that the individual, family,
823.25 or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,
823.26 and achieve optimal mental health and long-term resilience.

823.27 ~~(+)~~ (p) "Psychotherapy" has the meaning given in Minnesota Rules, part 9505.0370,
823.28 ~~subpart 27~~ means the treatment described in section 256B.0671, subdivision 11.

823.29 ~~(+)~~ (q) "Team consultation and treatment planning" means the coordination of treatment
823.30 plans and consultation among providers in a group concerning the treatment needs of the
823.31 child, including disseminating the child's treatment service schedule to all members of the
823.32 service team. Team members must include all mental health professionals working with the
824.1 child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and
824.2 at least two of the following: an individualized education program case manager; probation

767.19 ~~(h) (f) "Standard diagnostic assessment" has the meaning given in Minnesota Rules, part~~
767.20 ~~9505.0370, subpart 11~~ means the assessment described in section 245I.10, subdivision 6.

767.21 ~~(+)~~ (g) "Family" means a person who is identified by the client or the client's parent or
767.22 guardian as being important to the client's mental health treatment. Family may include,
767.23 but is not limited to, parents, foster parents, children, spouse, committed partners, former
767.24 spouses, persons related by blood or adoption, persons who are a part of the client's
767.25 permanency plan, or persons who are presently residing together as a family unit.

767.26 ~~(+)~~ (h) "Foster care" has the meaning given in section 260C.007, subdivision 18.

767.27 ~~(+)~~ (i) "Foster family setting" means the foster home in which the license holder resides.

767.28 ~~(+)~~ (j) "Individual treatment plan" has the meaning given in Minnesota Rules, part
767.29 ~~9505.0370, subpart 15~~ means the plan described in section 245I.10, subdivisions 7 and 8.

767.30 ~~(m) "Mental health practitioner" has the meaning given in section 245.462, subdivision~~
767.31 ~~17, and a mental health practitioner working as a clinical trainee according to Minnesota~~
767.32 ~~Rules, part 9505.0371, subpart 5, item C.~~

768.1 (k) "Mental health certified family peer specialist" means a staff person who is qualified
768.2 according to section 245I.04, subdivision 12.

768.3 ~~(+)~~ (l) "Mental health professional" has the meaning given in Minnesota Rules, part
768.4 ~~9505.0370, subpart 18~~ means a staff person who is qualified according to section 245I.04,
768.5 subdivision 2.

768.6 ~~(+)~~ (m) "Mental illness" has the meaning given in Minnesota Rules, part 9505.0370,
768.7 ~~subpart 20~~ section 245I.02, subdivision 29.

768.8 ~~(+)~~ (n) "Parent" has the meaning given in section 260C.007, subdivision 25.

768.9 ~~(+)~~ (o) "Psychoeducation services" means information or demonstration provided to an
768.10 individual, family, or group to explain, educate, and support the individual, family, or group
768.11 in understanding a child's symptoms of mental illness, the impact on the child's development,
768.12 and needed components of treatment and skill development so that the individual, family,
768.13 or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,
768.14 and achieve optimal mental health and long-term resilience.

768.15 ~~(+)~~ (p) "Psychotherapy" has the meaning given in Minnesota Rules, part 9505.0370,
768.16 ~~subpart 27~~ means the treatment described in section 256B.0671, subdivision 11.

768.17 ~~(+)~~ (q) "Team consultation and treatment planning" means the coordination of treatment
768.18 plans and consultation among providers in a group concerning the treatment needs of the
768.19 child, including disseminating the child's treatment service schedule to all members of the
768.20 service team. Team members must include all mental health professionals working with the
768.21 child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and
768.22 at least two of the following: an individualized education program case manager; probation

824.3 agent; children's mental health case manager; child welfare worker, including adoption or
824.4 guardianship worker; primary care provider; foster parent; and any other member of the
824.5 child's service team.

824.6 (r) "Trauma" has the meaning given in section 245I.02, subdivision 38.

824.7 (s) "Treatment supervision" means the supervision described under section 245I.06.

824.8 Sec. 93. Minnesota Statutes 2020, section 256B.0946, subdivision 2, is amended to read:

824.9 Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from
824.10 birth through age 20, who is currently placed in a foster home licensed under Minnesota
824.11 Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the
824.12 regulations established by a federally recognized Minnesota tribe, and has received: (1) a
824.13 standard diagnostic assessment and an evaluation of level of care needed, as defined in
824.14 paragraphs (a) and (b); within 180 days before the start of service that documents that
824.15 intensive treatment services are medically necessary within a foster family setting to
824.16 ameliorate identified symptoms and functional impairments; and (2) a level of care
824.17 assessment as defined in section 245I.02, subdivision 19, that demonstrates that the individual
824.18 requires intensive intervention without 24-hour medical monitoring, and a functional
824.19 assessment as defined in section 245I.02, subdivision 17. The level of care assessment and
824.20 the functional assessment must include information gathered from the placing county, tribe,
824.21 or case manager.

824.22 (a) The diagnostic assessment must:

824.23 (1) meet criteria described in Minnesota Rules, part 9505.0372, subpart 1, and be
824.24 conducted by a mental health professional or a clinical trainee;

824.25 (2) determine whether or not a child meets the criteria for mental illness, as defined in
824.26 Minnesota Rules, part 9505.0370, subpart 20;

824.27 (3) document that intensive treatment services are medically necessary within a foster
824.28 family setting to ameliorate identified symptoms and functional impairments;

824.29 (4) be performed within 180 days before the start of service; and

824.30 (5) be completed as either a standard or extended diagnostic assessment annually to
824.31 determine continued eligibility for the service.

825.1 (b) The evaluation of level of care must be conducted by the placing county, tribe, or
825.2 case manager in conjunction with the diagnostic assessment as described by Minnesota
825.3 Rules, part 9505.0372, subpart 1, item B, using a validated tool approved by the
825.4 commissioner of human services and not subject to the rulemaking process, consistent with
825.5 section 245.4885, subdivision 1, paragraph (d), the result of which evaluation demonstrates
825.6 that the child requires intensive intervention without 24-hour medical monitoring. The

768.23 agent; children's mental health case manager; child welfare worker, including adoption or
768.24 guardianship worker; primary care provider; foster parent; and any other member of the
768.25 child's service team.

768.26 (r) "Trauma" has the meaning given in section 245I.02, subdivision 38.

768.27 (s) "Treatment supervision" means the supervision described under section 245I.06.

768.28 Sec. 95. Minnesota Statutes 2020, section 256B.0946, subdivision 2, is amended to read:

768.29 Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from
768.30 birth through age 20, who is currently placed in a foster home licensed under Minnesota
768.31 Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the
768.32 regulations established by a federally recognized Minnesota tribe, and has received: (1) a
769.1 standard diagnostic assessment and an evaluation of level of care needed, as defined in
769.2 paragraphs (a) and (b); within 180 days before the start of service that documents that
769.3 intensive treatment services are medically necessary within a foster family setting to
769.4 ameliorate identified symptoms and functional impairments; and (2) a level of care
769.5 assessment as defined in section 245I.02, subdivision 19, that demonstrates that the individual
769.6 requires intensive intervention without 24-hour medical monitoring, and a functional
769.7 assessment as defined in section 245I.02, subdivision 17. The level of care assessment and
769.8 the functional assessment must include information gathered from the placing county, tribe,
769.9 or case manager.

769.10 (a) The diagnostic assessment must:

769.11 (1) meet criteria described in Minnesota Rules, part 9505.0372, subpart 1, and be
769.12 conducted by a mental health professional or a clinical trainee;

769.13 (2) determine whether or not a child meets the criteria for mental illness, as defined in
769.14 Minnesota Rules, part 9505.0370, subpart 20;

769.15 (3) document that intensive treatment services are medically necessary within a foster
769.16 family setting to ameliorate identified symptoms and functional impairments;

769.17 (4) be performed within 180 days before the start of service; and

769.18 (5) be completed as either a standard or extended diagnostic assessment annually to
769.19 determine continued eligibility for the service.

769.20 (b) The evaluation of level of care must be conducted by the placing county, tribe, or
769.21 case manager in conjunction with the diagnostic assessment as described by Minnesota
769.22 Rules, part 9505.0372, subpart 1, item B, using a validated tool approved by the
769.23 commissioner of human services and not subject to the rulemaking process, consistent with
769.24 section 245.4885, subdivision 1, paragraph (d), the result of which evaluation demonstrates
769.25 that the child requires intensive intervention without 24-hour medical monitoring. The

825.7 commissioner shall update the list of approved level of care tools annually and publish on
825.8 the department's website.

825.9 Sec. 94. Minnesota Statutes 2020, section 256B.0946, subdivision 3, is amended to read:

825.10 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for intensive
825.11 children's mental health services in a foster family setting must be certified by the state and
825.12 have a service provision contract with a county board or a reservation tribal council and
825.13 must be able to demonstrate the ability to provide all of the services required in this section
825.14 and meet the standards in chapter 245I, as required in section 245I.011, subdivision 5.

825.15 (b) For purposes of this section, a provider agency must be:

825.16 (1) a county-operated entity certified by the state;

825.17 (2) an Indian Health Services facility operated by a tribe or tribal organization under
825.18 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the
825.19 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

825.20 (3) a noncounty entity.

825.21 (c) Certified providers that do not meet the service delivery standards required in this
825.22 section shall be subject to a decertification process.

825.23 (d) For the purposes of this section, all services delivered to a client must be provided
825.24 by a mental health professional or a clinical trainee.

825.25 Sec. 95. Minnesota Statutes 2020, section 256B.0946, subdivision 4, is amended to read:

825.26 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under
825.27 this section, a provider must develop and practice written policies and procedures for
825.28 intensive treatment in foster care, consistent with subdivision 1, paragraph (b), and comply
825.29 with the following requirements in paragraphs (b) to ~~(n)~~ (l).

826.1 ~~(b) A qualified clinical supervisor, as defined in and performing in compliance with~~
826.2 ~~Minnesota Rules, part 9505.0371, subpart 5, item D, must supervise the treatment and~~
826.3 ~~provision of services described in this section.~~

826.4 ~~(c) Each client receiving treatment services must receive an extended diagnostic~~
826.5 ~~assessment, as described in Minnesota Rules, part 9505.0372, subpart 1, item C, within 30~~
826.6 ~~days of enrollment in this service unless the client has a previous extended diagnostic~~
826.7 ~~assessment that the client, parent, and mental health professional agree still accurately~~
826.8 ~~describes the client's current mental health functioning.~~

826.9 ~~(d)~~ (b) Each previous and current mental health, school, and physical health treatment
826.10 provider must be contacted to request documentation of treatment and assessments that the
826.11 eligible client has received. This information must be reviewed and incorporated into the
826.12 standard diagnostic assessment and team consultation and treatment planning review process.

769.26 commissioner shall update the list of approved level of care tools annually and publish on
769.27 the department's website.

769.28 Sec. 96. Minnesota Statutes 2020, section 256B.0946, subdivision 3, is amended to read:

769.29 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for intensive
769.30 children's mental health services in a foster family setting must be certified by the state and
769.31 have a service provision contract with a county board or a reservation tribal council and
769.32 must be able to demonstrate the ability to provide all of the services required in this section
769.33 and meet the standards in chapter 245I, as required in section 245I.011, subdivision 5.

770.1 (b) For purposes of this section, a provider agency must be:

770.2 (1) a county-operated entity certified by the state;

770.3 (2) an Indian Health Services facility operated by a tribe or tribal organization under
770.4 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the
770.5 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

770.6 (3) a noncounty entity.

770.7 (c) Certified providers that do not meet the service delivery standards required in this
770.8 section shall be subject to a decertification process.

770.9 (d) For the purposes of this section, all services delivered to a client must be provided
770.10 by a mental health professional or a clinical trainee.

770.11 Sec. 97. Minnesota Statutes 2020, section 256B.0946, subdivision 4, is amended to read:

770.12 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under
770.13 this section, a provider must develop and practice written policies and procedures for
770.14 intensive treatment in foster care, consistent with subdivision 1, paragraph (b), and comply
770.15 with the following requirements in paragraphs (b) to ~~(n)~~ (l).

770.16 ~~(b) A qualified clinical supervisor, as defined in and performing in compliance with~~
770.17 ~~Minnesota Rules, part 9505.0371, subpart 5, item D, must supervise the treatment and~~
770.18 ~~provision of services described in this section.~~

770.19 ~~(c) Each client receiving treatment services must receive an extended diagnostic~~
770.20 ~~assessment, as described in Minnesota Rules, part 9505.0372, subpart 1, item C, within 30~~
770.21 ~~days of enrollment in this service unless the client has a previous extended diagnostic~~
770.22 ~~assessment that the client, parent, and mental health professional agree still accurately~~
770.23 ~~describes the client's current mental health functioning.~~

770.24 ~~(d)~~ (b) Each previous and current mental health, school, and physical health treatment
770.25 provider must be contacted to request documentation of treatment and assessments that the
770.26 eligible client has received. This information must be reviewed and incorporated into the
770.27 standard diagnostic assessment and team consultation and treatment planning review process.

826.13 ~~(c)~~ (c) Each client receiving treatment must be assessed for a trauma history, and the
826.14 client's treatment plan must document how the results of the assessment will be incorporated
826.15 into treatment.

826.16 (d) The level of care assessment as defined in section 2451.02, subdivision 19, and
826.17 functional assessment as defined in section 2451.02, subdivision 17, must be updated at
826.18 least every 90 days or prior to discharge from the service, whichever comes first.

826.19 ~~(e)~~ (e) Each client receiving treatment services must have an individual treatment plan
826.20 that is reviewed, evaluated, and signed approved every 90 days using the team consultation
826.21 and treatment planning process, as defined in subdivision 1a, paragraph (s).

826.22 ~~(f)~~ (f) Clinical care consultation, as defined in subdivision 1a, paragraph (a), must be
826.23 provided in accordance with the client's individual treatment plan.

826.24 ~~(g)~~ (g) Each client must have a crisis assistance plan within ten days of initiating services
826.25 and must have access to clinical phone support 24 hours per day, seven days per week,
826.26 during the course of treatment. The crisis plan must demonstrate coordination with the local
826.27 or regional mobile crisis intervention team.

826.28 ~~(h)~~ (h) Services must be delivered and documented at least three days per week, equaling
826.29 at least six hours of treatment per week, unless reduced units of service are specified on the
826.30 treatment plan as part of transition or on a discharge plan to another service or level of care.
826.31 Documentation must comply with Minnesota Rules, parts 9505.2175 and 9505.2197.

827.1 ~~(i)~~ (i) Location of service delivery must be in the client's home, day care setting, school,
827.2 or other community-based setting that is specified on the client's individualized treatment
827.3 plan.

827.4 ~~(j)~~ (j) Treatment must be developmentally and culturally appropriate for the client.

827.5 ~~(k)~~ (k) Services must be delivered in continual collaboration and consultation with the
827.6 client's medical providers and, in particular, with prescribers of psychotropic medications,
827.7 including those prescribed on an off-label basis. Members of the service team must be aware
827.8 of the medication regimen and potential side effects.

827.9 ~~(l)~~ (l) Parents, siblings, foster parents, and members of the child's permanency plan
827.10 must be involved in treatment and service delivery unless otherwise noted in the treatment
827.11 plan.

827.12 ~~(m)~~ (m) Transition planning for the child must be conducted starting with the first
827.13 treatment plan and must be addressed throughout treatment to support the child's permanency
827.14 plan and postdischarge mental health service needs.

770.28 ~~(c)~~ (c) Each client receiving treatment must be assessed for a trauma history, and the
770.29 client's treatment plan must document how the results of the assessment will be incorporated
770.30 into treatment.

771.1 (d) The level of care assessment as defined in section 2451.02, subdivision 19, and
771.2 functional assessment as defined in section 2451.02, subdivision 17, must be updated at
771.3 least every 90 days or prior to discharge from the service, whichever comes first.

771.4 ~~(e)~~ (e) Each client receiving treatment services must have an individual treatment plan
771.5 that is reviewed, evaluated, and signed approved every 90 days using the team consultation
771.6 and treatment planning process, as defined in subdivision 1a, paragraph (s).

771.7 ~~(f)~~ (f) Clinical care consultation, as defined in subdivision 1a, paragraph (a), must be
771.8 provided in accordance with the client's individual treatment plan.

771.9 ~~(g)~~ (g) Each client must have a crisis assistance plan within ten days of initiating services
771.10 and must have access to clinical phone support 24 hours per day, seven days per week,
771.11 during the course of treatment. The crisis plan must demonstrate coordination with the local
771.12 or regional mobile crisis intervention team.

771.13 ~~(h)~~ (h) Services must be delivered and documented at least three days per week, equaling
771.14 at least six hours of treatment per week, unless reduced units of service are specified on the
771.15 treatment plan as part of transition or on a discharge plan to another service or level of care.
771.16 Documentation must comply with Minnesota Rules, parts 9505.2175 and 9505.2197.

771.17 ~~(i)~~ (i) Location of service delivery must be in the client's home, day care setting, school,
771.18 or other community-based setting that is specified on the client's individualized treatment
771.19 plan.

771.20 ~~(j)~~ (j) Treatment must be developmentally and culturally appropriate for the client.

771.21 ~~(k)~~ (k) Services must be delivered in continual collaboration and consultation with the
771.22 client's medical providers and, in particular, with prescribers of psychotropic medications,
771.23 including those prescribed on an off-label basis. Members of the service team must be aware
771.24 of the medication regimen and potential side effects.

771.25 ~~(l)~~ (l) Parents, siblings, foster parents, and members of the child's permanency plan
771.26 must be involved in treatment and service delivery unless otherwise noted in the treatment
771.27 plan.

771.28 ~~(m)~~ (m) Transition planning for the child must be conducted starting with the first
771.29 treatment plan and must be addressed throughout treatment to support the child's permanency
771.30 plan and postdischarge mental health service needs.

827.15 Sec. 96. Minnesota Statutes 2020, section 256B.0946, subdivision 6, is amended to read:

827.16 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this
827.17 section and are not eligible for medical assistance payment as components of intensive
827.18 treatment in foster care services, but may be billed separately:

827.19 (1) inpatient psychiatric hospital treatment;

827.20 (2) mental health targeted case management;

827.21 (3) partial hospitalization;

827.22 (4) medication management;

827.23 (5) children's mental health day treatment services;

827.24 (6) crisis response services under section ~~256B.0944~~ 256B.0624; and

827.25 (7) transportation; and

827.26 (8) mental health certified family peer specialist services under section 256B.0616.

827.27 (b) Children receiving intensive treatment in foster care services are not eligible for
827.28 medical assistance reimbursement for the following services while receiving intensive
827.29 treatment in foster care:

828.1 (1) psychotherapy and skills training components of children's therapeutic services and
828.2 supports under section ~~256B.0625, subdivision 35b~~ 256B.0943;

828.3 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
828.4 1, paragraph ~~(a)~~ (1);

828.5 (3) home and community-based waiver services;

828.6 (4) mental health residential treatment; and

828.7 (5) room and board costs as defined in section 256I.03, subdivision 6.

828.8 Sec. 97. Minnesota Statutes 2020, section 256B.0947, subdivision 1, is amended to read:

828.9 Subdivision 1. **Scope.** ~~Effective November 1, 2011, and~~ Subject to federal approval,
828.10 medical assistance covers medically necessary, intensive nonresidential rehabilitative mental
828.11 health services ~~as defined in subdivision 2, for recipients as defined in subdivision 3,~~ when
828.12 the services are provided by an entity meeting the standards in this section. The provider
828.13 entity must make reasonable and good faith efforts to report individual client outcomes to
828.14 the commissioner, using instruments and protocols approved by the commissioner.

828.15 Sec. 98. Minnesota Statutes 2020, section 256B.0947, subdivision 2, is amended to read:

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

772.1 Sec. 98. Minnesota Statutes 2020, section 256B.0946, subdivision 6, is amended to read:

772.2 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this
772.3 section and are not eligible for medical assistance payment as components of intensive
772.4 treatment in foster care services, but may be billed separately:

772.5 (1) inpatient psychiatric hospital treatment;

772.6 (2) mental health targeted case management;

772.7 (3) partial hospitalization;

772.8 (4) medication management;

772.9 (5) children's mental health day treatment services;

772.10 (6) crisis response services under section ~~256B.0944~~ 256B.0624; and

772.11 (7) transportation; and

772.12 (8) mental health certified family peer specialist services under section 256B.0616.

772.13 (b) Children receiving intensive treatment in foster care services are not eligible for
772.14 medical assistance reimbursement for the following services while receiving intensive
772.15 treatment in foster care:

772.16 (1) psychotherapy and skills training components of children's therapeutic services and
772.17 supports under section ~~256B.0625, subdivision 35b~~ 256B.0943;

772.18 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
772.19 1, paragraph ~~(a)~~ (1);

772.20 (3) home and community-based waiver services;

772.21 (4) mental health residential treatment; and

772.22 (5) room and board costs as defined in section 256I.03, subdivision 6.

772.23 Sec. 99. Minnesota Statutes 2020, section 256B.0947, subdivision 1, is amended to read:

772.24 Subdivision 1. **Scope.** ~~Effective November 1, 2011, and~~ Subject to federal approval,
772.25 medical assistance covers medically necessary, intensive nonresidential rehabilitative mental
772.26 health services ~~as defined in subdivision 2, for recipients as defined in subdivision 3,~~ when
772.27 the services are provided by an entity meeting the standards in this section. The provider
772.28 entity must make reasonable and good faith efforts to report individual client outcomes to
772.29 the commissioner, using instruments and protocols approved by the commissioner.

773.1 Sec. 100. Minnesota Statutes 2020, section 256B.0947, subdivision 2, is amended to read:

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

828.18 (a) "Intensive nonresidential rehabilitative mental health services" means child
828.19 rehabilitative mental health services as defined in section 256B.0943, except that these
828.20 services are provided by a multidisciplinary staff using a total team approach consistent
828.21 with assertive community treatment, as adapted for youth, and are directed to recipients
828.22 ages 16, 17, 18, 19, or 20 with a serious mental illness or co-occurring mental illness and
828.23 substance abuse addiction who require intensive services to prevent admission to an inpatient
828.24 psychiatric hospital or placement in a residential treatment facility or who require intensive
828.25 services to step down from inpatient or residential care to community-based care.

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

828.30 (c) "Standard diagnostic assessment" ~~has the meaning given to it in Minnesota Rules,~~
828.31 ~~part 9505.0370, subpart 11. A diagnostic assessment must be provided according to~~
829.1 ~~Minnesota Rules, part 9505.0372, subpart 1, and for this section must incorporate a~~
829.2 ~~determination of the youth's necessary level of care using a standardized functional~~
829.3 ~~assessment instrument approved and periodically updated by the commissioner means the~~
829.4 ~~assessment described in section 2451.10, subdivision 6.~~

829.5 (d) "Education specialist" means an individual with knowledge and experience working
829.6 with youth regarding special education requirements and goals, special education plans,
829.7 and coordination of educational activities with health care activities.

829.8 (e) "Housing access support" means an ancillary activity to help an individual find,
829.9 obtain, retain, and move to safe and adequate housing. Housing access support does not
829.10 provide monetary assistance for rent, damage deposits, or application fees.

829.11 (f) "Integrated dual disorders treatment" means the integrated treatment of co-occurring
829.12 mental illness and substance use disorders by a team of cross-trained clinicians within the
829.13 same program, and is characterized by assertive outreach, stage-wise comprehensive
829.14 treatment, treatment goal setting, and flexibility to work within each stage of treatment.

829.15 ~~(g)~~ (d) "Medication education services" means services provided individually or in
829.16 groups, which focus on:

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

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

829.20 (3) the side effects of medications.

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

773.4 (a) "Intensive nonresidential rehabilitative mental health services" means child
773.5 rehabilitative mental health services as defined in section 256B.0943, except that these
773.6 services are provided by a multidisciplinary staff using a total team approach consistent
773.7 with assertive community treatment, as adapted for youth, and are directed to recipients
773.8 ages 16, 17, 18, 19, or 20 with a serious mental illness or co-occurring mental illness and
773.9 substance abuse addiction who require intensive services to prevent admission to an inpatient
773.10 psychiatric hospital or placement in a residential treatment facility or who require intensive
773.11 services to step down from inpatient or residential care to community-based care.

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

773.16 (c) "Standard diagnostic assessment" ~~has the meaning given to it in Minnesota Rules,~~
773.17 ~~part 9505.0370, subpart 11. A diagnostic assessment must be provided according to~~
773.18 ~~Minnesota Rules, part 9505.0372, subpart 1, and for this section must incorporate a~~
773.19 ~~determination of the youth's necessary level of care using a standardized functional~~
773.20 ~~assessment instrument approved and periodically updated by the commissioner means the~~
773.21 ~~assessment described in section 2451.10, subdivision 6.~~

773.22 (d) "Education specialist" means an individual with knowledge and experience working
773.23 with youth regarding special education requirements and goals, special education plans,
773.24 and coordination of educational activities with health care activities.

773.25 (e) "Housing access support" means an ancillary activity to help an individual find,
773.26 obtain, retain, and move to safe and adequate housing. Housing access support does not
773.27 provide monetary assistance for rent, damage deposits, or application fees.

773.28 (f) "Integrated dual disorders treatment" means the integrated treatment of co-occurring
773.29 mental illness and substance use disorders by a team of cross-trained clinicians within the
773.30 same program, and is characterized by assertive outreach, stage-wise comprehensive
773.31 treatment, treatment goal setting, and flexibility to work within each stage of treatment.

773.32 ~~(g)~~ (d) "Medication education services" means services provided individually or in
773.33 groups, which focus on:

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

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

774.4 (3) the side effects of medications.

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

829.24 ~~(h) "Peer specialist" means an employed team member who is a mental health certified~~
829.25 ~~peer specialist according to section 256B.0615 and also a former children's mental health~~
829.26 ~~consumer who:~~

829.27 ~~(1) provides direct services to clients including social, emotional, and instrumental~~
829.28 ~~support and outreach;~~

829.29 ~~(2) assists younger peers to identify and achieve specific life goals;~~

829.30 ~~(3) works directly with clients to promote the client's self-determination, personal~~
829.31 ~~responsibility, and empowerment;~~

830.1 ~~(4) assists youth with mental illness to regain control over their lives and their~~
830.2 ~~developmental process in order to move effectively into adulthood;~~

830.3 ~~(5) provides training and education to other team members, consumer advocacy~~
830.4 ~~organizations, and clients on resiliency and peer support; and~~

830.5 ~~(6) meets the following criteria:~~

830.6 ~~(i) is at least 22 years of age;~~

830.7 ~~(ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370;~~
830.8 ~~subpart 20, or co-occurring mental illness and substance abuse addiction;~~

830.9 ~~(iii) is a former consumer of child and adolescent mental health services, or a former or~~
830.10 ~~current consumer of adult mental health services for a period of at least two years;~~

830.11 ~~(iv) has at least a high school diploma or equivalent;~~

830.12 ~~(v) has successfully completed training requirements determined and periodically updated~~
830.13 ~~by the commissioner;~~

830.14 ~~(vi) is willing to disclose the individual's own mental health history to team members~~
830.15 ~~and clients; and~~

830.16 ~~(vii) must be free of substance use problems for at least one year.~~

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

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

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

830.23 ~~(h) "Transition services" means:~~

830.24 ~~(1) activities, materials, consultation, and coordination that ensures continuity of the~~
830.25 ~~client's care in advance of and in preparation for the client's move from one stage of care~~

774.8 ~~(h) "Peer specialist" means an employed team member who is a mental health certified~~
774.9 ~~peer specialist according to section 256B.0615 and also a former children's mental health~~
774.10 ~~consumer who:~~

774.11 ~~(1) provides direct services to clients including social, emotional, and instrumental~~
774.12 ~~support and outreach;~~

774.13 ~~(2) assists younger peers to identify and achieve specific life goals;~~

774.14 ~~(3) works directly with clients to promote the client's self-determination, personal~~
774.15 ~~responsibility, and empowerment;~~

774.16 ~~(4) assists youth with mental illness to regain control over their lives and their~~
774.17 ~~developmental process in order to move effectively into adulthood;~~

774.18 ~~(5) provides training and education to other team members, consumer advocacy~~
774.19 ~~organizations, and clients on resiliency and peer support; and~~

774.20 ~~(6) meets the following criteria:~~

774.21 ~~(i) is at least 22 years of age;~~

774.22 ~~(ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370;~~
774.23 ~~subpart 20, or co-occurring mental illness and substance abuse addiction;~~

774.24 ~~(iii) is a former consumer of child and adolescent mental health services, or a former or~~
774.25 ~~current consumer of adult mental health services for a period of at least two years;~~

774.26 ~~(iv) has at least a high school diploma or equivalent;~~

774.27 ~~(v) has successfully completed training requirements determined and periodically updated~~
774.28 ~~by the commissioner;~~

774.29 ~~(vi) is willing to disclose the individual's own mental health history to team members~~
774.30 ~~and clients; and~~

775.1 ~~(vii) must be free of substance use problems for at least one year.~~

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

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

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

775.8 ~~(h) "Transition services" means:~~

775.9 ~~(1) activities, materials, consultation, and coordination that ensures continuity of the~~
775.10 ~~client's care in advance of and in preparation for the client's move from one stage of care~~

830.26 or life to another by maintaining contact with the client and assisting the client to establish
830.27 provider relationships;

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

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

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

831.1 (5) establishing and enforcing procedures and schedules.

831.2 A youth's transition from the children's mental health system and services to the adult
831.3 mental health system and services and return to the client's home and entry or re-entry into
831.4 community-based mental health services following discharge from an out-of-home placement
831.5 or inpatient hospital stay.

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

831.8 ~~(j)~~ (j) "Family peer specialist" means a staff person who is qualified under section
831.9 256B.0616.

831.10 Sec. 99. Minnesota Statutes 2020, section 256B.0947, subdivision 3, is amended to read:

831.11 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

831.12 (1) is age 16, 17, 18, 19, or 20; and

831.13 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
831.14 ~~abuse-addiction use disorder~~, for which intensive nonresidential rehabilitative mental health
831.15 services are needed;

831.16 (3) has received a ~~level-of-care determination, using an instrument approved by the~~
831.17 ~~commissioner~~ level of care assessment as defined in section 245I.02, subdivision 19, that
831.18 indicates a need for intensive integrated intervention without 24-hour medical monitoring
831.19 and a need for extensive collaboration among multiple providers;

831.20 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,
831.21 that indicates functional impairment and a history of difficulty in functioning safely and
831.22 successfully in the community, school, home, or job; or who is likely to need services from
831.23 the adult mental health system within the next two years; and

831.24 (5) has had a recent standard diagnostic assessment, as provided in Minnesota Rules,
831.25 part 9505.0372, subpart 1, by a mental health professional who is qualified under Minnesota
831.26 Rules, part 9505.0371, subpart 5, item A, that documents that intensive nonresidential
831.27 rehabilitative mental health services are medically necessary to ameliorate identified
831.28 symptoms and functional impairments and to achieve individual transition goals.

775.11 or life to another by maintaining contact with the client and assisting the client to establish
775.12 provider relationships;

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

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

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

775.16 (5) establishing and enforcing procedures and schedules.

775.17 A youth's transition from the children's mental health system and services to the adult
775.18 mental health system and services and return to the client's home and entry or re-entry into
775.19 community-based mental health services following discharge from an out-of-home placement
775.20 or inpatient hospital stay.

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

775.23 ~~(j)~~ (j) "Family peer specialist" means a staff person who is qualified under section
775.24 256B.0616.

775.25 Sec. 101. Minnesota Statutes 2020, section 256B.0947, subdivision 3, is amended to read:

775.26 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

775.27 (1) is age 16, 17, 18, 19, or 20; and

775.28 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
775.29 ~~abuse-addiction use disorder~~, for which intensive nonresidential rehabilitative mental health
775.30 services are needed;

776.1 (3) has received a ~~level-of-care determination, using an instrument approved by the~~
776.2 ~~commissioner~~ level of care assessment as defined in section 245I.02, subdivision 19, that
776.3 indicates a need for intensive integrated intervention without 24-hour medical monitoring
776.4 and a need for extensive collaboration among multiple providers;

776.5 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,
776.6 that indicates functional impairment and a history of difficulty in functioning safely and
776.7 successfully in the community, school, home, or job; or who is likely to need services from
776.8 the adult mental health system within the next two years; and

776.9 (5) has had a recent standard diagnostic assessment, as provided in Minnesota Rules,
776.10 part 9505.0372, subpart 1, by a mental health professional who is qualified under Minnesota
776.11 Rules, part 9505.0371, subpart 5, item A, that documents that intensive nonresidential
776.12 rehabilitative mental health services are medically necessary to ameliorate identified
776.13 symptoms and functional impairments and to achieve individual transition goals.

832.1 Sec. 100. Minnesota Statutes 2020, section 256B.0947, subdivision 3a, is amended to
832.2 read:

832.3 Subd. 3a. **Required service components.** ~~(a) Subject to federal approval, medical~~
832.4 ~~assistance covers all medically necessary intensive nonresidential rehabilitative mental~~
832.5 ~~health services and supports, as defined in this section, under a single daily rate per client.~~
832.6 ~~Services and supports must be delivered by an eligible provider under subdivision 5 to an~~
832.7 ~~eligible client under subdivision 3.~~

832.8 ~~(b)~~ (a) Intensive nonresidential rehabilitative mental health services, supports, and
832.9 ancillary activities are covered by ~~the~~ a single daily rate per client must include the following,
832.10 as needed by the individual client:

832.11 (1) individual, family, and group psychotherapy;

832.12 (2) individual, family, and group skills training, as defined in section 256B.0943,
832.13 subdivision 1, paragraph (t);

832.14 (3) crisis ~~assistance~~ planning as defined in section 245.4871, subdivision 9a, ~~which~~
832.15 ~~includes recognition of factors precipitating a mental health crisis, identification of behaviors~~
832.16 ~~related to the crisis, and the development of a plan to address prevention, intervention, and~~
832.17 ~~follow-up strategies to be used in the lead-up to or onset of, and conclusion of, a mental~~
832.18 ~~health crisis; crisis assistance does not mean crisis response services or crisis intervention~~
832.19 ~~services provided in section 256B.0944;~~

832.20 (4) medication management provided by a physician or an advanced practice registered
832.21 nurse with certification in psychiatric and mental health care;

832.22 (5) mental health case management as provided in section 256B.0625, subdivision 20;

832.23 (6) medication education services as defined in this section;

832.24 (7) care coordination by a client-specific lead worker assigned by and responsible to the
832.25 treatment team;

832.26 (8) psychoeducation of and consultation and coordination with the client's biological,
832.27 adoptive, or foster family and, in the case of a youth living independently, the client's
832.28 immediate nonfamilial support network;

832.29 (9) clinical consultation to a client's employer or school or to other service agencies or
832.30 to the courts to assist in managing the mental illness or co-occurring disorder and to develop
832.31 client support systems;

833.1 (10) coordination with, or performance of, crisis intervention and stabilization services
833.2 as defined in section ~~256B.0944~~ 256B.0624;

833.3 (11) ~~assessment of a client's treatment progress and effectiveness of services using~~
833.4 ~~standardized outcome measures published by the commissioner;~~

776.14 Sec. 102. Minnesota Statutes 2020, section 256B.0947, subdivision 3a, is amended to
776.15 read:

776.16 Subd. 3a. **Required service components.** ~~(a) Subject to federal approval, medical~~
776.17 ~~assistance covers all medically necessary intensive nonresidential rehabilitative mental~~
776.18 ~~health services and supports, as defined in this section, under a single daily rate per client.~~
776.19 ~~Services and supports must be delivered by an eligible provider under subdivision 5 to an~~
776.20 ~~eligible client under subdivision 3.~~

776.21 ~~(b)~~ (a) Intensive nonresidential rehabilitative mental health services, supports, and
776.22 ancillary activities are covered by ~~the~~ a single daily rate per client must include the following,
776.23 as needed by the individual client:

776.24 (1) individual, family, and group psychotherapy;

776.25 (2) individual, family, and group skills training, as defined in section 256B.0943,
776.26 subdivision 1, paragraph (t);

776.27 (3) crisis ~~assistance~~ planning as defined in section 245.4871, subdivision 9a, ~~which~~
776.28 ~~includes recognition of factors precipitating a mental health crisis, identification of behaviors~~
776.29 ~~related to the crisis, and the development of a plan to address prevention, intervention, and~~
776.30 ~~follow-up strategies to be used in the lead-up to or onset of, and conclusion of, a mental~~
776.31 ~~health crisis; crisis assistance does not mean crisis response services or crisis intervention~~
776.32 ~~services provided in section 256B.0944;~~

777.1 (4) medication management provided by a physician or an advanced practice registered
777.2 nurse with certification in psychiatric and mental health care;

777.3 (5) mental health case management as provided in section 256B.0625, subdivision 20;

777.4 (6) medication education services as defined in this section;

777.5 (7) care coordination by a client-specific lead worker assigned by and responsible to the
777.6 treatment team;

777.7 (8) psychoeducation of and consultation and coordination with the client's biological,
777.8 adoptive, or foster family and, in the case of a youth living independently, the client's
777.9 immediate nonfamilial support network;

777.10 (9) clinical consultation to a client's employer or school or to other service agencies or
777.11 to the courts to assist in managing the mental illness or co-occurring disorder and to develop
777.12 client support systems;

777.13 (10) coordination with, or performance of, crisis intervention and stabilization services
777.14 as defined in section ~~256B.0944~~ 256B.0624;

777.15 (11) ~~assessment of a client's treatment progress and effectiveness of services using~~
777.16 ~~standardized outcome measures published by the commissioner;~~

833.5 ~~(12)~~ (11) transition services as defined in this section;

833.6 ~~(13) integrated dual disorders treatment as defined in this section~~ (12) co-occurring

833.7 substance use disorder treatment as defined in section 245I.02, subdivision 11; and

833.8 ~~(14)~~ (13) housing access support that assists clients to find, obtain, retain, and move to

833.9 safe and adequate housing. Housing access support does not provide monetary assistance

833.10 for rent, damage deposits, or application fees.

833.11 ~~(e)~~ (b) The provider shall ensure and document the following by means of performing

833.12 the required function or by contracting with a qualified person or entity:

833.13 ~~(1)~~ client access to crisis intervention services, as defined in section ~~256B.0944~~

833.14 ~~256B.0624~~, and available 24 hours per day and seven days per week;

833.15 ~~(2) completion of an extended diagnostic assessment, as defined in Minnesota Rules,~~

833.16 ~~part 9505.0372, subpart 1, item C; and~~

833.17 ~~(3) determination of the client's needed level of care using an instrument approved and~~

833.18 ~~periodically updated by the commissioner.~~

833.19 Sec. 101. Minnesota Statutes 2020, section 256B.0947, subdivision 5, is amended to read:

833.20 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services

833.21 ~~must be provided by a provider entity as provided in subdivision 4~~ meet the standards in

833.22 ~~this section and chapter 245I as required in section 245I.011, subdivision 5.~~

833.23 (b) The treatment team for intensive nonresidential rehabilitative mental health services

833.24 comprises both permanently employed core team members and client-specific team members

833.25 as follows:

833.26 (1) ~~The core treatment team is an entity that operates under the direction of an~~

833.27 ~~independently licensed mental health professional, who is qualified under Minnesota Rules,~~

833.28 ~~part 9505.0371, subpart 5, item A, and that assumes comprehensive clinical responsibility~~

833.29 ~~for clients.~~ Based on professional qualifications and client needs, clinically qualified core

833.30 team members are assigned on a rotating basis as the client's lead worker to coordinate a

833.31 client's care. The core team must comprise at least four full-time equivalent direct care staff

833.32 and must minimally include, ~~but is not limited to:~~

834.1 (i) ~~an independently licensed~~ a mental health professional, ~~qualified under Minnesota~~

834.2 ~~Rules, part 9505.0371, subpart 5, item A,~~ who serves as team leader to provide administrative

834.3 direction and clinical treatment supervision to the team;

834.4 (ii) an advanced-practice registered nurse with certification in psychiatric or mental

834.5 health care or a board-certified child and adolescent psychiatrist, either of which must be

834.6 credentialed to prescribe medications;

834.7 (iii) a licensed alcohol and drug counselor who is also trained in mental health

834.8 interventions; and

777.17 ~~(12)~~ (11) transition services as defined in this section;

777.18 ~~(13) integrated dual disorders treatment as defined in this section~~ (12) co-occurring

777.19 substance use disorder treatment as defined in section 245I.02, subdivision 11; and

777.20 ~~(14)~~ (13) housing access support that assists clients to find, obtain, retain, and move to

777.21 safe and adequate housing. Housing access support does not provide monetary assistance

777.22 for rent, damage deposits, or application fees.

777.23 ~~(e)~~ (b) The provider shall ensure and document the following by means of performing

777.24 the required function or by contracting with a qualified person or entity:

777.25 ~~(1)~~ client access to crisis intervention services, as defined in section ~~256B.0944~~

777.26 ~~256B.0624~~, and available 24 hours per day and seven days per week;

777.27 ~~(2) completion of an extended diagnostic assessment, as defined in Minnesota Rules,~~

777.28 ~~part 9505.0372, subpart 1, item C; and~~

777.29 ~~(3) determination of the client's needed level of care using an instrument approved and~~

777.30 ~~periodically updated by the commissioner.~~

778.1 Sec. 103. Minnesota Statutes 2020, section 256B.0947, subdivision 5, is amended to read:

778.2 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services

778.3 ~~must be provided by a provider entity as provided in subdivision 4~~ meet the standards in

778.4 ~~this section and chapter 245I as required in section 245I.011, subdivision 5.~~

778.5 (b) The treatment team for intensive nonresidential rehabilitative mental health services

778.6 comprises both permanently employed core team members and client-specific team members

778.7 as follows:

778.8 (1) ~~The core treatment team is an entity that operates under the direction of an~~

778.9 ~~independently licensed mental health professional, who is qualified under Minnesota Rules,~~

778.10 ~~part 9505.0371, subpart 5, item A, and that assumes comprehensive clinical responsibility~~

778.11 ~~for clients.~~ Based on professional qualifications and client needs, clinically qualified core

778.12 team members are assigned on a rotating basis as the client's lead worker to coordinate a

778.13 client's care. The core team must comprise at least four full-time equivalent direct care staff

778.14 and must minimally include, ~~but is not limited to:~~

778.15 (i) ~~an independently licensed~~ a mental health professional, ~~qualified under Minnesota~~

778.16 ~~Rules, part 9505.0371, subpart 5, item A,~~ who serves as team leader to provide administrative

778.17 direction and clinical treatment supervision to the team;

778.18 (ii) an advanced-practice registered nurse with certification in psychiatric or mental

778.19 health care or a board-certified child and adolescent psychiatrist, either of which must be

778.20 credentialed to prescribe medications;

778.21 (iii) a licensed alcohol and drug counselor who is also trained in mental health

778.22 interventions; and

834.9 (iv) a mental health certified peer specialist ~~as defined in subdivision 2, paragraph (h)~~
834.10 who is qualified according to section 245I.04, subdivision 10, and is also a former children's
834.11 mental health consumer.

834.12 (2) The core team may also include any of the following:

834.13 (i) additional mental health professionals;

834.14 (ii) a vocational specialist;

834.15 (iii) an educational specialist with knowledge and experience working with youth on
834.16 special education requirements and goals, special education plans, and coordination of
834.17 educational activities with health care activities;

834.18 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

834.19 (v) a clinical trainee who is qualified according to section 245I.04, subdivision 6;

834.20 (vi) a mental health practitioner, ~~as defined in section 245.4871, subdivision 26~~ qualified
834.21 according to section 245I.04, subdivision 4;

834.22 ~~(vi)~~ (vii) a case management service provider, as defined in section 245.4871, subdivision
834.23 4;

834.24 ~~(vii)~~ (viii) a housing access specialist; and

834.25 ~~(viii)~~ (ix) a family peer specialist as defined in subdivision 2, paragraph (m).

834.26 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
834.27 members not employed by the team who consult on a specific client and who must accept
834.28 overall clinical direction from the treatment team for the duration of the client's placement
834.29 with the treatment team and must be paid by the provider agency at the rate for a typical
834.30 session by that provider with that client or at a rate negotiated with the client-specific
834.31 member. Client-specific treatment team members may include:

835.1 (i) the mental health professional treating the client prior to placement with the treatment
835.2 team;

835.3 (ii) the client's current substance ~~abuse~~ use counselor, if applicable;

835.4 (iii) a lead member of the client's individualized education program team or school-based
835.5 mental health provider, if applicable;

835.6 (iv) a representative from the client's health care home or primary care clinic, as needed
835.7 to ensure integration of medical and behavioral health care;

835.8 (v) the client's probation officer or other juvenile justice representative, if applicable;
835.9 and

835.10 (vi) the client's current vocational or employment counselor, if applicable.

778.23 (iv) a mental health certified peer specialist ~~as defined in subdivision 2, paragraph (h)~~
778.24 who is qualified according to section 245I.04, subdivision 10, and is also a former children's
778.25 mental health consumer.

778.26 (2) The core team may also include any of the following:

778.27 (i) additional mental health professionals;

778.28 (ii) a vocational specialist;

778.29 (iii) an educational specialist with knowledge and experience working with youth
778.30 regarding special education requirements and goals, special education plans, and coordination
778.31 of educational activities with health care activities;

778.32 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

779.1 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

779.2 (vi) a mental health practitioner, ~~as defined in section 245.4871, subdivision 26~~ qualified
779.3 according to section 245I.04, subdivision 4;

779.4 ~~(vi)~~ (vii) a case management service provider, as defined in section 245.4871, subdivision
779.5 4;

779.6 ~~(vii)~~ (viii) a housing access specialist; and

779.7 ~~(viii)~~ (ix) a family peer specialist as defined in subdivision 2, paragraph (m).

779.8 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
779.9 members not employed by the team who consult on a specific client and who must accept
779.10 overall clinical direction from the treatment team for the duration of the client's placement
779.11 with the treatment team and must be paid by the provider agency at the rate for a typical
779.12 session by that provider with that client or at a rate negotiated with the client-specific
779.13 member. Client-specific treatment team members may include:

779.14 (i) the mental health professional treating the client prior to placement with the treatment
779.15 team;

779.16 (ii) the client's current substance ~~abuse~~ use counselor, if applicable;

779.17 (iii) a lead member of the client's individualized education program team or school-based
779.18 mental health provider, if applicable;

779.19 (iv) a representative from the client's health care home or primary care clinic, as needed
779.20 to ensure integration of medical and behavioral health care;

779.21 (v) the client's probation officer or other juvenile justice representative, if applicable;
779.22 and

779.23 (vi) the client's current vocational or employment counselor, if applicable.

835.11 (c) The ~~clinical~~ treatment supervisor shall be an active member of the treatment team
835.12 and shall function as a practicing clinician at least on a part-time basis. The treatment team
835.13 shall meet with the ~~clinical~~ treatment supervisor at least weekly to discuss recipients' progress
835.14 and make rapid adjustments to meet recipients' needs. The team meeting must include
835.15 client-specific case reviews and general treatment discussions among team members.
835.16 Client-specific case reviews and planning must be documented in the individual client's
835.17 treatment record.

835.18 (d) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
835.19 team position.

835.20 (e) The treatment team shall serve no more than 80 clients at any one time. Should local
835.21 demand exceed the team's capacity, an additional team must be established rather than
835.22 exceed this limit.

835.23 (f) Nonclinical staff shall have prompt access in person or by telephone to a mental
835.24 health practitioner, clinical trainee, or mental health professional. The provider shall have
835.25 the capacity to promptly and appropriately respond to emergent needs and make any
835.26 necessary staffing adjustments to ensure the health and safety of clients.

835.27 (g) The intensive nonresidential rehabilitative mental health services provider shall
835.28 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
835.29 as conducted by the commissioner, including the collection and reporting of data and the
835.30 reporting of performance measures as specified by contract with the commissioner.

835.31 (h) A regional treatment team may serve multiple counties.

836.1 Sec. 102. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

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

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

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

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

836.7 (d) ~~The initial functional assessment must be completed within ten days of intake and~~
836.8 ~~level of care assessment as defined in section 245I.02, subdivision 19, and functional~~
836.9 ~~assessment as defined in section 245I.02, subdivision 17, must be updated at least every six~~
836.10 ~~months~~ 90 days or prior to discharge from the service, whichever comes first.

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

836.13 ~~(1) be based on the information in the client's diagnostic assessment and baselines;~~

779.24 (c) The ~~clinical~~ treatment supervisor shall be an active member of the treatment team
779.25 and shall function as a practicing clinician at least on a part-time basis. The treatment team
779.26 shall meet with the ~~clinical~~ treatment supervisor at least weekly to discuss recipients' progress
779.27 and make rapid adjustments to meet recipients' needs. The team meeting must include
779.28 client-specific case reviews and general treatment discussions among team members.
779.29 Client-specific case reviews and planning must be documented in the individual client's
779.30 treatment record.

779.31 (d) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
779.32 team position.

780.1 (e) The treatment team shall serve no more than 80 clients at any one time. Should local
780.2 demand exceed the team's capacity, an additional team must be established rather than
780.3 exceed this limit.

780.4 (f) Nonclinical staff shall have prompt access in person or by telephone to a mental
780.5 health practitioner, clinical trainee, or mental health professional. The provider shall have
780.6 the capacity to promptly and appropriately respond to emergent needs and make any
780.7 necessary staffing adjustments to ensure the health and safety of clients.

780.8 (g) The intensive nonresidential rehabilitative mental health services provider shall
780.9 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
780.10 as conducted by the commissioner, including the collection and reporting of data and the
780.11 reporting of performance measures as specified by contract with the commissioner.

780.12 (h) A regional treatment team may serve multiple counties.

780.13 Sec. 104. Minnesota Statutes 2020, section 256B.0947, subdivision 6, is amended to read:

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

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

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

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

780.19 (d) ~~The initial functional assessment must be completed within ten days of intake and~~
780.20 ~~level of care assessment as defined in section 245I.02, subdivision 19, and functional~~
780.21 ~~assessment as defined in section 245I.02, subdivision 17, must be updated at least every six~~
780.22 ~~months~~ 90 days or prior to discharge from the service, whichever comes first.

780.23 (e) An individual treatment plan must be completed for each client, according to section
780.24 245I.10, subdivisions 7 and 8, and, additionally, must:

780.25 ~~(1) be based on the information in the client's diagnostic assessment and baselines;~~

836.14 ~~(2) identify goals and objectives of treatment, a treatment strategy, a schedule for~~
836.15 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
836.16 ~~treatment services and supports;~~

836.17 ~~(3) be developed after completion of the client's diagnostic assessment by a mental health~~
836.18 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
836.19 ~~and supports;~~

836.20 ~~(4) be developed through a child-centered, family-driven, culturally appropriate planning~~
836.21 ~~process, including allowing parents and guardians to observe or participate in individual~~
836.22 ~~and family treatment services, assessments, and treatment planning;~~

836.23 ~~(5) be reviewed at least once every six months and revised to document treatment progress~~
836.24 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
836.25 ~~changes in treatment;~~

836.26 ~~(6) be signed by the clinical supervisor and by the client or by the client's parent or other~~
836.27 ~~person authorized by statute to consent to mental health services for the client. A client's~~
836.28 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
836.29 ~~by documented oral approval that is later verified by written signature;~~

836.30 ~~(7) (1) be completed in consultation with the client's current therapist and key providers~~
836.31 ~~and provide for ongoing consultation with the client's current therapist to ensure therapeutic~~
836.32 ~~continuity and to facilitate the client's return to the community. For clients under the age of~~
837.1 ~~18, the treatment team must consult with parents and guardians in developing the treatment~~
837.2 ~~plan;~~

837.3 ~~(8) (2) if a need for substance use disorder treatment is indicated by validated assessment:~~

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

837.5 ~~(ii) develop a schedule for accomplishing substance use disorder treatment goals and~~
837.6 ~~objectives; and~~

837.7 ~~(iii) identify the individuals responsible for providing substance use disorder treatment~~
837.8 ~~services and supports;~~

837.9 ~~(ii) be reviewed at least once every 90 days and revised, if necessary;~~

837.10 ~~(9) be signed by the clinical supervisor and by the client and, if the client is a minor, by~~
837.11 ~~the client's parent or other person authorized by statute to consent to mental health treatment~~
837.12 ~~and substance use disorder treatment for the client; and~~

837.13 ~~(40) (3) provide for the client's transition out of intensive nonresidential rehabilitative~~
837.14 ~~mental health services by defining the team's actions to assist the client and subsequent~~
837.15 ~~providers in the transition to less intensive or "stepped down" services; and~~

780.26 ~~(2) identify goals and objectives of treatment, a treatment strategy, a schedule for~~
780.27 ~~accomplishing treatment goals and objectives, and the individuals responsible for providing~~
780.28 ~~treatment services and supports;~~

780.29 ~~(3) be developed after completion of the client's diagnostic assessment by a mental health~~
780.30 ~~professional or clinical trainee and before the provision of children's therapeutic services~~
780.31 ~~and supports;~~

781.1 ~~(4) be developed through a child-centered, family-driven, culturally appropriate planning~~
781.2 ~~process, including allowing parents and guardians to observe or participate in individual~~
781.3 ~~and family treatment services, assessments, and treatment planning;~~

781.4 ~~(5) be reviewed at least once every six months and revised to document treatment progress~~
781.5 ~~on each treatment objective and next goals or, if progress is not documented, to document~~
781.6 ~~changes in treatment;~~

781.7 ~~(6) be signed by the clinical supervisor and by the client or by the client's parent or other~~
781.8 ~~person authorized by statute to consent to mental health services for the client. A client's~~
781.9 ~~parent may approve the client's individual treatment plan by secure electronic signature or~~
781.10 ~~by documented oral approval that is later verified by written signature;~~

781.11 ~~(7) (1) be completed in consultation with the client's current therapist and key providers~~
781.12 ~~and provide for ongoing consultation with the client's current therapist to ensure therapeutic~~
781.13 ~~continuity and to facilitate the client's return to the community. For clients under the age of~~
781.14 ~~18, the treatment team must consult with parents and guardians in developing the treatment~~
781.15 ~~plan;~~

781.16 ~~(8) (2) if a need for substance use disorder treatment is indicated by validated assessment:~~

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

781.18 ~~(ii) develop a schedule for accomplishing substance use disorder treatment goals and~~
781.19 ~~objectives; and~~

781.20 ~~(iii) identify the individuals responsible for providing substance use disorder treatment~~
781.21 ~~services and supports;~~

781.22 ~~(ii) be reviewed at least once every 90 days and revised, if necessary;~~

781.23 ~~(9) be signed by the clinical supervisor and by the client and, if the client is a minor, by~~
781.24 ~~the client's parent or other person authorized by statute to consent to mental health treatment~~
781.25 ~~and substance use disorder treatment for the client; and~~

781.26 ~~(40) (3) provide for the client's transition out of intensive nonresidential rehabilitative~~
781.27 ~~mental health services by defining the team's actions to assist the client and subsequent~~
781.28 ~~providers in the transition to less intensive or "stepped down" services; and~~

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

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

837.25 (g) For a client age 18 or older, the treatment team may disclose to a family member,
837.26 other relative, or a close personal friend of the client, or other person identified by the client,
837.27 the protected health information directly relevant to such person's involvement with the
837.28 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
837.29 client is present, the treatment team shall obtain the client's agreement, provide the client
837.30 with an opportunity to object, or reasonably infer from the circumstances, based on the
837.31 exercise of professional judgment, that the client does not object. If the client is not present
837.32 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
837.33 team may, in the exercise of professional judgment, determine whether the disclosure is in
838.1 the best interests of the client and, if so, disclose only the protected health information that
838.2 is directly relevant to the family member's, relative's, friend's, or client-identified person's
838.3 involvement with the client's health care. The client may orally agree or object to the
838.4 disclosure and may prohibit or restrict disclosure to specific individuals.

838.5 (h) The treatment team shall provide interventions to promote positive interpersonal
838.6 relationships.

838.7 Sec. 103. Minnesota Statutes 2020, section 256B.0947, subdivision 7, is amended to read:

838.8 Subd. 7. **Medical assistance payment and rate setting.** (a) Payment for services in this
838.9 section must be based on one daily encounter rate per provider inclusive of the following
838.10 services received by an eligible client in a given calendar day: all rehabilitative services,
838.11 supports, and ancillary activities under this section, staff travel time to provide rehabilitative
838.12 services under this section, and crisis response services under section ~~256B.0944~~ 256B.0624.

838.13 (b) Payment must not be made to more than one entity for each client for services
838.14 provided under this section on a given day. If services under this section are provided by a
838.15 team that includes staff from more than one entity, the team shall determine how to distribute
838.16 the payment among the members.

838.17 (c) The commissioner shall establish regional cost-based rates for entities that will bill
838.18 medical assistance for nonresidential intensive rehabilitative mental health services. In
838.19 developing these rates, the commissioner shall consider:

838.20 (1) the cost for similar services in the health care trade area;

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

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

782.7 (g) For a client age 18 or older, the treatment team may disclose to a family member,
782.8 other relative, or a close personal friend of the client, or other person identified by the client,
782.9 the protected health information directly relevant to such person's involvement with the
782.10 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
782.11 client is present, the treatment team shall obtain the client's agreement, provide the client
782.12 with an opportunity to object, or reasonably infer from the circumstances, based on the
782.13 exercise of professional judgment, that the client does not object. If the client is not present
782.14 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
782.15 team may, in the exercise of professional judgment, determine whether the disclosure is in
782.16 the best interests of the client and, if so, disclose only the protected health information that
782.17 is directly relevant to the family member's, relative's, friend's, or client-identified person's
782.18 involvement with the client's health care. The client may orally agree or object to the
782.19 disclosure and may prohibit or restrict disclosure to specific individuals.

782.20 (h) The treatment team shall provide interventions to promote positive interpersonal
782.21 relationships.

782.22 Sec. 105. Minnesota Statutes 2020, section 256B.0947, subdivision 7, is amended to read:

782.23 Subd. 7. **Medical assistance payment and rate setting.** (a) Payment for services in this
782.24 section must be based on one daily encounter rate per provider inclusive of the following
782.25 services received by an eligible client in a given calendar day: all rehabilitative services,
782.26 supports, and ancillary activities under this section, staff travel time to provide rehabilitative
782.27 services under this section, and crisis response services under section ~~256B.0944~~ 256B.0624.

782.28 (b) Payment must not be made to more than one entity for each client for services
782.29 provided under this section on a given day. If services under this section are provided by a
782.30 team that includes staff from more than one entity, the team shall determine how to distribute
782.31 the payment among the members.

782.32 (c) The commissioner shall establish regional cost-based rates for entities that will bill
782.33 medical assistance for nonresidential intensive rehabilitative mental health services. In
782.34 developing these rates, the commissioner shall consider:

783.1 (1) the cost for similar services in the health care trade area;

838.21 (2) actual costs incurred by entities providing the services;
838.22 (3) the intensity and frequency of services to be provided to each client;
838.23 (4) the degree to which clients will receive services other than services under this section;
838.24 and
838.25 (5) the costs of other services that will be separately reimbursed.
838.26 (d) The rate for a provider must not exceed the rate charged by that provider for the
838.27 same service to other payers.
838.28 Sec. 104. Minnesota Statutes 2020, section 256B.0949, subdivision 2, is amended to read:
838.29 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this
838.30 subdivision.
839.1 (b) "Agency" means the legal entity that is enrolled with Minnesota health care programs
839.2 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide
839.3 EIDBI services and that has the legal responsibility to ensure that its employees or contractors
839.4 carry out the responsibilities defined in this section. Agency includes a licensed individual
839.5 professional who practices independently and acts as an agency.
839.6 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
839.7 means either autism spectrum disorder (ASD) as defined in the current version of the
839.8 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found
839.9 to be closely related to ASD, as identified under the current version of the DSM, and meets
839.10 all of the following criteria:
839.11 (1) is severe and chronic;
839.12 (2) results in impairment of adaptive behavior and function similar to that of a person
839.13 with ASD;
839.14 (3) requires treatment or services similar to those required for a person with ASD; and
839.15 (4) results in substantial functional limitations in three core developmental deficits of
839.16 ASD: social or interpersonal interaction; functional communication, including nonverbal
839.17 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
839.18 hyporeactivity to sensory input; and may include deficits or a high level of support in one
839.19 or more of the following domains:
839.20 (i) behavioral challenges and self-regulation;
839.21 (ii) cognition;
839.22 (iii) learning and play;
839.23 (iv) self-care; or
839.24 (v) safety.

783.2 (2) actual costs incurred by entities providing the services;
783.3 (3) the intensity and frequency of services to be provided to each client;
783.4 (4) the degree to which clients will receive services other than services under this section;
783.5 and
783.6 (5) the costs of other services that will be separately reimbursed.
783.7 (d) The rate for a provider must not exceed the rate charged by that provider for the
783.8 same service to other payers.
783.9 Sec. 106. Minnesota Statutes 2020, section 256B.0949, subdivision 2, is amended to read:
783.10 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this
783.11 subdivision.
783.12 (b) "Agency" means the legal entity that is enrolled with Minnesota health care programs
783.13 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide
783.14 EIDBI services and that has the legal responsibility to ensure that its employees or contractors
783.15 carry out the responsibilities defined in this section. Agency includes a licensed individual
783.16 professional who practices independently and acts as an agency.
783.17 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
783.18 means either autism spectrum disorder (ASD) as defined in the current version of the
783.19 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found
783.20 to be closely related to ASD, as identified under the current version of the DSM, and meets
783.21 all of the following criteria:
783.22 (1) is severe and chronic;
783.23 (2) results in impairment of adaptive behavior and function similar to that of a person
783.24 with ASD;
783.25 (3) requires treatment or services similar to those required for a person with ASD; and
783.26 (4) results in substantial functional limitations in three core developmental deficits of
783.27 ASD: social or interpersonal interaction; functional communication, including nonverbal
783.28 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
783.29 hyporeactivity to sensory input; and may include deficits or a high level of support in one
783.30 or more of the following domains:
783.31 (i) behavioral challenges and self-regulation;
784.1 (ii) cognition;
784.2 (iii) learning and play;
784.3 (iv) self-care; or
784.4 (v) safety.

839.25 (d) "Person" means a person under 21 years of age.

839.26 (e) "Clinical supervision" means the overall responsibility for the control and direction
839.27 of EIDBI service delivery, including individual treatment planning, staff supervision,
839.28 individual treatment plan progress monitoring, and treatment review for each person. Clinical
839.29 supervision is provided by a qualified supervising professional (QSP) who takes full
839.30 professional responsibility for the service provided by each supervisee.

839.31 (f) "Commissioner" means the commissioner of human services, unless otherwise
839.32 specified.

840.1 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
840.2 evaluation of a person to determine medical necessity for EIDBI services based on the
840.3 requirements in subdivision 5.

840.4 (h) "Department" means the Department of Human Services, unless otherwise specified.

840.5 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
840.6 benefit" means a variety of individualized, intensive treatment modalities approved and
840.7 published by the commissioner that are based in behavioral and developmental science
840.8 consistent with best practices on effectiveness.

840.9 (j) "Generalizable goals" means results or gains that are observed during a variety of
840.10 activities over time with different people, such as providers, family members, other adults,
840.11 and people, and in different environments including, but not limited to, clinics, homes,
840.12 schools, and the community.

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

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

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

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

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

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

784.5 (d) "Person" means a person under 21 years of age.

784.6 (e) "Clinical supervision" means the overall responsibility for the control and direction
784.7 of EIDBI service delivery, including individual treatment planning, staff supervision,
784.8 individual treatment plan progress monitoring, and treatment review for each person. Clinical
784.9 supervision is provided by a qualified supervising professional (QSP) who takes full
784.10 professional responsibility for the service provided by each supervisee.

784.11 (f) "Commissioner" means the commissioner of human services, unless otherwise
784.12 specified.

784.13 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
784.14 evaluation of a person to determine medical necessity for EIDBI services based on the
784.15 requirements in subdivision 5.

784.16 (h) "Department" means the Department of Human Services, unless otherwise specified.

784.17 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
784.18 benefit" means a variety of individualized, intensive treatment modalities approved and
784.19 published by the commissioner that are based in behavioral and developmental science
784.20 consistent with best practices on effectiveness.

784.21 (j) "Generalizable goals" means results or gains that are observed during a variety of
784.22 activities over time with different people, such as providers, family members, other adults,
784.23 and people, and in different environments including, but not limited to, clinics, homes,
784.24 schools, and the community.

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

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

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

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

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

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

840.27 (n) "Mental health professional" ~~has the meaning given in~~ means a staff person who is
840.28 qualified according to section 245.4871, subdivision 27, clauses (1) to (6) 245I.04,
840.29 subdivision 2.

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

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

841.5 Sec. 105. Minnesota Statutes 2020, section 256B.0949, subdivision 4, is amended to read:
841.6 Subd. 4. **Diagnosis.** (a) A diagnosis of ASD or a related condition must:
841.7 (1) be based upon current DSM criteria including direct observations of the person and
841.8 information from the person's legal representative or primary caregivers;
841.9 (2) be completed by either (i) a licensed physician or advanced practice registered nurse
841.10 or (ii) a mental health professional; and
841.11 (3) meet the requirements of ~~Minnesota Rules, part 9505.0372, subpart 1, items B and~~
841.12 € a standard diagnostic assessment according to section 245I.10, subdivision 6.

841.13 (b) Additional assessment information may be considered to complete a diagnostic
841.14 assessment including specialized tests administered through special education evaluations
841.15 and licensed school personnel, and from professionals licensed in the fields of medicine,
841.16 speech and language, psychology, occupational therapy, and physical therapy. A diagnostic
841.17 assessment may include treatment recommendations.

841.18 Sec. 106. Minnesota Statutes 2020, section 256B.0949, subdivision 5a, is amended to
841.19 read:
841.20 Subd. 5a. **Comprehensive multidisciplinary evaluation provider qualification.** A
841.21 CMDE provider must:
841.22 (1) be a licensed physician, advanced practice registered nurse, a mental health
841.23 professional, or a ~~mental health practitioner who meets the requirements of~~ a clinical trainee
841.24 as defined in Minnesota Rules, part 9505.0371, subpart 5, item C who is qualified according
841.25 to section 245I.04, subdivision 6;
841.26 (2) have at least 2,000 hours of clinical experience in the evaluation and treatment of
841.27 people with ASD or a related condition or equivalent documented coursework at the graduate
841.28 level by an accredited university in the following content areas: ASD or a related condition
841.29 diagnosis, ASD or a related condition treatment strategies, and child development; and
841.30 (3) be able to diagnose, evaluate, or provide treatment within the provider's scope of
841.31 practice and professional license.

785.8 (n) "Mental health professional" ~~has the meaning given in~~ means a staff person who is
785.9 qualified according to section 245.4871, subdivision 27, clauses (1) to (6) 245I.04,
785.10 subdivision 2.

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

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

785.17 Sec. 107. Minnesota Statutes 2020, section 256B.0949, subdivision 4, is amended to read:
785.18 Subd. 4. **Diagnosis.** (a) A diagnosis of ASD or a related condition must:
785.19 (1) be based upon current DSM criteria including direct observations of the person and
785.20 information from the person's legal representative or primary caregivers;
785.21 (2) be completed by either (i) a licensed physician or advanced practice registered nurse
785.22 or (ii) a mental health professional; and
785.23 (3) meet the requirements of ~~Minnesota Rules, part 9505.0372, subpart 1, items B and~~
785.24 € a standard diagnostic assessment according to section 245I.10, subdivision 6.

785.25 (b) Additional assessment information may be considered to complete a diagnostic
785.26 assessment including specialized tests administered through special education evaluations
785.27 and licensed school personnel, and from professionals licensed in the fields of medicine,
785.28 speech and language, psychology, occupational therapy, and physical therapy. A diagnostic
785.29 assessment may include treatment recommendations.

786.1 Sec. 108. Minnesota Statutes 2020, section 256B.0949, subdivision 5a, is amended to
786.2 read:
786.3 Subd. 5a. **Comprehensive multidisciplinary evaluation provider qualification.** A
786.4 CMDE provider must:
786.5 (1) be a licensed physician, advanced practice registered nurse, a mental health
786.6 professional, or a ~~mental health practitioner who meets the requirements of~~ a clinical trainee
786.7 as defined in Minnesota Rules, part 9505.0371, subpart 5, item C who is qualified according
786.8 to section 245I.04, subdivision 6;
786.9 (2) have at least 2,000 hours of clinical experience in the evaluation and treatment of
786.10 people with ASD or a related condition or equivalent documented coursework at the graduate
786.11 level by an accredited university in the following content areas: ASD or a related condition
786.12 diagnosis, ASD or a related condition treatment strategies, and child development; and
786.13 (3) be able to diagnose, evaluate, or provide treatment within the provider's scope of
786.14 practice and professional license.

842.1 Sec. 107. Minnesota Statutes 2020, section 256B.25, subdivision 3, is amended to read:

842.2 Subd. 3. **Payment exceptions.** The limitation in subdivision 2 shall not apply to:

842.3 (1) payment of Minnesota supplemental assistance funds to recipients who reside in
842.4 facilities which are involved in litigation contesting their designation as an institution for
842.5 treatment of mental disease;

842.6 (2) payment or grants to a boarding care home or supervised living facility licensed by
842.7 the Department of Human Services under Minnesota Rules, parts 2960.0130 to 2960.0220
842.8 ~~or~~ 2960.0580 to 2960.0700, or 9520.0500 to 9520.0670, or under chapter 245G or 245I,
842.9 or payment to recipients who reside in these facilities;

842.10 (3) payments or grants to a boarding care home or supervised living facility which are
842.11 ineligible for certification under United States Code, title 42, sections 1396-1396p;

842.12 (4) payments or grants otherwise specifically authorized by statute or rule.

842.13 Sec. 108. Minnesota Statutes 2020, section 256B.761, is amended to read:

842.14 **256B.761 REIMBURSEMENT FOR MENTAL HEALTH SERVICES.**

842.15 (a) Effective for services rendered on or after July 1, 2001, payment for medication
842.16 management provided to psychiatric patients, outpatient mental health services, day treatment
842.17 services, home-based mental health services, and family community support services shall
842.18 be paid at the lower of (1) submitted charges, or (2) 75.6 percent of the 50th percentile of
842.19 1999 charges.

842.20 (b) Effective July 1, 2001, the medical assistance rates for outpatient mental health
842.21 services provided by an entity that operates: (1) a Medicare-certified comprehensive
842.22 outpatient rehabilitation facility; and (2) a facility that was certified prior to January 1, 1993,
842.23 with at least 33 percent of the clients receiving rehabilitation services in the most recent
842.24 calendar year who are medical assistance recipients, will be increased by 38 percent, when
842.25 those services are provided within the comprehensive outpatient rehabilitation facility and
842.26 provided to residents of nursing facilities owned by the entity.

842.27 ~~(c) The commissioner shall establish three levels of payment for mental health diagnostic~~
842.28 ~~assessment, based on three levels of complexity. The aggregate payment under the tiered~~
842.29 ~~rates must not exceed the projected aggregate payments for mental health diagnostic~~
842.30 ~~assessment under the previous single rate. The new rate structure is effective January 1,~~
842.31 ~~2011, or upon federal approval, whichever is later.~~

843.1 ~~(c)~~ (c) In addition to rate increases otherwise provided, the commissioner may restructure
843.2 coverage policy and rates to improve access to adult rehabilitative mental health services
843.3 under section 256B.0623 and related mental health support services under section 256B.021,
843.4 subdivision 4, paragraph (f), clause (2). For state fiscal years 2015 and 2016, the projected
843.5 state share of increased costs due to this paragraph is transferred from adult mental health
843.6 grants under sections 245.4661 and 256E.12. The transfer for fiscal year 2016 is a permanent

786.15 Sec. 109. Minnesota Statutes 2020, section 256B.25, subdivision 3, is amended to read:

786.16 Subd. 3. **Payment exceptions.** The limitation in subdivision 2 shall not apply to:

786.17 (1) payment of Minnesota supplemental assistance funds to recipients who reside in
786.18 facilities which are involved in litigation contesting their designation as an institution for
786.19 treatment of mental disease;

786.20 (2) payment or grants to a boarding care home or supervised living facility licensed by
786.21 the Department of Human Services under Minnesota Rules, parts 2960.0130 to 2960.0220
786.22 ~~or~~ 2960.0580 to 2960.0700, or 9520.0500 to 9520.0670, or under chapter 245G or 245I,
786.23 or payment to recipients who reside in these facilities;

786.24 (3) payments or grants to a boarding care home or supervised living facility which are
786.25 ineligible for certification under United States Code, title 42, sections 1396-1396p;

786.26 (4) payments or grants otherwise specifically authorized by statute or rule.

786.27 Sec. 110. Minnesota Statutes 2020, section 256B.761, is amended to read:

786.28 **256B.761 REIMBURSEMENT FOR MENTAL HEALTH SERVICES.**

786.29 (a) Effective for services rendered on or after July 1, 2001, payment for medication
786.30 management provided to psychiatric patients, outpatient mental health services, day treatment
786.31 services, home-based mental health services, and family community support services shall
787.1 be paid at the lower of (1) submitted charges, or (2) 75.6 percent of the 50th percentile of
787.2 1999 charges.

787.3 (b) Effective July 1, 2001, the medical assistance rates for outpatient mental health
787.4 services provided by an entity that operates: (1) a Medicare-certified comprehensive
787.5 outpatient rehabilitation facility; and (2) a facility that was certified prior to January 1, 1993,
787.6 with at least 33 percent of the clients receiving rehabilitation services in the most recent
787.7 calendar year who are medical assistance recipients, will be increased by 38 percent, when
787.8 those services are provided within the comprehensive outpatient rehabilitation facility and
787.9 provided to residents of nursing facilities owned by the entity.

787.10 ~~(c) The commissioner shall establish three levels of payment for mental health diagnostic~~
787.11 ~~assessment, based on three levels of complexity. The aggregate payment under the tiered~~
787.12 ~~rates must not exceed the projected aggregate payments for mental health diagnostic~~
787.13 ~~assessment under the previous single rate. The new rate structure is effective January 1,~~
787.14 ~~2011, or upon federal approval, whichever is later.~~

787.15 ~~(c)~~ (c) In addition to rate increases otherwise provided, the commissioner may restructure
787.16 coverage policy and rates to improve access to adult rehabilitative mental health services
787.17 under section 256B.0623 and related mental health support services under section 256B.021,
787.18 subdivision 4, paragraph (f), clause (2). For state fiscal years 2015 and 2016, the projected
787.19 state share of increased costs due to this paragraph is transferred from adult mental health
787.20 grants under sections 245.4661 and 256E.12. The transfer for fiscal year 2016 is a permanent

843.7 base adjustment for subsequent fiscal years. Payments made to managed care plans and
843.8 county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect
843.9 the rate changes described in this paragraph.

843.10 ~~(e)~~ (d) Any ratables effective before July 1, 2015, do not apply to early intensive
843.11 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

843.12 Sec. 109. Minnesota Statutes 2020, section 256B.763, is amended to read:

843.13 **256B.763 CRITICAL ACCESS MENTAL HEALTH RATE INCREASE.**

843.14 (a) For services defined in paragraph (b) and rendered on or after July 1, 2007, payment
843.15 rates shall be increased by 23.7 percent over the rates in effect on January 1, 2006, for:

843.16 (1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;

843.17 (2) community mental health centers under section 256B.0625, subdivision 5; and

843.18 (3) mental health clinics and centers certified under ~~Minnesota Rules, parts 9520.0750~~
843.19 ~~to 9520.0870 section 245I.20~~, or hospital outpatient psychiatric departments that are
843.20 designated as essential community providers under section 62Q.19.

843.21 (b) This increase applies to group skills training when provided as a component of
843.22 children's therapeutic services and support, psychotherapy, medication management,
843.23 evaluation and management, diagnostic assessment, explanation of findings, psychological
843.24 testing, neuropsychological services, direction of behavioral aides, and inpatient consultation.

843.25 (c) This increase does not apply to rates that are governed by section 256B.0625,
843.26 subdivision 30, or 256B.761, paragraph (b), other cost-based rates, rates that are negotiated
843.27 with the county, rates that are established by the federal government, or rates that increased
843.28 between January 1, 2004, and January 1, 2005.

843.29 (d) The commissioner shall adjust rates paid to prepaid health plans under contract with
843.30 the commissioner to reflect the rate increases provided in paragraphs (a), (e), and (f). The
843.31 prepaid health plan must pass this rate increase to the providers identified in paragraphs (a),
843.32 (e), (f), and (g).

844.1 (e) Payment rates shall be increased by 23.7 percent over the rates in effect on December
844.2 31, 2007, for:

844.3 (1) medication education services provided on or after January 1, 2008, by adult
844.4 rehabilitative mental health services providers certified under section 256B.0623; and

844.5 (2) mental health behavioral aide services provided on or after January 1, 2008, by
844.6 children's therapeutic services and support providers certified under section 256B.0943.

844.7 (f) For services defined in paragraph (b) and rendered on or after January 1, 2008, by
844.8 children's therapeutic services and support providers certified under section 256B.0943 and

787.21 base adjustment for subsequent fiscal years. Payments made to managed care plans and
787.22 county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect
787.23 the rate changes described in this paragraph.

787.24 ~~(e)~~ (d) Any ratables effective before July 1, 2015, do not apply to early intensive
787.25 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

787.26 Sec. 111. Minnesota Statutes 2020, section 256B.763, is amended to read:

787.27 **256B.763 CRITICAL ACCESS MENTAL HEALTH RATE INCREASE.**

787.28 (a) For services defined in paragraph (b) and rendered on or after July 1, 2007, payment
787.29 rates shall be increased by 23.7 percent over the rates in effect on January 1, 2006, for:

787.30 (1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;

787.31 (2) community mental health centers under section 256B.0625, subdivision 5; and

788.1 (3) mental health clinics and centers certified under ~~Minnesota Rules, parts 9520.0750~~
788.2 ~~to 9520.0870 section 245I.20~~, or hospital outpatient psychiatric departments that are
788.3 designated as essential community providers under section 62Q.19.

788.4 (b) This increase applies to group skills training when provided as a component of
788.5 children's therapeutic services and support, psychotherapy, medication management,
788.6 evaluation and management, diagnostic assessment, explanation of findings, psychological
788.7 testing, neuropsychological services, direction of behavioral aides, and inpatient consultation.

788.8 (c) This increase does not apply to rates that are governed by section 256B.0625,
788.9 subdivision 30, or 256B.761, paragraph (b), other cost-based rates, rates that are negotiated
788.10 with the county, rates that are established by the federal government, or rates that increased
788.11 between January 1, 2004, and January 1, 2005.

788.12 (d) The commissioner shall adjust rates paid to prepaid health plans under contract with
788.13 the commissioner to reflect the rate increases provided in paragraphs (a), (e), and (f). The
788.14 prepaid health plan must pass this rate increase to the providers identified in paragraphs (a),
788.15 (e), (f), and (g).

788.16 (e) Payment rates shall be increased by 23.7 percent over the rates in effect on December
788.17 31, 2007, for:

788.18 (1) medication education services provided on or after January 1, 2008, by adult
788.19 rehabilitative mental health services providers certified under section 256B.0623; and

788.20 (2) mental health behavioral aide services provided on or after January 1, 2008, by
788.21 children's therapeutic services and support providers certified under section 256B.0943.

788.22 (f) For services defined in paragraph (b) and rendered on or after January 1, 2008, by
788.23 children's therapeutic services and support providers certified under section 256B.0943 and

844.9 not already included in paragraph (a), payment rates shall be increased by 23.7 percent over
844.10 the rates in effect on December 31, 2007.

844.11 (g) Payment rates shall be increased by 2.3 percent over the rates in effect on December
844.12 31, 2007, for individual and family skills training provided on or after January 1, 2008, by
844.13 children's therapeutic services and support providers certified under section 256B.0943.

844.14 (h) For services described in paragraphs (b), (c), and (g) and rendered on or after July
844.15 1, 2017, payment rates for mental health clinics and centers certified under ~~Minnesota Rules,~~
844.16 ~~parts 9520.0750 to 9520.0870~~ section 245I.20, that are not designated as essential community
844.17 providers under section 62Q.19 shall be equal to payment rates for mental health clinics
844.18 and centers certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~ section 245I.20,
844.19 that are designated as essential community providers under section 62Q.19. In order to
844.20 receive increased payment rates under this paragraph, a provider must demonstrate a
844.21 commitment to serve low-income and underserved populations by:

844.22 (1) charging for services on a sliding-fee schedule based on current poverty income
844.23 guidelines; and

844.24 (2) not restricting access or services because of a client's financial limitation.

844.25 Sec. 110. Minnesota Statutes 2020, section 256P.01, subdivision 6a, is amended to read:

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

844.30 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
844.31 professional" means a licensed physician, physician assistant, advanced practice registered
844.32 nurse, licensed independent clinical social worker, licensed psychologist, certified school
845.1 psychologist, or certified psychometrist working under the supervision of a licensed
845.2 psychologist.

845.3 (c) For mental health, a "qualified professional" means a licensed physician, advanced
845.4 practice registered nurse, or qualified mental health professional under section ~~245.462,~~
845.5 ~~subdivision 18, clauses (1) to (6)~~ 245I.04, subdivision 2.

845.6 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
845.7 qualified mental health professional under section 245.462, subdivision 18, clauses (1) to
845.8 (6), or an individual as defined in section 245G.11, subdivision 3, 4, or 5.

845.9 Sec. 111. Minnesota Statutes 2020, section 295.50, subdivision 9b, is amended to read:

845.10 Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services
845.11 and other goods and services provided by hospitals, surgical centers, or health care providers.
845.12 They include the following health care goods and services provided to a patient or consumer:

788.24 not already included in paragraph (a), payment rates shall be increased by 23.7 percent over
788.25 the rates in effect on December 31, 2007.

788.26 (g) Payment rates shall be increased by 2.3 percent over the rates in effect on December
788.27 31, 2007, for individual and family skills training provided on or after January 1, 2008, by
788.28 children's therapeutic services and support providers certified under section 256B.0943.

788.29 (h) For services described in paragraphs (b), (c), and (g) and rendered on or after July
788.30 1, 2017, payment rates for mental health clinics and centers certified under ~~Minnesota Rules,~~
788.31 ~~parts 9520.0750 to 9520.0870~~ section 245I.20, that are not designated as essential community
788.32 providers under section 62Q.19 shall be equal to payment rates for mental health clinics
788.33 and centers certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~ section 245I.20,
789.1 that are designated as essential community providers under section 62Q.19. In order to
789.2 receive increased payment rates under this paragraph, a provider must demonstrate a
789.3 commitment to serve low-income and underserved populations by:

789.4 (1) charging for services on a sliding-fee schedule based on current poverty income
789.5 guidelines; and

789.6 (2) not restricting access or services because of a client's financial limitation.

789.7 Sec. 112. Minnesota Statutes 2020, section 256P.01, subdivision 6a, is amended to read:

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

789.12 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
789.13 professional" means a licensed physician, physician assistant, advanced practice registered
789.14 nurse, licensed independent clinical social worker, licensed psychologist, certified school
789.15 psychologist, or certified psychometrist working under the supervision of a licensed
789.16 psychologist.

789.17 (c) For mental health, a "qualified professional" means a licensed physician, advanced
789.18 practice registered nurse, or qualified mental health professional under section ~~245.462,~~
789.19 ~~subdivision 18, clauses (1) to (6)~~ 245I.04, subdivision 2.

789.20 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
789.21 qualified mental health professional under section 245.462, subdivision 18, clauses (1) to
789.22 (6), or an individual as defined in section 245G.11, subdivision 3, 4, or 5.

789.23 Sec. 113. Minnesota Statutes 2020, section 295.50, subdivision 9b, is amended to read:

789.24 Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services
789.25 and other goods and services provided by hospitals, surgical centers, or health care providers.
789.26 They include the following health care goods and services provided to a patient or consumer:

845.13 (1) bed and board;
845.14 (2) nursing services and other related services;
845.15 (3) use of hospitals, surgical centers, or health care provider facilities;
845.16 (4) medical social services;
845.17 (5) drugs, biologicals, supplies, appliances, and equipment;
845.18 (6) other diagnostic or therapeutic items or services;
845.19 (7) medical or surgical services;
845.20 (8) items and services furnished to ambulatory patients not requiring emergency care;
845.21 and
845.22 (9) emergency services.
845.23 (b) "Patient services" does not include:
845.24 (1) services provided to nursing homes licensed under chapter 144A;
845.25 (2) examinations for purposes of utilization reviews, insurance claims or eligibility,
845.26 litigation, and employment, including reviews of medical records for those purposes;
845.27 (3) services provided to and by community residential mental health facilities licensed
845.28 under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by
845.29 residential treatment programs for children with severe emotional disturbance licensed or
845.30 certified under chapter 245A;
846.1 (4) services provided under the following programs: day treatment services as defined
846.2 in section 245.462, subdivision 8; assertive community treatment as described in section
846.3 256B.0622; adult rehabilitative mental health services as described in section 256B.0623;
846.4 ~~adult~~ crisis response services as described in section 256B.0624; and children's therapeutic
846.5 services and supports as described in section 256B.0943; and children's mental health crisis
846.6 response services as described in section 256B.0944;
846.7 (5) services provided to and by community mental health centers as defined in section
846.8 245.62, subdivision 2;
846.9 (6) services provided to and by assisted living programs and congregate housing
846.10 programs;
846.11 (7) hospice care services;
846.12 (8) home and community-based waived services under chapter 256S and sections
846.13 256B.49 and 256B.501;
846.14 (9) targeted case management services under sections 256B.0621; 256B.0625,
846.15 subdivisions 20, 20a, 33, and 44; and 256B.094; and

789.27 (1) bed and board;
789.28 (2) nursing services and other related services;
789.29 (3) use of hospitals, surgical centers, or health care provider facilities;
789.30 (4) medical social services;
790.1 (5) drugs, biologicals, supplies, appliances, and equipment;
790.2 (6) other diagnostic or therapeutic items or services;
790.3 (7) medical or surgical services;
790.4 (8) items and services furnished to ambulatory patients not requiring emergency care;
790.5 and
790.6 (9) emergency services.
790.7 (b) "Patient services" does not include:
790.8 (1) services provided to nursing homes licensed under chapter 144A;
790.9 (2) examinations for purposes of utilization reviews, insurance claims or eligibility,
790.10 litigation, and employment, including reviews of medical records for those purposes;
790.11 (3) services provided to and by community residential mental health facilities licensed
790.12 under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by
790.13 residential treatment programs for children with severe emotional disturbance licensed or
790.14 certified under chapter 245A;
790.15 (4) services provided under the following programs: day treatment services as defined
790.16 in section 245.462, subdivision 8; assertive community treatment as described in section
790.17 256B.0622; adult rehabilitative mental health services as described in section 256B.0623;
790.18 ~~adult~~ crisis response services as described in section 256B.0624; and children's therapeutic
790.19 services and supports as described in section 256B.0943; and children's mental health crisis
790.20 response services as described in section 256B.0944;
790.21 (5) services provided to and by community mental health centers as defined in section
790.22 245.62, subdivision 2;
790.23 (6) services provided to and by assisted living programs and congregate housing
790.24 programs;
790.25 (7) hospice care services;
790.26 (8) home and community-based waived services under chapter 256S and sections
790.27 256B.49 and 256B.501;
790.28 (9) targeted case management services under sections 256B.0621; 256B.0625,
790.29 subdivisions 20, 20a, 33, and 44; and 256B.094; and

846.16 (10) services provided to the following: supervised living facilities for persons with
846.17 developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900;
846.18 housing with services establishments required to be registered under chapter 144D; board
846.19 and lodging establishments providing only custodial services that are licensed under chapter
846.20 157 and registered under section 157.17 to provide supportive services or health supervision
846.21 services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training
846.22 and habilitation services for adults with developmental disabilities as defined in section
846.23 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100;
846.24 adult day care services as defined in section 245A.02, subdivision 2a; and home health
846.25 agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under
846.26 chapter 144A.

846.27 Sec. 112. Minnesota Statutes 2020, section 325F.721, subdivision 1, is amended to read:

846.28 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
846.29 the meanings given them.

846.30 (b) "Covered setting" means an unlicensed setting providing sleeping accommodations
846.31 to one or more adult residents, at least 80 percent of which are 55 years of age or older, and
846.32 offering or providing, for a fee, supportive services. For the purposes of this section, covered
846.33 setting does not mean:

847.1 (1) emergency shelter, transitional housing, or any other residential units serving
847.2 exclusively or primarily homeless individuals, as defined under section 116L.361;

847.3 (2) a nursing home licensed under chapter 144A;

847.4 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
847.5 144.50 to 144.56;

847.6 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
847.7 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

847.8 (5) services and residential settings licensed under chapter 245A, including adult foster
847.9 care and services and settings governed under the standards in chapter 245D;

847.10 (6) private homes in which the residents are related by kinship, law, or affinity with the
847.11 providers of services;

847.12 (7) a duly organized condominium, cooperative, and common interest community, or
847.13 owners' association of the condominium, cooperative, and common interest community
847.14 where at least 80 percent of the units that comprise the condominium, cooperative, or
847.15 common interest community are occupied by individuals who are the owners, members, or
847.16 shareholders of the units;

847.17 (8) temporary family health care dwellings as defined in sections 394.307 and 462.3593;

790.30 (10) services provided to the following: supervised living facilities for persons with
790.31 developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900;
791.1 housing with services establishments required to be registered under chapter 144D; board
791.2 and lodging establishments providing only custodial services that are licensed under chapter
791.3 157 and registered under section 157.17 to provide supportive services or health supervision
791.4 services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training
791.5 and habilitation services for adults with developmental disabilities as defined in section
791.6 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100;
791.7 adult day care services as defined in section 245A.02, subdivision 2a; and home health
791.8 agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under
791.9 chapter 144A.

791.10 Sec. 114. Minnesota Statutes 2020, section 325F.721, subdivision 1, is amended to read:

791.11 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
791.12 the meanings given them.

791.13 (b) "Covered setting" means an unlicensed setting providing sleeping accommodations
791.14 to one or more adult residents, at least 80 percent of which are 55 years of age or older, and
791.15 offering or providing, for a fee, supportive services. For the purposes of this section, covered
791.16 setting does not mean:

791.17 (1) emergency shelter, transitional housing, or any other residential units serving
791.18 exclusively or primarily homeless individuals, as defined under section 116L.361;

791.19 (2) a nursing home licensed under chapter 144A;

791.20 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
791.21 144.50 to 144.56;

791.22 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
791.23 9520.0500 to 9520.0670, or under chapter 245D ~~or~~, 245G, or 245I;

791.24 (5) services and residential settings licensed under chapter 245A, including adult foster
791.25 care and services and settings governed under the standards in chapter 245D;

791.26 (6) private homes in which the residents are related by kinship, law, or affinity with the
791.27 providers of services;

791.28 (7) a duly organized condominium, cooperative, and common interest community, or
791.29 owners' association of the condominium, cooperative, and common interest community
791.30 where at least 80 percent of the units that comprise the condominium, cooperative, or
791.31 common interest community are occupied by individuals who are the owners, members, or
791.32 shareholders of the units;

792.1 (8) temporary family health care dwellings as defined in sections 394.307 and 462.3593;

847.18 (9) settings offering services conducted by and for the adherents of any recognized
847.19 church or religious denomination for its members exclusively through spiritual means or
847.20 by prayer for healing;

847.21 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
847.22 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
847.23 units financed by the Minnesota Housing Finance Agency that are intended to serve
847.24 individuals with disabilities or individuals who are homeless, except for those developments
847.25 that market or hold themselves out as assisted living facilities and provide assisted living
847.26 services;

847.27 (11) rental housing developed under United States Code, title 42, section 1437, or United
847.28 States Code, title 12, section 1701q;

847.29 (12) rental housing designated for occupancy by only elderly or elderly and disabled
847.30 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
847.31 families under Code of Federal Regulations, title 24, section 983.56;

848.1 (13) rental housing funded under United States Code, title 42, chapter 89, or United
848.2 States Code, title 42, section 8011; or

848.3 (14) an assisted living facility licensed under chapter 144G.

848.4 (c) "'I'm okay' check services" means providing a service to, by any means, check on
848.5 the safety of a resident.

848.6 (d) "Resident" means a person entering into written contract for housing and services
848.7 with a covered setting.

848.8 (e) "Supportive services" means:

848.9 (1) assistance with laundry, shopping, and household chores;

848.10 (2) housekeeping services;

848.11 (3) provision of meals or assistance with meals or food preparation;

848.12 (4) help with arranging, or arranging transportation to, medical, social, recreational,
848.13 personal, or social services appointments; or

848.14 (5) provision of social or recreational services.

848.15 Arranging for services does not include making referrals or contacting a service provider
848.16 in an emergency.

848.17 Sec. 113. **REPEALER.**

848.18 (a) Minnesota Statutes 2020, sections 245.462, subdivision 4a; 245.4879, subdivision
848.19 2; 245.62, subdivisions 3 and 4; 245.69, subdivision 2; 256B.0615, subdivision 2; 256B.0616,
848.20 subdivision 2; 256B.0622, subdivisions 3 and 5a; 256B.0623, subdivisions 7, 8, 10, and 11;

792.2 (9) settings offering services conducted by and for the adherents of any recognized
792.3 church or religious denomination for its members exclusively through spiritual means or
792.4 by prayer for healing;

792.5 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
792.6 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
792.7 units financed by the Minnesota Housing Finance Agency that are intended to serve
792.8 individuals with disabilities or individuals who are homeless, except for those developments
792.9 that market or hold themselves out as assisted living facilities and provide assisted living
792.10 services;

792.11 (11) rental housing developed under United States Code, title 42, section 1437, or United
792.12 States Code, title 12, section 1701q;

792.13 (12) rental housing designated for occupancy by only elderly or elderly and disabled
792.14 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
792.15 families under Code of Federal Regulations, title 24, section 983.56;

792.16 (13) rental housing funded under United States Code, title 42, chapter 89, or United
792.17 States Code, title 42, section 8011; or

792.18 (14) an assisted living facility licensed under chapter 144G.

792.19 (c) "'I'm okay' check services" means providing a service to, by any means, check on
792.20 the safety of a resident.

792.21 (d) "Resident" means a person entering into written contract for housing and services
792.22 with a covered setting.

792.23 (e) "Supportive services" means:

792.24 (1) assistance with laundry, shopping, and household chores;

792.25 (2) housekeeping services;

792.26 (3) provision of meals or assistance with meals or food preparation;

792.27 (4) help with arranging, or arranging transportation to, medical, social, recreational,
792.28 personal, or social services appointments; or

792.29 (5) provision of social or recreational services.

792.30 Arranging for services does not include making referrals or contacting a service provider
792.31 in an emergency.

793.1 Sec. 115. **REPEALER.**

793.2 (a) Minnesota Statutes 2020, sections 245.462, subdivision 4a; 245.4879, subdivision
793.3 2; 245.62, subdivisions 3 and 4; 245.69, subdivision 2; 256B.0615, subdivision 2; 256B.0616,
793.4 subdivision 2; 256B.0622, subdivisions 3 and 5a; 256B.0623, subdivisions 7, 8, 10, and 11;

848.21 256B.0625, subdivisions 51, 35a, 35b, 61, 62, and 65; 256B.0943, subdivisions 8 and 10;
848.22 256B.0944; and 256B.0946, subdivision 5, are repealed.

848.23 (b) Minnesota Rules, parts 9505.0370; 9505.0371; 9505.0372; 9520.0010; 9520.0020;
848.24 9520.0030; 9520.0040; 9520.0050; 9520.0060; 9520.0070; 9520.0080; 9520.0090;
848.25 9520.0100; 9520.0110; 9520.0120; 9520.0130; 9520.0140; 9520.0150; 9520.0160;
848.26 9520.0170; 9520.0180; 9520.0190; 9520.0200; 9520.0210; 9520.0230; 9520.0750;
848.27 9520.0760; 9520.0770; 9520.0780; 9520.0790; 9520.0800; 9520.0810; 9520.0820;
848.28 9520.0830; 9520.0840; 9520.0850; 9520.0860; and 9520.0870, are repealed.

849.1 Sec. 114. **EFFECTIVE DATE.**

849.2 Unless otherwise stated, this article is effective July 1, 2022, or upon federal approval,
849.3 whichever is later. The commissioner of human services shall notify the revisor of statutes
849.4 when federal approval is obtained.

793.5 256B.0625, subdivisions 51, 35a, 35b, 61, 62, and 65; 256B.0943, subdivisions 8 and 10;
793.6 256B.0944; and 256B.0946, subdivision 5, are repealed.

793.7 (b) Minnesota Rules, parts 9505.0370; 9505.0371; 9505.0372; 9520.0010; 9520.0020;
793.8 9520.0030; 9520.0040; 9520.0050; 9520.0060; 9520.0070; 9520.0080; 9520.0090;
793.9 9520.0100; 9520.0110; 9520.0120; 9520.0130; 9520.0140; 9520.0150; 9520.0160;
793.10 9520.0170; 9520.0180; 9520.0190; 9520.0200; 9520.0210; 9520.0230; 9520.0750;
793.11 9520.0760; 9520.0770; 9520.0780; 9520.0790; 9520.0800; 9520.0810; 9520.0820;
793.12 9520.0830; 9520.0840; 9520.0850; 9520.0860; and 9520.0870, are repealed.

793.13 Sec. 116. **EFFECTIVE DATE.**

793.14 This article is effective upon federal approval or July 1, 2022, whichever is later, unless
793.15 otherwise noted. The commissioner of human services shall notify the revisor of statutes
793.16 when federal approval is obtained.